HOWARD COUNTY DEPARTMENT OF FINANCE



Ellicott City, Maryland 21043

410 - 313 - 2389

FAX 410-313-3293 TDD 410-313-2323

Affidavit of Recordation Tax Payment Pursuant to Tax-Property Article Section 12-105(f)

1.	1. I am over the age of 18 and am competent to testify.													
2.	I	am	the	Grantor	of a	a Deed	of	Trust	for	the	benefit	of	the	lender,
					,	securing	g a	max	kimur	n d	ebt of	· _		
(\$) whi	ich de	ed of tru	st is be	eing pres	sente	d for re	corda	ation	among t	he la	nd re	cords of
Howard C	County,	Mary	/land.											
3.	A	t the	time	of record	ation, t	he total	amo	unt of c	lebt i	ncurr	ed is			
(\$		_) an	d I a	m electin	g unde	er the M	laryl	and An	notat	ed Co	ode, Tax	:-Proj	perty	Article,
Section 1	2-105(f	f) to	pay 1	recordatio	on tax	only or	ı suc	ch amo	unt.	I ac	knowled	ge tl	nat fa	ilure to
accurately	y state tl	he an	nount	of debt is	s a mis	demean	or su	bject to	a fin	e and	impriso	nmei	nt pur	suant to
Maryland	l Annota	ated (Code,	Tax-Prop	erty A	rticle, S	ectio	n 14-10	012.					
4.	I	furth	er ac	knowled	ge, un	der Ma	rylan	ıd Ann	otate	d Co	de, Tax	-Prop	erty	Article,
Section 1	2-105(f), it i	is my	legal ob	ligatio	n to pay	y add	litional	reco	rdatio	n tax to	Hov	ward	County,
Maryland	every	time	I incu	ır additio	nal del	ot and th	ne fai	lure to	do so	o is a	misdem	eano	r sub	ject to a
fine and i	impriso	nmer	ıt pur	suant to	Marylo	and Ann	otate	ed Cod	e, Ta	x-Pro	perty A	rticle	, Sec	tion 14-
1011. Ea	ach pay	ment	will	require th	e reco	rding of	a an	affidav	it ev	idenc	ing the a	mou	nt of	the debt
and the pa	ayment	of the	e reco	rdation ta	ıx.									
	Ι	SOLI	EMN	LY AFFI	RM, u	nder the	e pen	alties o	f per	jury,	that the	state	ment	s herein
are true to	the be	st of	my k	nowledge	e, info	rmation,	, and	belief.						
Date			-		Nam	e:							-	
			_										_	
Date					Nam	e:								