

**BID FORM AND INTERIM SALES AGREEMENT**

MINIMUM ACCEPTABLE BID: \$ 2,000,000

Bid opens April 17<sup>th</sup>, 2017

Auction closes May 17<sup>th</sup>, 2017 at 4:00 PM

BASE BID: \$ \_\_\_\_\_  
COST AND FEES: \$ \_\_\_\_\_  
**TOTAL NET BID:** \$ \_\_\_\_\_ Contract  Cash

Situs 1025 E Main St
Map 371W30AA-14400
Account 10362059

Bid information and requirements:

- Contract bid: Financial statement must be included with this bid showing satisfactory ability to make payments.
- Cash bid: Winning bidder must pay the balance in certified funds at close of escrow

Bid delivery:

- Bids may be dropped off at the Payment Center 10 S Oakdale Ave #111A, Medford Oregon
- Bids may be mailed to Jackson County Attn Property Management 10 S Oakdale Ave #111 Medford OR 97501 (Bids must be received not postmarked by date set for close of bidding)

Conditions of sale:

- 45 day discovery period allowed to successful bidder, all costs to be paid by purchaser.
- Jackson County will pay commission to realtor. However base bid will be reduced by those fees to determine the net bid.
- Property is sold As is
- Highest bidder shall be determine by the highest net bid.
- Final bid approval and acceptance shall be subject to Board of Commissioners approval
- Additional conditions of sale required by bidder, see exhibit attached if applicable
- Real Estate Sale Agreement attached \_\_\_\_\_
- Title Company/Escrow Agent of choice \_\_\_\_\_
- Close of Escrow on or before \_\_\_\_\_
- Term of loan requested if applicable \_\_\_\_\_
- Interest rate requested if applicable \_\_\_\_\_

(NAMES TO BE PLACED ON DOCUMENT)

Purchaser signature: \_\_\_\_\_ Date \_\_\_\_\_ Purchaser signature: \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

NOTE: SAID JACKSON COUNTY, RESERVES THE RIGHT TO REJECT ANY OF ALL BIDS AT ANY TIME PRIOR TO RECORDING OF DEED OR EXECUTION OF CONTRACT.

JACKSON COUNTY

**STATEMENT OF PERSONAL FINANCIAL CONDITION**

<b>FOR COUNTY USE ONLY</b>
Date Received
Reviewed By
Return By

Reference No.				
Social Security No.	Prog Code	Year	Period	Liability

Your Name and Spouse's Name			Your Birth Date		Spouse's Birth Date	
Street Address (and post office box, if applicable)			Your Social Security Number		Spouse's Social Security Number	
City	State	Zip Code	Your Driver's License Number/State		Spouse's Driver's License Number/State	
Telephone Numbers – Circle Best Daytime Telephone Number	Home phone	Cell Phone	Your Work Phone	Spouse's Work Phone	Age and Relationship of Dependents Who Live with You	
Name of Your Employer or Business			Exemptions Claimed	Name of Spouse's Employer or Business		Exemptions Claimed
Job Title	Date Hired	Pay Days	Job Title	Date Hired	Pay Days	

**BANK ACCOUNTS** – Include accounts in savings and loans and credit unions, certificates of deposit, individual retirement accounts (IRAs), and funds held in safe deposit boxes. Please attach bank statements for the last two months.

Name of Institution	Branch	Type of account (Checking/Savings)	Account Number	Balance

**CREDIT CARDS, LOANS, LINES OF CREDIT**

Name of Credit Card/Bank	Address and Telephone Number	Credit Limit	Amount Owed	Minimum Monthly Payment

**REAL ESTATE**

Address (including county)	Current Assessed Value	Mortgage Balance	Amount Owed	Name and Telephone number of Person/Bank that you Pay

**MOTOR VEHICLES** – List additional vehicles on a separate sheet.

Year/Make/License Number/State	Date Loan Will Be Paid	Loan Balance	Name and Telephone number of Person/Bank that you Pay

**OTHER ASSETS OVER \$15,000 THAT YOU OWN OR ARE CURRENTLY BUYING** – Include stocks, bonds, boats, etc.

Description	Current Value	Loan Balance	Name and Telephone number of Person/Bank that you Pay

**INCOME AND EXPENSES**

This column for Office Use Only

MONTHLY INCOME	Budgeted	Allowable
1. Your net pay. <b>Attach two months recent pay stubs</b> ..... 1	\$	
2. Spouse's net pay. <b>Attach two months recent pay stubs</b> ..... 2		
3. Rent paid to you. Names and addresses of tenants ..... 3		
4. Income from other members of household ..... 4		
5. Pensions ( <i>list source</i> ) ..... 5		
6. Social Security ..... 6		
7. Profit from your business. Attach statement ..... 7		
8. Commissions ..... 8		
9. Other income. List source ( <i>stocks, unemployment benefits, profit sharing, alimony, child support</i> ) ..... 9		
10. TOTAL INCOME. Add lines 1 through 9 ..... 10		

MONTHLY EXPENSES ACTUALLY PAID – Must be reasonable for size of family and location.	Budgeted	Allowable
11. Mortgage/rent. State name and address of landlord ..... 11		
12. Alimony/child support/garnishments ..... 12		
13. Groceries, toiletries, etc. .... 13		
14. Utilities		
a. Telephone/cell ..... 14a		
b. Electricity ..... 14b		
c. Heating-oil/natural gas ..... 14c		
d. Water/garbage ..... 14d		
e. Cable TV ..... 14e		
15. Transportation ( <i>gas, bus fares</i> ) ..... 15		
16. Insurance –		
a. Auto } ..... 16a		
c. Health/life } <i>Figure the monthly average for these</i> ..... 16b		
d. Homeowner/re ..... 16c		
nter		
17. Medical ( <i>doctors and medicine not paid by insurance</i> ) ..... 17		
18. Auto loans ( <i>total of installment payments per month</i> ) ..... 18		
19. Installment payments ( <i>per month</i> ). List name of store, bank, or credit card. Balance Due		
a. .... \$ ..... 19a		
b. .... \$ ..... 19b		
c. .... \$ ..... 19c		
d. .... \$ ..... 19d		
e. .... \$ ..... 19e		
f. .... \$ ..... 19f		
g. .... \$ ..... 19g		
20. Total monthly expenses. Add lines 11 through 19g. .... 20	\$	
21. Disposable monthly income. Subtract line 20 from line 10 ..... 21	\$	
22. Attach last two years OR State and Federal tax returns ..... 22	\$	
23. On what day of the month can you pay? ..... 23		

ADDITIONAL INFORMATION – Expected changes to income or health, filed or anticipated bankruptcies, foreclosures, liens, add additional pages as needed. Explain:

Name and address of nearest relative	Telephone No.	Relationship
--------------------------------------	---------------	--------------

**AUTHORIZATION TO DISCLOSE**

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete. I/We authorize Jackson County Property Management to verify any information on this financial statement, which may include credit reports.

Your signature	Date	Spouse's signature (if joint return was filed)	Date
X		X	

Return this form to: **Jackson County Property Management**  
**10 S Oakdale Ave 111**  
**Medford OR 97502**