

TY 2018

DTE FORM 100  
(REV 12/98)

REAL PROPERTY CONVEYANCE FEE STATEMENT OF VALUE AND RECEIPT

50

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	2016	County Number	18	Tax. Dist. Number	2050	Date	12/29/2017
Property Located in <u>W. Laf Corp / Rdgwd</u> Taxing District								Number	810
Name on Tax Duplicate <u>Bates Betty S.</u> Tax Duplicate Year <u>2016</u>								No. of Parcels	1
Acct. or Permanent Parcel No. <u>020-126-00</u> Map Book _____ Page _____								DTE Code No.	599
Description: <u>In Lot 282</u> <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted								Neigh. Code	00 514
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	51.3 X 150
<input type="checkbox"/> C.A.U.V. <input type="checkbox"/> Building Removed <input type="checkbox"/> Other _____								Land Value	4160
<b>GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION</b>								Bldg. Value	140
<b>TYPE OR PRINT ALL INFORMATION SEE INSTRUCTIONS ON NEXT PAGE</b>								Total Value	4300
1. Grantor's Name <u>Betty S. Bates</u> Phone: _____								DTE Use Only	
2. Grantee's Name <u>Brehanna L. Wilden</u> Phone: _____								DTE Use Only	
Grantee's Address <u>325 East 5th Street, West Lafayette, Ohio 43845</u>								DTE Use Only	
3. Address of Property <u>308 East 6th Street, West Lafayette, Ohio 43845</u>								Consideration	
4. Tax Billing Address <u>325 East 5th Street, West Lafayette, Ohio 43845</u>								DTE Use Only	
5. Are there buildings on the land? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes check type:								DTE Use Only	
<input type="checkbox"/> 1, 2 or 3 Family Dwlg. <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment No. of Units _____									
<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 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>12-19-17</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 Christina R. Sykes County Auditor

Christina R. Sykes COUNTY AUDITOR

DATE 12/29/2017

<b>Ownership</b>		<b>General Information</b>	
Owner: BATES BETTY S 300 E 6TH ST PO BOX 223 WEST LAFAYETTE OH 43845	308 E 6TH ST LUSE 599 Liv Unit: 0 Class: R Zoning: 00516 Field Review Flag: MOBILE HOME ON PROPER Tax Dist: W LAFAYETTE CORP-RDG		
<b>Notes</b>		<b>Legal Desc</b>	
MHP-ORANGERWHITE MHEQ 020-00152		IN-LOT 282 51.3 X 150 09 DOC 1545	

Land Description						
L#	Type	Cd	Flact	Size	Base	Incre
1	F	1	51.3	51.0 x 150	210	105
					Decre	210
					Intlt 2	Adl
					AdlRate	Value
					210	11,890

Tot Parcel Size: 0.1756 Deed: 0

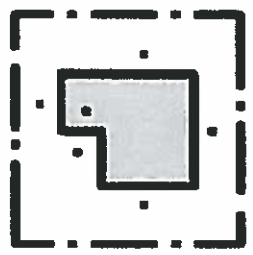
Building Permit				Sales History				Miscellaneous	
Date	Number	Amount	Purpose	QC	Sale Date	Type	Price	LT #	Valid
					04/22/09	2	15,000	09-1545	0
					01/15/09	2			4
					03/02/06	2			4
					03/02/06	2			4

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

<b>Improvement Description:</b>	<b>Heating:</b>	<b>Prefab Fireplace:</b>	<b>Func % Gd:</b>
Story Ht:	Plumb Upgr:	Add Sty Stack(PF):	Func Desc:
Attic:	Dare Remod:	Basmt Gar # Cars:	Econ % Gd:
Cnsur:	Tot Rooms:	Misc Desc 1:	Econ Desc:
Style:	Bedrooms:	Misc Desc 2:	Over Door Tbl:
Yr Blt:	Fam Rooms:	Rec Room:	C&D Descrip:
Eff Year:	Full Baths:	Fin.Basmt Area:	Condo Level:
Yr Remod:	Half Baths:	WBFP Stacks:	Condo Type:
Rem Kit:	Extra Fix:	Openings:	Condo View:
Rem Bath:	Foundation:	Market Adj:	
Bec Upgr:	Basmt:	Add Sty Stack(WB):	

Area									
L#	Low	1st	2nd	3rd	Description	Area	RCNLD	Dwelling Computations	
A								Base Price	C&D Factor
D								Basement	Total RCN
D								Heating	RCN PSF
N								Plumbing	CDU
S								Attic	AVERAGE
								Other Feat	
								Subtotal	0
								Additions	RCNLD PSF
								Grade Fact	OBY & Misc Imp
								SFLA	Pct Cmpnt/Adjfact
									Tot Card Value
Value Summary									
						Prior	Cost	Market	Current Appr
						11,890	11,890	0	11,890
						390	390	0	390
						12,280	12,280	0	12,280
						Total	Land/Bldg Fact	1.00 / 1.00	
						Rev Code: 1 - Cost Approach			

Sorry, no sketch available for this record



WD 12/29/2017  
Brehanna L. Wilden

4160  
140  
4300