

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>QC</u>	Tax List Year <u>2017</u>	County Number <u>16</u>	Tax. Dist. Number <u>1160</u>	Date <u>3/26/2018</u>
Property Located in <u>Perry Twp</u> Taxing District				Number <u>188</u>
Name on Tax Duplicate <u>Harris Bruce E & Sherry A</u> Tax Duplicate Year <u>2017</u>				No. of Parcels <u>1</u>
Acct. or Permanent Parcel No. <u>031-564-02</u> Map Book _____ Page _____				DTE Code No. <u>511</u>
Description: <u>PT NE Sec 10</u> <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted				Neigh. Code <u>00312</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>2.685</u>
<input type="checkbox"/> C.A.U.V. <input type="checkbox"/> Building Removed <input type="checkbox"/> Other _____				Land Value
GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION TYPE OR PRINT ALL INFORMATION SEE INSTRUCTIONS ON NEXT PAGE				Bldg. Value
1. Grantor's Name <u>Bruce E. Harris & Sherry A. Harris, Husband & Wife</u>				Total Value
2. Grantee's Name <u>Robert D. Harris & Shellie L. Harris, Husband & Wife</u>				DTE Use Only
Grantee's Address <u>35922 CR 402 Warsaw, OH 43844</u>				DTE Use Only
3. Address of Property <u>35922 CR 402 Warsaw, OH 43844</u>				DTE Use Only
4. Tax Billing Address <u>35922 CR 402 Warsaw, OH 43844</u>				Consideration
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: _____				DTE Use Only Valid Sale 1. YES 2. NO
If land is vacant, what is intended use? _____				Receipt Number
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>7,000.00</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 checked="" type="checkbox"/> YES <input 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>Sherry A. Harris</u> <u>3-23-2018</u> 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 \$ 28.00 has been paid by Rep/Grantor and received by the Cash/Grantor County Auditor

SANDRA CORDER

COUNTY AUDITOR

DATE 3/26/2018Christine R. Sycks/Jma

