



Real Property Conveyance Fee Statement of Value and Receipt

If exempt by Ohio Revised Code section 319.54(G)(3), use form DTE 100(EX).

TYPE OR PRINT ALL INFORMATION.

Type instrument	Tax list year	County number	Tax. dist. number	Date
Property located in				axing district Number
			Tax duplicate year	
			Map book Pa	
			☐ Platted ☐ Ur	No of Baracia
Auditor's comment	s: ☐ Split ☐ New plat ☐ Ne	ew improvements	al value	DTE Code No.
	☐ C.A.U.V ☐ Building rer	noved		
Grantee or Repr	resentative Must Complet	e All Questions in This	Section. See instructions of	on reverse.
			Phone	Noigh Code
			Phone	I 1
	ess		· Hono	
	perty			No. of Acres
	ess			
5. Are there building	ngs on the land? ☐ Yes ☐ N	lo If ves. check type:		Land Value
□ 1, 2 or 3 fam	ily dwelling 🛮 Condominium	☐ Apartment: No. of units	S	
		ildings Other	-	
	t, what is intended use?			Bldg. Value
☐ Trade ☐ Life	ale (cneck all that apply) ⊔ G e estate □ Leased fee □ L ortgagee □ Other	easehold Mineral rights		et
			\$	Total Value
,	• , •,		\$	
			\$	
			\$	Die Ose Only
	·	•	perty\$	i i
		· · · · · · · · · · · · · · · · · · ·	e)\$	
g) Name of mor	· · · · · ·	a to to bo paid (1 a militar	<u> </u>	DIE OSE OIIII
	gage Conv. F.H.A.	V.A. □ Other		
	-		\$	DTE Use Only
8. Has the grantor indicated that this property is entitled to receive the senior citizen, disabled person or surviving spouse homestead exemption for the preceding or current tax year? Yes No If yes, complete form DTE 101.				riving spouse
9. Has the grantor indicated that this property qualified for current agricultural use valuation for the preceding or current tax year? Yes No If yes, complete form DTE 102.				
0. Application for owner-occupancy (2.5% on qualified levies) reduction. (Notice: Failure to complete this application prohibits the owner from receiving this reduction until another proper and timely application is filed.) Will this property be grantee's principal residence by Jan. 1 of next year? ☐ Yes ☐ No If yes, is the property a multi-unit dwelling? ☐ Yes ☐ No				be grantee's DTE Use Only
I declare under	•	statement has been examir	ned by me and to the best of m	11
Signature of gra	intee or representative	Date		Receipt Number
		Receipt for Payment of	Conveyance Fee	
	e required by Ohio Revised Co	ode section (R.C.) 319.54(G	i)(3) and, if applicable, the fee re	equired by R.C. 322, in the total amo
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County	auditor		 Date	
County	auuilli		Date	