

TV2018

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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>QC</u>	Tax List Year <u>2017</u>	County Number <u>14</u>	Tax. Dist. Number <u>1100</u>	Date <u>3/20/2018</u>
Property Located in <u>Lafayette Rdgwd</u>				Number <u>164</u>
Name on Tax Duplicate <u>Cabot Kim I</u>				No. of Parcels <u>1</u>
Tax Duplicate Year <u>2017</u>				DTE Code No. <u>501</u>
Acct. or Permanent Parcel No. <u>018-151-00</u>				Neigh. Code <u>01114</u>
Map Book _____ Page _____				No. of Acres <u>1.693</u>
Description: <u>PT 10 1.693AC</u>				Land Value
<input type="checkbox"/> Platted <input type="checkbox"/> Unplatted				Bldg. Value
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 _____				Total Value
				DTE Use Only
				DTE Use Only
				DTE Use Only
				Consideration
				DTE Use Only Valid Sale 1. YES 2. NO
				Receipt Number

**GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION**  
**TYPE OR PRINT ALL INFORMATION** **SEE INSTRUCTIONS ON NEXT PAGE**

1. Grantor's Name Kim I. Cabot Phone: \_\_\_\_\_

2. Grantee's Name Dennis E. Cabot Phone: \_\_\_\_\_

Grantee's Address 306 Johnson Road, West Lafayette, Ohio 43845

3. Address of Property Parcel No. 018-00000151-00

4. Tax Billing Address 306 Johnson Road, West Lafayette, Ohio 43845

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: \_\_\_\_\_

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).....\$ 1,000.00  
 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).....\$ \_\_\_\_\_  
 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.

[Signature] 3-15-18  
 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 \$ 4.00 has been paid by Rep/Grantor and received by the Coshart County Auditor

Christine R. Sycks  
 COUNTY AUDITOR

DATE 3/20/2018

