

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

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Type Instrument <u>WD</u>	Tax List Year <u>2017</u>	County Number <u>14</u>	Tax Dist. Number <u>1110</u>	Date <u>3/21/2018</u>
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Property Located in <u>Linton / Rdgwd</u> Taxing District Name on Tax Duplicate <u>Maple William III</u> Tax Duplicate Year <u>2017</u> Acct. or Permanent Parcel No. <u>021-315-05</u> Map Book _____ Page _____ Description: <u>04-04-15 TR #1C1 PT NW 1/4 Sec 15</u> <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted <u>2.400 AC PT ORIG TRACT surface only.</u> AUDITOR'S COMMENTS: <input type="checkbox"/> Split <input type="checkbox"/> New Plat <input type="checkbox"/> New Improvements <input type="checkbox"/> Partial Value <input type="checkbox"/> C.A.U.V. <input type="checkbox"/> Building Removed <input type="checkbox"/> Other _____	Number <u>146</u> No. of Parcels <u>1</u> DTE Code No. <u>511</u> Neigh. Code <u>00522</u> No. of Acres <u>2.4</u> 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 _____
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GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION
TYPE OR PRINT ALL INFORMATION SEE INSTRUCTIONS ON NEXT PAGE

1. Grantor's Name William Maple III, married

2. Grantee's Name P. David Apple
 Grantee's Address 56090 State Route 541, Kimbolton, Ohio 43749

3. Address of Property 56090 State Route 541, Kimbolton, Ohio 43749

4. Tax Billing Address 56090 State Route 541, Kimbolton, Ohio 43749

5. Are there buildings on the land? ☒ YES ☐ NO If yes check type:
☐ 1,2 or 3 Family Dwlg. ☐ Condominium ☐ Apartment No. of Units: _____
☐ Manufactured (mobile) home ☐ Farm buildings ☐ Other: outbuildings/garages _____
 If land is vacant, what is intended use? _____

6. Conditions of Sale (Check all that apply): ☐ Grantor is Relative ☐ Part Interest Transfer ☐ Land Contract
☐ Trade ☐ Life Estate ☐ Leased Fee ☐ Leasehold ☐ Mineral Rights Reserved ☐ Gift
☐ Grantor is Mortgagee ☐ 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) \$ 45,000.00
 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) \$ 45,000.00
 g) Name of Mortgagee _____
 h) Type of Mortgage ☒ Conv. ☐ F.H.A. ☐ V.A. ☐ 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? ☐ YES ☒ 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? ☐ Yes ☒ 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? ☐ YES ☒ No
 If yes, is the property a multi-unit dwelling? ☐ YES ☐ 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.

P. David Apple 3-10-18
 SIGNATURE OF GRANTEE or REPRESENTATIVE DATE

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 \$ 180.00 has been paid by Rep Grantor and received by the Christine R Sycks County Auditor

COUNTY AUDITOR

DATE 3/21/2018

