REAL PROPERTY TRANSFER REPORT
STATE OF NEW YORK
STATE BOARD OF REAL PROPERTY SERVICES
RP - 5217NYC

PROPERTY INFORMATION

1. Property Location
   STREET NUMBER AND STREET NAME
   CITY OR TOWN
   STATE

2. Buyer Name
   LAST NAME / COMPANY
   FIRST NAME

3. Tax Billing Address
   STREET NUMBER AND STREET NAME
   CITY OR TOWN
   STATE

4. Indicate the number of Assessment Roll parcels transferred on the deed
   1. # of Parcels
   0. Part of a Parcel

5. Deed Property Size
   FRONT FEET X DEPTH OR ACRES

6. Seller Name
   LAST NAME / COMPANY
   FIRST NAME

7. Check the box below which most accurately describes the use of the property at the time of sale:
   A. One Family Residential
   B. 2 or 3 Family Residential
   C. Residential Vacant Land
   D. Non-Residential Vacant Land
   E. Commercial
   F. Apartment
   G. Entertainment / Amusement
   H. Community Service
   I. Industrial
   J. Public Service

SALE INFORMATION

10. Sale Contract Date
    6 / 30 / 2014

11. Date of Sale / Transfer
    3 / 13 / 2020

12. Full Sale Price $10,000.00

13. Indicate the value of personal property included in the sale

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

15. Building Class V.1

16. Total Assessed Value (of all parcels in transfer) 15,390.00

17. Borough, Block and Lot / Roll Identifier(s) (If more than three, attach sheet with additional identifier(s))

BROOKLYN 284 7
I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

<table>
<thead>
<tr>
<th>BUYER</th>
<th>BUYER'S ATTORNEY</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
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- **BUYER SIGNATURE**: 550 5TH AVE
- **STREET NUMBER**: 550 5TH AVE
- **STREET NAME**: 5TH AVE
- **CITY OR TOWN**: NEW YORK
- **STATE**: NY
- **ZIP CODE**: 10036
- **DATE**: 3/9/20

- **BUYER'S ATTORNEY LAST NAME**:
- **BUYER'S ATTORNEY FIRST NAME**:  
- **TELEPHONE NUMBER**: 516-623-1416
- **AREA CODE**: 516
- **SELLER SIGNATURE**: [Signature]
- **SELLER SPACED**: Company of SELLER
- **DATE**: 3/9/20
<table>
<thead>
<tr>
<th>Certification</th>
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<tr>
<th>NYU Langone Hospitals</th>
<th>Buyer</th>
<th>BUYER'S ATTORNEY</th>
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<tbody>
<tr>
<td></td>
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<td>Woiner</td>
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<tr>
<td>550 5th Ave</td>
<td></td>
<td>Andrew</td>
</tr>
<tr>
<td>STREET NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STREET NAME (after sale)</td>
<td></td>
<td>(212)</td>
</tr>
<tr>
<td>New York</td>
<td></td>
<td>858-1034</td>
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<tr>
<td>CITY OR TOWN</td>
<td>NY</td>
<td>10036-5007</td>
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<td>STATE</td>
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