

TY2018

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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 | WD | Tax List Year | 2017 | County Number | 16 | Tax. Dist. Number | 3010 | Date | 3/8/2018 | | | | | | | | |
| Property Located in <u>Coshocton (Corp) (CSD)</u> Taxing District | | | | | | | | Number | | | | | | | | | |
| Name on Tax Duplicate <u>Bruce C. Stevens</u> Tax Duplicate Year <u>2017</u> | | | | | | | | 137 | | | | | | | | | |
| Acct. or Permanent Parcel No. <u>043-4124-00</u> Map Book _____ Page _____ | | | | | | | | No. of Parcels | 1 | | | | | | | | |
| Description: <u>Out Lot 176 50 x 160</u> <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted | | | | | | | | DTE Code No. | 510 | | | | | | | | |
| AUDITOR'S COMMENTS: <input type="checkbox"/> Split <input type="checkbox"/> New Plat <input type="checkbox"/> New Improvements <input type="checkbox"/> Partial Value | | | | | | | | Neigh. Code | 00315 | | | | | | | | |
| <input type="checkbox"/> C.A.U.V. <input type="checkbox"/> Building Removed <input type="checkbox"/> Other _____ | | | | | | | | No. of Acres | .0688 | | | | | | | | |
| GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION TYPE OR PRINT ALL INFORMATION SEE INSTRUCTIONS ON NEXT PAGE 1. Grantor's Name <u>Bruce C. Stevens</u> Phone: _____ 2. Grantee's Name <u>Michael N. DePalma</u> Phone: _____ Grantee's Address <u>21450 County Road 17, Coshocton, Ohio 43812</u> 3. Address of Property <u>947 S. 6th Street, Coshocton, Ohio 43812</u> 4. Tax Billing Address <u>21450 County Road 17, Coshocton, Ohio 43812</u> 5. Are there buildings on the land? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes check type: <input checked="" type="checkbox"/> 1, 2 or 3 Family Dwlg. <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment No. of Units _____ <input 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>6,200.00</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. <u>[Signature]</u> <u>3-2-18</u> SIGNATURE of GRANTEE or REPRESENTATIVE DATE | | | | | | | | Land Value | | | | | | | | | |
| | | | | | | | | Bldg. Value | | | | | | | | | |
| | | | | | | | | Total Value | | | | | | | | | |
| | | | | | | | | DTE Use Only | | | | | | | | | |
| | | | | | | | | DTE Use Only | | | | | | | | | |
| | | | | | | | | DTE Use Only | | | | | | | | | |
| | | | | | | | | Consideration | | | | | | | | | |
| | | | | | | | | DTE Use Only Valid Sale 1. YES 2. NO | | | | | | | | | |
| | | | | | | | | 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 \$ 24.80 has been paid by Rep/Grantor and received by the Coshocton County Auditor

Christine R. Sycks

COUNTY AUDITOR

DATE 3/8/2018

