WEST VIRGINIA DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS

RIGHT OF WAY QUESTIONNAIRE

County C	State Project			DOH District	P	arcel	
Owner(s)							
Address							
If separate, owner and type of Minerals/Timber/etc. Liens (Deeds of Trust, Vendor's Liens, Judgment Liens, etc.) Name in which Property is Assessed						am	
Name in which Property is Assessed							
Name in which Property is Assessed							
Land Area/type of Property (Residential/Commerciat)		,					
Public/Private Utilities (List and sketch location if private) Cemetery/Burial Sites:	Name in which Property is Assessed				Acct. No).	
Public/Private Utilities (List and sketch location if private) Cemetery/Burial Sites:	Land Area/type of Property (Residential/Con	mmercial)					
Septic System:							
Septic System:							
Grantor Grantee Date of Deed DB P Declaration of Value Magisterial District Tax Map Parcel #FOBTAINED THROUGH WILL OR LAWS OF DESCENT AND DISTRIBUTION: From Whom Inherited WB P Executor Phone No(s) Address ZIP Previous Deed Date DB P (If no Will, attach list of heirs including addresses, telephone numbers, etc., and decedent's place and date of death) #FPROPERTY IS HELD OR OCCUPIED BY SOMEONE OTHER THAN OWNER, GIVE FOLLOWING INFORMATION: Lessee or Tenant Phone No(s) Address ZIP Oral Agreement or Written Lease Initiated Expires Option to Renew Rent (Month/Year) Occupant(s) (List) Are Improvements Tenant Owned? If so, Describe Oil, Gas, Coal Leases: Ves No – if so, with whom:	Septic System: \square Yes \square No – if yes ske	etch location o	n reverse	e side	side		
Grantee Date of Deed DB P Declaration of Value Magisterial District Tax Map Parcel IF OBTAINED THROUGH WILL OR LAWS OF DESCENT AND DISTRIBUTION: From Whom Inherited WB P Phone No(s) Executor Phone No(s) Address ZIP Previous Deed Date DB P (If no Will, attach list of heirs including addresses, telephone numbers, etc., and decedent's place and date of death) IF PROPERTY IS HELD OR OCCUPIED BY SOMEONE OTHER THAN OWNER, GIVE FOLLOWING INFORMATION: Lessee or Tenant Phone No(s) Address ZIP Oral Agreement or Written Lease Initiated Expires Option to Renew Rent (Month/Year) Occupant(s) (List) Are Improvements Tenant Owned? If so, Describe Oil, Gas, Coal Leases: Yes No - if so, with whom:	IF THIS PROPERTY WAS OBTAINED BY A D	EED, PLEASE (GIVE FO	LLOWING INFOR	RMATION:		
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Magisterial District					n of Value		
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Lessee or Tenant Phone No(s)	(If no Will, attach list of heirs including add						
Address ZIP	IF PROPERTY IS HELD OR OCCUPIED BY SO	OMEONE OTH	ER THAN	OWNER, GIVE I	FOLLOWING	G INFORMATION:	
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Occupant(s) (List) Are Improvements Tenant Owned? If so, Describe Oil, Gas, Coal Leases: Yes No - if so, with whom: Obtained From Date Signature							
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Oil, Gas, Coal Leases: No – if so, with whom: Obtained From Date Signature	Are Improvements Tenant Owned?		If so, De	escribe			
	Obtained From	Date		Signat	ure		

INSTRUCTIONS FOR COMPLETION OF RIGHT OF WAY QUESTIONNAIRE

General:

- Fill out Form Completely if an item is Not Applicable, enter N/A If an item is Unknown, enter Unknown DO NOT leave spaces 2. blank!
- 3. If owners own other property in the area, find out what you can about location, land area, improvements, etc.
- Prior to going to the courthouse, complete those parts of the questionnaire found on the Right of Way plans such as, State and Federal Numbers (Use Right of Way Project Numbers NOT Construction), County, Right of Way District Number and tentative Parcel Number, Apparent Property Owner(s), if known. 1.
- 2. At the courthouse obtain:
 - Name in which Property is assessed
 - Tax Account Number h.
 - Deed References, Grantor, Grantee, Book & Page, Consideration, Magisterial District, Tax Map and Tax Parcel Number(s) c.
 - d. Deeds of Trust, Liens and Judgments
 - If property was obtained by inheritance:

 1. Name from whom inherited
 - - Will Book and Page
 - Executor's Name, Address and Phone Number(s)
 - 4 Prior Deed References (Book and Page)
 - During Contact with Owner(s) and Occupants obtain:

 f. Owner(s) full legal name(s) and marital status

 - Mailing address of owner(s)
 - Name of Spouse if pertinent h.
 - i.
 - Information on mineral ownership and timber ownership Type of property and improvements (residential, commercial)
 - List all private and public utilities
 - If there is a tenant occupant (even if related to owner):

 1. Name of tenant, address and phone number 1.

 - Relationship to owner, if any
 - 3. Information about rental agreement or lease; Rent Paid
 - Names, sex and ages of all occupants

ADDITIONAL INFORMATION