

**REAL ESTATE JUDICIAL SALE  
PURCHASER INFORMATION FORM**

As prescribed by Buckeye State Sheriffs' Association  
ORC 2329.26 – ORC 2329.27 – ORC 2329.271

*Failure to provide the following information at the time of the sale may nullify the sale and cause the purchaser to be in contempt.*

In the Court of Common Pleas, Washington County, Case # _____	Sale Date _____
Property Address _____	City/Township _____
Parcel # _____	

Is the property now Residential Rental Property?  Yes  No  
Will the Purchaser occupy the lands and tenements?  Yes  No

**(A) Individual Purchaser or Attorney representing a purchaser:**

Name: \_\_\_\_\_  
Mailing Address (not a P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

**(B) Entity/Business Purchaser:**

Entity Legal Name: \_\_\_\_\_  
Entity Trade Name, if different: \_\_\_\_\_  
State of Origin of Entity formation: \_\_\_\_\_ Date of Formation: \_\_\_\_\_ Active Status with the Office of the Secretary of State: \_\_\_\_\_  
Mailing Address (not a P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Method of Payment: \_\_\_\_\_  
Name of Individual Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address (not a P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**(C) If purchasing Residential Rental Property, purchased by a:**

- Trust     Business Trust     Estate     Partnership     Limited Partnership  
 Limited Liability Company     Association     Corporation     Other Business Entity

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
*Purchaser must be readily accessible through the contact person, and located in the State of Ohio. Contact person must be the Trustee, Executor, Administrator, General Partner, Member, Manager or Officer, Associate or Corporate Officer.*

**(D) Property Deeded to (required of ALL purchasers):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone 1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

*Once this form is submitted to the court, changes to the deed may only be made upon court order.*

**\*\* NOTICE \*\*** This information must be obtained at the time of sale and shall be part of the Sheriff's record of proceedings and shall be part of the record of the Court of Common Pleas. The information is public record other than information as listed in 2329.271(B)(2), and is open to public inspection.

All of the information provided in this document is true and correct under penalties of perjury.

Signature \_\_\_\_\_

Date \_\_\_\_\_