This is a statement from Dennis Stouffer to support the introduced bill MD HB29 exempting auctioneers who conduct a certain auction of secondhand precious metal objects owned by a certain estate from the licensing and regulatory requirements for secondhand precious metal object dealers and pawnbrokers.

The following pages exemplify what we as auctioneers must document for a single estate auction.

DEPARTMENT OF LABOR, LICENSING AND REGULATION SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING

TRANSACTION NO.

247.00	CTD TO	THU WHO TO THOM THE	OITH OITH DATATE	OINED I ON LELOTING	DIVICT ILIIVO			
LICENS	SEE NAME:	BUSINESS NAME	Stouffer's Auct	ion Co Inc	REG NO.	2723	SUFFIX	
	Dennis Stoutter	BUSINESS ADDRESS	23506 Ringapla	Pike	CITY Smiths	burg	STATE/ZIP	MD 21783
LOCATIO		The second secon		DATE				
NAME O	FPLACE: Estate		_ADDRESS	_				
CITY	IJamsville s	TATE/ZIP MD	21754	EVENT TYPE:	HOTEL - HOME	GOLD PART	Y D ESTATE	JUDICIAL 🗆
Was a second			ing information:	Full Name	ode		DOB:	
		nty.		State & Zip Ct				
SELLER			-		DOB MO	DAY	YEAR	
	NATION PORT OF THE PART OF THE	Valuation of the same of the s						
DDRESS		PHONE NO.			SEX HAIR	EYES	HGT	WGT
	- ' //	413	21-61-					
CITY	I jamsville s	TATE MD	ZIP CODE 2/754	Oth	ner distinguishing feature			
					BEARD	TA	TTOOS/SCARS	(describe)
DRIVER'	S LICENSE NC	STATE		MU	JSTACHE			
				G	BLASSES			
RACE/E	THNIC I.D. (Circle one) White M Afr.Ar		Hispanic Ame	er. Indian Other	(Describe)			
OTHER	RID: (Two forms of ID required if driver's	s license is not use	ed)	SELLER KNO	OWN TO DEALER:	Ot	her features (describe)
PHOTO	DID (Circle) YES NO TYPE (circle): GOV'T ID AGE I.I	D. BIRTH CERT.		\		,	
				YES) NO			
IDENTIF	TICATION NOWIBERS .							
Quantity	Description of Item	De	escribe Monograms, Inscriptions	Jewels, Stone Gla	ass Comp Composition	Altered?	Weight	Price Sold
8	International - Royal Danish Fo	rks Royal Z	Danish		Sterling		14 102	
8	International Royal Danish Fo	Mad Royal D			Sterling		14.802	
8	International - Royal Danish S				Herling		9,802	
6	642" So	OP	Danish		Sterling		10.102	
8	International - Reyal Danish S,	poin Roya			Sterling		3,202	
Do not	sign this form until it is completely filled					TOTAL		
I have	his contife that I am the time of	I, hereby,	certify that the information	contained in this trans	saction			
	Dennis Steveler Business address, use hodel name frome party host, etc.) DATE TIME CONTION OF TRANSACTION (If not at business address, use hodel name frome party host, etc.) DATE TIME MINE OF PLACE: Estate ADDRESS TY FIGHTS VILLE STATE (Select) of the Items. Provide the Following information: City: STATE (Select) of the Items. Provide the Following information: City: STATE (Select) of the Items. Provide the Following information: City: STATE AND PHONE NO SEX. HAIR EVES HOT WGT Other distinguishing features (indicate frome), if none) BEARD TATTOOS/SCARS (describe) TATTOOS/SCARS (describe) TOTO TO IC (cited one) White StATE AND Describe Monograms, Incorptions SELLER KNOWN TO DEALER: Other features (describe) Other features (describe) TOTO TO IC (cited one) ADDRESS NO Describe Monograms, Incorptions SELLER KNOWN TO DEALER: Other features (describe) TOTO TO IC (cited one) TOTAL TOT							
items ic	dentified in this transaction.				SHIELDER!			
	Carlot Marie Contraction of the	and bellej.	Dennis (1.	Wy				
010111				-			☐ CASH	☐ CHECK
SIGNA	TURE OF SELLER/CUSTOMER (Required)		SIGNATURE OF DEALER	(Required)				

DEPARTMENT OF LABOR, LICENSING AND REGULATION SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM

TRA	NSACTION NO.	

DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING LICENSEE NAME Stouffer's Auction to Inc BUSINESS NAME REG NO. 2723 SUFFIX Dennis Stouffer BUSINESS ADDRESS 33506 Ringgold Pike CITY Smithsburg STATE/ZIP MD 21783 LOCATION OF TRANSACTION (If not at business address, use hotel name /home party host, etc.) Estate NAME OF PLACE: ADDRESS I. Iamsville STATE/ZIP MID EVENT TYPE: HOTEL I HOME GOLD PARTY I ESTATE DE JUDICIAL I CITY 217521 ☐ Principal (Agent) representing owner (Seller) of the items. Provide the Following information: Full Name State & Zip Code Address: City: DOB: SELLER'S NAME DAY YEAR LAST FIRST DDRESS PHONE NO. SEX HAIR EYES HGT WGT STATE CITY ZIP CODE Other distinguishing features (indicate "none", if none) TATTOOS/SCARS (describe) DRIVER'S LICENSE NO STATE MUSTACHE GLASSES RACE/ETHNIC I.D. (Circle one) White Afr.Amer. Asian Amer. Indian Other (Describe) Hispanic Q OTHER ID: (Two forms of ID required if driver's license is not used) SELLER KNOWN TO DEALER: Other features (describe) PHOTO ID (Circle) YES NO TYPE (circle): GOVT ID AGE I.D. BIRTH CERT. YES) NO IDENTIFICATION NUMBERS Description of Item Quantity Describe Monograms, Inscriptions Jewels, Stone Glass Comp. Composition Altered ? Weight Price Sold Butter Sterling Boreader 3,202 Lemon FORKS Sterling 1.302 Butter Ack .302 Hesting Sordine ,702 Server terlina International - Royal Danie Jelly Sterling 1.102 Do not sign this form until it is completely filled out. Server TOTAL Do not sign this form until it is completely filled out. I, hereby, certify that the information contained in this transaction I, hereby, certify that I am the true owner of the report is true and correct to the best of my knowledge, information items identified in this transaction. and belief. ☐ CHECK SIGNATURE OF SELLER/CUSTOMER (Required) SIGNATURE OF DEALER/BUYER (Required) Pga of 17

DEPARTMENT OF LABOR, LICENSING AND REGULATION SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM

TRANSACTION NO.

DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING Stouffer's Auction Co, Inc REGNO. 2723 LICENSEE NAME BUSINESS NAME SUFFIX Dennis Stouffer 23506 Ringgold Pike CITY SMITHSburg **BUSINESS ADDRESS** STATE/ZIP ND 21783 LOCATION OF TRANSACTION (If not at business address, use hotel name /home party host, etc.) Estate NAME OF PLACE: **ADDRESS** STATE/ZIP MD 31754 I jamsville EVENT TYPE: HOTEL I HOME GOLD PARTY I ESTATE D JUDICIAL I CITY ☐ Principal (Agent) representing owner (Seller) of the items. Provide the Following information: Full Name State & Zip Code Address: City: DOB: SELLER'S NAME DOB MO DAY YEAR PHONE NO DDRESS SEX HAIR **EYES** HGT WGT CITY STATE ZIP CODE Other distinguishing features (indicate "none", if none) BEARD TATTOOS/SCARS (describe) DRIVER'S LICENSE NO STATE MUSTACHE GLASSES RACE/ETHNIC I.D. (Circle one) White Afr.Amer. Asian Hispanic 🗆 Amer. Indian Other (Describe) OTHER ID: (Two forms of ID required if driver's license is not used) SELLER KNOWN TO DEALER: Other features (describe) PHOTO ID (Circle) YES NO TYPE (circle): GOVT ID AGE I.D. BIRTH CERT. YES NO IDENTIFICATION NUMBERS : Quantity Describe Monograms, Inscriptions Description of Item. Jewels, Stone Glass Comp. Composition Altered? Weight Price Sold Child's Sterling Servinh 5.402 Speons teoling Sterling 6.702 902 ,502 Sterling Fram Doon Do not sign this form until it is completely filled out. TOTAL Do not sign this form until it is completely filled out. I, hereby, certify that the information contained in this transaction I, hereby, certify that I am the true owner of the report is true and correct to the best of my knowledge, information items identified in this transaction. and belief. ☐ CHECK SIGNATURE OF SELLER/CUSTOMER (Required) SIGNATURE OF DEALER/BUYER (Required)

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DEPARTMENT OF LABOR, LICENSING AND REGULATION SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM

TRANSACTION NO

DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING

LICENSE	E NAME:	BUSINESS NAME	Stooffer's Au	ction 6, I	nc	REG NO.	2723	SUFFIX	
Den	inis Stouffer	BUSINESS ADDRESS	23506 Ru	nggold Pik	GE CITY	Smiths	burg	STATE/ZIP //	ND 21783
LOCATION	OF TRANSACTION (If not at business ad			DATE			TIME		
NAME OF	PLACE: Estate		ADDRESS						
CITY =	Ejamsville	STATE/ZIP MD	21754	EVENT TYP	E: HOTEL	□ HOME G	OLD PART	Y D ESTATE	JUDICIAL II
Principa Address:	(Agent) representing owner (Seller) of the	items. Provide the Following City:	information:	Full Name State & Zip	Code			DOB:	
SELLER'S			1		DOB	MO	DAY	YEAR	
DDRESS	LAST	FIRST PHONE NO.	MI		SEX	HAIR	EYES	HGT	WGT
CITY		STATE	ZIP CODE		Other distings BEARD	uishing features		one*, if none)	describe)
DRIVER'S	LICENSE NO	STATE			MUSTACHE		1/-	1100a/acARa (I	describe)
					GLASSES				
	INIC I.D. (Circle one) White Afr ID: (Two forms of ID required if driv				er (Descr KNOWN TO		Ot	her features (de	escribe)
The second secon		cle): GOVTID AGE I.D.	BIRTH CERT.					100	
IDENTIFI	CATION NUMBERS		SECOND ID	YE.	s	NO			
Quantity	Description of Item	Des	cribe Monograms, Inscriptions	Jewels, Ston	e Glass Comp	Composition	Altered ?	Weight	Price Sold
4	Dinner Knives - hollow have	112				Serling handle		902	
4	Anner Forkstu Wallace	Rose	5			sterling,		6.40z	
3	Teaspoons 6 by us	Sterlin UROSE Ilace Sterlin	4			Sterling		2.602	
2		w Rose	,			Steding		4.602	
1	Bunner Knife by Ino					.925		202.	
Do not s	ign this form until it is completely fill		this form until it is com	pletely filled out.			TOTAL		
items ide	y, certify that I am the true owner of certified in this transaction.	report is true and belief.	ertify that the information and correct to the best of SIGNATURE OF DEALER	f my knowledge, in				☐ CASH	☐ CHECK

Pg4 of 7



DEPARTMENT OF LABOR, LICENSING AND REGULATION SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING

TRANSACTION NO.	

Dennis Stouter	BUSINESS NAME Stauffer'S BUSINESS ADDRESS 2350C RIV	Auction Co.Inc	REGNO3 YSmithsbu	9793 SUFFIX_	MD 21783
	ness address, use hotel name /home party host, etc.)	DATE		ME	
ME OF PLACE:	ate ADDRESS				
Y IJamsville	STATEIZIP MD 21754	EVENT TYPE: HOTEL	□ HOME GO	OLD PARTY DESTATE	JUDICIAL
	r) of the items. Provide the Following information: City:	Full Name State & Zip Code		DOB:	
Idress:	Oity.	DOB	MO	DAY YEAR	
LAST		MI SEX	HAIR	EYES HGT	WGT
RESS_	PHONE NO.				
CITY	STATE ZIP CODE	Other disting BEARD	uishing features (indicate "none", if none) TATTOOS/SCARS	(describe)
IVER'S LICENSE NO	STATE	MUSTACHI		TAT TO GO GO THE O	acconico)
THER ID: (Two forms of ID required		Amer. Indian Other (Description		Other features (d	lescribe)
tuantity Description of Iten	n Describe Monograms, Inscription	ns Jewels, Stone Glass Comp	Composition	Altered ? Weight	Price Sold
8 Serving Speens	Peru Sterling 9	25	Sterling	1/6502	
Serving Speen Oval			Sterling	302	
1 FORK 63/4"	Peru Sterling 93	05	sterling	1.302	
1 Spoon 63/4"	Peru Sterling 93		sterling	1.562	
H FORK - Lunt Engli	sh shell		Sterling	6,30Z	
o not sign this form until it is complete, hereby, certify that I am the true of the identified in this transaction. SIGNATURE OF SELLER/CUSTOMER (Re	owner of the report is true and or rect to the and belief.	nation contained in this transaction best of my knowledge, information A. J.		Da5 of	☐ CHEC

DEPARTMENT OF LABOR, LICENSING AND REGULATION SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM

DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING

TRANSACTION NO.

LICENSEE NAME:	BUSINESS NA	ME Stovffer	·- 4 -+	m/- T		DEC NO.	2723	SUFFIX	
	BUSINESS NA							· ·	
Dennis Stooffer	BUSINESS AD	DRESS 23506	Ringgola	Pike	CITY	Smith	sburg	STATE/ZIP /	nD 2178
OCATION OF TRANSACTION (If not at	business address, use hotel ri	name /home party host, etc.)		DATE			TIME		
AME OF PLACE:	state	ADDRESS							
Tyamsville	STATE/ZIP_/	MD 21754		EVENT TYPE:	HOTEL	HOME (OLD PART	Y ESTATE	JUDICIAL D
Principal (Agent) representing owner (address:	Seller) of the items. Provide the City:	ne Following information:		Full Name State & Zip Co	ode			DOB:	
ELLER'S NAME					DOB	MO	DAY	YEAR	
LAST	FIRST		MI	0.0					
DRESS	PH	IONE NO.			SEX	HAIR	EYES	HGT	WGT
CITY	STATE	ZIP CODE		011	har dietings	ishing feature:	/indicate Tec	pe" if pope)	
	JIAIL	ZIF CODE		- District	BEARD	istiling leatures	AND DESCRIPTIONS OF THE PERSON NAMED IN	TTOOS/SCARS (describe)
RIVER'S LICENSE NO	STA	ATE			USTACHE			11000001110	reaction
					GLASSES		Se and		
		sian Hispanic	Amer. India		☐ (Descri				
THER ID: (Two forms of ID requ				SELLER KN	OWN TO	DEALER:	Oti	ner features (de	escribe)
HOTO ID (Circle) YES NO ENTIFICATION NUMBERS :	TYPE (circle): GOVT ID	AGE I.D. BIRTH CERT.		YES	\supset	NO			
Quantity Description of	of Item	Describe Monograms, Insc	criptions	Jewels, Stone Gl	ass Comp	Composition	Altered ?	Weight	Price Sold
3 Teuspoon Lunt En	alish Shell					Starling		2.602	
1 mother of fourthand	,	Mem Adams Shall	Total England			Sterling		,802	
11"	IL WILL	THE TOTAL TOTAL	iew cigura					7 00 -	
Cake Server Pearl	110.110 5	illiam Adams-Shell nettield Englan				Sterling		3.602	
Cake Server Fear	Hanare 3	nechela englan	4			cap		214	
1 Candle Snuffer	by Lunt	3				sterling		102	
2 5/8" Coaster 5						sterling		102	
not sign this form until it is com	npletely filled out. Do	not sign this form until i	t is completely	filled out.			TOTAL		
hereby, certify that I am the truems identified in this transaction	n . rep	hereby, certify that the inj port is true and correct to t d belief.	the best of my kn	owledge, inform				☐ CASH	☐ CHECK
SIGNATURE OF SELLER/CUSTOMER	R (Required)	SIGNATURE OF	DEALER/BUYER	R (Required)				Access on the	
7-2-1-1								P86 01	7

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DEPARTMENT OF LABOR, LICENSING AND REGULATION SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING

TRANSA	CTION	NO.	

Dennis Stouffer	BUSINESS	ADDRESS 23506 RI	Auction Co. nggold Pike					MD 2175
LOCATION OF TRANSACTION (If not		el name /home party host, etc.)	DATE			TIME		
NAME OF PLACE:	Estate	ADDRESS						
CITY IJamsville	STATE/ZIP	MD 21754	EVENT TY	PE: HOTEL	HOME G	OLD PART	Y D ESTATE	JUDICIAL D
□ Principal (Agent) representing owner Address:	er (Seller) of the items. Provid City:	e the Following information:	Full Name State & Zip	o Code			DOB:	
SELLER'S NAME LAST	TER TER	(4)		DOB	MO	DAY	YEAR	
DDRESS		PHONE NO.	MI	SEX	HAIR	EYES	HGT	WGT
CITY	STATE	ZIP CODE		Other distingu	ishing features	(indicate "no	one", if none)	
DRIVER'S LICENSE NO		STATE		BEARD			TTOOS/SCARS	(describe)
201 (1 km) 2 1/2020 (2 m) 3 0		encores s		MUSTACHE GLASSES				
OTHER ID: (Two forms of ID re	Inite Afr.Amer.			er (Descri		Ot	her features (describe)
	O TYPE (circle): GOVT	ID AGE I.D. BIRTH CERT.	VE	s)	NO			
IDENTIFICATION NUMBERS :	an of Name							
Quantity Description 13 12 11	on of Item	Describe Monograms, Inscription	s Jeweis, Stor	ne Glass Comp	Composition	Altered ?	Weight	Price Sold
2 Empire 3 cardle	holder Candelabor						5 Lb	
2 11 had salad to	DV & Signal Inti	MARKET-FRANCE WEB STORLING MANO	H a		Sterling		000	
or have saled to	KE 4 3 00 N 7 U/4	WED STOKING FAIR	le l		handie		202	
				8 1				
Do not sign this form until it is c	ompletely filled out.	Do not sign this form until it is o	completely filled out.			TOTAL		
I, hereby, certify that I am the		I, hereby, certify that the informa report is true and correct to the be						
items identified in this transacti		and belief.	0111	real motivations.	11-		D 01011	D 0::==:
SIGNATURE OF SELLER/CUSTOM	ER (Required)	SIGNATURE OF DEA	LER/BUYER (Required)				☐ CASH	☐ CHECK
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