

T42018

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DTE FORM 100  
(REV 12/98)

## REAL PROPERTY CONVEYANCE FEE STATEMENT OF VALUE AND RECEIPT

If exempt by O.R.C. 319.54 (F)(3), Use DTE Form 100 (EX)

## FOR COUNTY AUDITOR'S USE ONLY

Type Instrument <u>WD</u>	Tax List Year <u>2017</u>	County Number <u>16</u>	Tax. Dist. Number <u>2050</u>	Date <u>3-6-18</u>
Property Located in <u>W Lafayette Corp - Rpg</u> Taxing District				Number <u>132</u>
Name on Tax Duplicate <u>Bates Betty S</u> Tax Duplicate Year <u>2017</u>				No. of Parcels <u>1</u>
Acct. or Permanent Parcel No. <u>020-16119021-00</u> Map Book _____ Page _____				DTE Code No. <u>599</u>
Description: <u>In Lot 636 50x16</u> <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted				Neigh. Code <u>00116</u>
AUDITOR'S COMMENTS: <input type="checkbox"/> Split <input type="checkbox"/> New Plat <input type="checkbox"/> New Improvements <input type="checkbox"/> Partial Value				No. of Acres <u>0.1837</u>
<input type="checkbox"/> C.A.U.V. <input type="checkbox"/> Building Removed <input type="checkbox"/> Other _____				Land Value
<b>GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION</b> <b>TYPE OR PRINT ALL INFORMATION SEE INSTRUCTIONS ON NEXT PAGE</b>				Bldg. Value
1. Grantor's Name <u>Betty S. Bates</u> Phone: _____				Total Value
2. Grantee's Name <u>Toni L. Fish &amp; Heather R. Fish</u> Phone: _____				DTE Use Only
Grantee's Address <u>881 Cross Street, Newcomerstown, Ohio 43832</u>				DTE Use Only
3. Address of Property <u>528 N. George Street, West Lafayette, Ohio 43845</u>				DTE Use Only
4. Tax Billing Address <u>881 Cross Street, Newcomerstown, Ohio 43832</u>				Consideration
5. Are there buildings on the land? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes check type:				DTE Use Only Valid Sale
<input type="checkbox"/> 1, 2 or 3 Family Dwlg. <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment No. of Units _____				1. YES 2. NO
<input checked="" type="checkbox"/> Manufactured (mobile) home <input type="checkbox"/> Farm buildings <input type="checkbox"/> Other: _____				
If land is vacant, what is intended use? _____				
6. Conditions of Sale (Check all that apply): <input type="checkbox"/> Grantor is Relative <input type="checkbox"/> Part Interest Transfer <input type="checkbox"/> Land Contract				
<input type="checkbox"/> Trade <input type="checkbox"/> Life Estate <input type="checkbox"/> Leased Fee <input type="checkbox"/> Leasehold <input type="checkbox"/> Mineral Rights Reserved <input type="checkbox"/> Gift				
<input type="checkbox"/> Grantor is Mortgagee <input type="checkbox"/> Other: _____				
7. a) New Mortgage Amount (If any).....\$ _____				
b) Balance Assumed (If any).....\$ _____				
c) Cash (If any).....\$ _____				
d) Total Consideration (Add Lines 7a, 7b and 7c).....\$ <u>9,500.00</u>				
e) Portion, if any, of total consideration paid for items other than real property..\$ _____				
f) Consideration for real Property on which fee is to be paid (7d minus 7e).....\$ _____				
g) Name of Mortgagee _____				
h) Type of Mortgage <input type="checkbox"/> Conv. <input type="checkbox"/> F.H.A. <input type="checkbox"/> V.A. <input type="checkbox"/> Other: _____				
i) If gift, in whole or part, estimated market value of the real property .....\$ _____				
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If yes, complete DTE Form 101.				
9. Has the grantor indicated that this property qualified for current agricultural use valuation for the preceding or current tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete DTE Form 102.				
10. Application For 2 1/2% 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 January 1 of next year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO.				
If yes, is the property a multi-unit dwelling? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
I DECLARE UNDER PENALTIES OF PERJURY THAT THIS STATEMENT HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND COMPLETE STATEMENT.				
SIGNATURE of GRANTEE or REPRESENTATIVE <u>[Signature]</u> DATE <u>03/01/18</u>				Receipt Number

## RECEIPT FOR PAYMENT OF CONVEYANCE FEE

The conveyance fee required by section 319.54(F)(3) R.C., and, if applicable, the fee required by Chapter 322 R.C., in the total amount of \$ 38.00 has been paid by Rep/Grantor and received by the Coshort County AuditorChristine R. Seyks COUNTY AUDITORDATE 3-2-18

<b>Ownership</b>		<b>General Information</b>	
Owner: BATES BETTY S 528 N GEORGE ST WEST LAFAYETTE OH 43845	528 N GEORGE ST LUSE: 599 Liv Unit: 0 Class: R Nbrhd: 00116 Field Review Flag: MOBILE HOME ON PROPER Tax Dist: W LAFAYETTE CORP-RDG		
<b>Notes</b>		<b>Legal Desc</b>	
MHP-BERGE FREEDOM MHEQ 020-00113		M-Lot 636 50 X 160 M J FOSTER'S SECOND ADDITION 00 DOC 4286	

Sorry, no sketch available  
for this record



Total Parcel Size: 0.1837 Deed: 0

Building Permit					Sales History				Miscellaneous		
Date	Number	Amount	Purpose	O/C	Sale Date	Type	Price	LT #	Valid	Misc Impr:	Gross Impr:
					04/02/02						
					07/19/00	2	20 000		0		0
					07/19/00	2	20 000	00-4286	0		
					10/03/95	2			0		

Enter: Date: 11/26/14 Entr Rslt: Occupant Not At Home Spoke With: Other Appr: EMC

Improvement Description:

Story Ht: Plumb Updr:	Heating: Prefab Fireplace:	Func % Gdt:
Attk: Dare Remod:	Phys Cond:	Func Desc:
Constr: Tot Rooms:	Int Ext Cnd:	Basmt Gar # Cars:
Style: Bedrooms:	Storm Flood:	Misc Desc 1:
Yr Blt: Fam Rooms:	Unfin Area:	Misc Desc 2:
Est Year: Full Baths:	Rec Room:	Pct Cmpdt:
Yr Remod: Half Baths:	Fin Basmt Area:	C&D Descrip:
Rem Kt: Extra Fix:	WBFP Stacks:	Condo Level:
Rem Bath: Foundation:	Openings:	Condo Type:
Elec Upgr: Bsmt:	Add Sty Stack(WB):	Condo View:

Toni L.  
Fish

WD 3/6/18

Dwelling Computations											
Base Price						C&D Factor					
Basement						Total RCN					
Heating						RCN PSF					
Plumbing						CDU					
Attic						% Good					
Other Feat						RCNLD					
Subtotal						RCNLD PSF					
Additions						OBV & Misc Imp					
Grade Fact						Pct Cmpl/Adjfact					
SFLA						Tot Card Value					
Value Summary						Prior	Cost	Market	Current Appr		
Land						11,400	11,400	0	11,400		
Bldg						150	150	0	150		
Total						11,550	11,550	0	11,550		
Rev Code: 1 - Cost Approach						Land/Bldg Fact 1.00 / 1.00					

L#	Low	1st	2nd	3rd	Description	Area	RCNLD				
A											
D											
D											
N											
S											
O	Card L#	Code	Yr Blt	W x L	Area	Gd	Units	Mod Cd	Cond	%Gd	RCNLD
1	1	RM4	Double Wide Mh F 1974	X		C	1		F	20	
B	1	2	SM3 Covered Patio/Cat 1974	8 x 16	128	C	1		F	20	150
4											
Y											

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