

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

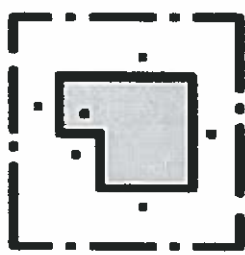
Type Instrument WD	Tax List Year 2017	County Number 16	Tax. Dist. Number 2050	Date 1/4/2018
Property Located in W. Lafayette Corp / Rdgnd				Number 7 No. of Parcels 1 DTE Code No. 599 Neigh. Code 00514 No. of Acres 51.3 x 150 Land Value 3330 Bldg. Value 970 Total Value 4300 DTE Use Only DTE Use Only DTE Use Only Consideration DTE Use Only Valid Sale 1. YES 2. NO
Name on Tax Duplicate W. Lafayette Corp / Rdgnd				
Acct. or Permanent Parcel No. 020-207-00 Tax Duplicate Year 2016				
Description: In Lot 304 51.3 X 150				
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 _____				
<p align="center">GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION</p> <p align="center">TYPE OR PRINT ALL INFORMATION SEE INSTRUCTIONS ON NEXT PAGE</p> <p>1. Grantor's Name DEBBIE D WYLER AKA DEBRA D WYLER & TRACY A WYLER</p> <p>2. Grantee's Name JAJA, LLC Phone: _____</p> <p>Grantee's Address 52710 COUNTY ROAD 425, FRESNO, OH 43824</p> <p>3. Address of Property 313 E 7TH ST, WEST LAFAYETTE, OH 43845</p> <p>4. Tax Billing Address 52710 COUNTY ROAD 425, FRESNO, OH 43824 21354 SR 93</p> <p>5. Are there buildings on the land? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes check type: West Lafayette OH 43845</p> <p><input checked="" type="checkbox"/> 1, 2 or 3 Family Dwlg. <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment No. of Units _____</p> <p><input type="checkbox"/> Manufactured (mobile) home <input type="checkbox"/> Farm buildings <input type="checkbox"/> Other: _____</p> <p>If land is vacant, what is intended use? _____</p> <p>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</p> <p><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</p> <p><input type="checkbox"/> Grantor is Mortgagee <input type="checkbox"/> Other: _____</p> <p>7. a) New Mortgage Amount (If any).....\$ _____</p> <p>b) Balance Assumed (If any).....\$ _____</p> <p>c) Cash (If any).....\$ _____</p> <p>d) Total Consideration (Add Lines 7a, 7b and 7c).....\$ 15,000.00</p> <p>e) Portion, if any, of total consideration paid for items other than real property..\$ _____</p> <p>f) Consideration for real Property on which fee is to be paid (7d minus 7e).....\$ 15,000.00</p> <p>g) Name of Mortgagee _____</p> <p>h) Type of Mortgage <input type="checkbox"/> Conv. <input type="checkbox"/> F.H.A. <input type="checkbox"/> V.A. <input type="checkbox"/> Other: _____</p> <p>i) If gift, in whole or part, estimated market value of the real property\$ _____</p> <p>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</p> <p>If yes, complete DTE Form 101.</p> <p>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.</p> <p>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.</p> <p>If yes, is the property a multi-unit dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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> <p>Christine R. Sycks Member 1-4-17</p> <p>SIGNATURE of GRANTEE or REPRESENTATIVE DATE</p>				

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 \$ **100.00** has been paid by **Rep / Grantor** and received by the **Coshockon** County Auditor **Christine R. Sycks** COUNTY AUDITOR DATE **1/4/2018**

Receipt Number

Ownership		General Information	
Owner:	WYLER DEBRA D 319 EAST 7TH STREET WEST LAFAYETTE OH 43845	313 E 7TH ST LUSE: 599 Liv Unit: 0 Class: R	AGLAND USE: N
Notes	56M4FP=WHITE & GOLD FREEDOM M=OH 020-08056	Zoning: Field Review Flag: MOBILE HOME ON PROPER Tax Dist: W LAFAYETTE CORP RDG	Nbhd: 00516
		Legal Desc	
		N-1 LOT 304 51.3 X 150	



Sorry, no sketch available
for this record

Land Description											
L#	Typ	Cd	Fact	Size	Base	Incre	Decre	Int'l 2	Adj	AdjRate	Value
1	F	1	51.3	51.0 x 150	210	105	210	2	-20	168	9,510

Tot Parcel Size: 0.1756 Deed: 0

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Building Permit				Sales History			Miscellaneous		
Date	Number	Amount	Purpose	O/C	Price	LT #	Valid	Misc Impr:	Gross Impr:
01/01/1990	0000899	999,999.999	SHED	C	10/29/16	2	4	0	200
					02/04/13	2	4		

WD 1/4/2018

JAVA, LLC

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

Improvement Description:		Area		RCNLD	
Story Ht:	Plumb Updr:	Heating:	Prefab Fireplace:	Funct % Cd:	Funct Desc:
Attic:	Dare Remod:	Phys Condi:	Add Sty Stack(PF):	Funct Desc:	Funct Desc:
Constr:	Tot Rooms:	Int Ext Cnd:	Basmt Gar # Cars:	Basmt % Gd:	Basmt % Gd:
Style:	Bedrooms:	Storm Food:	Misc Desc 1:	Misc Desc 1:	Misc Desc 1:
Yr Blt:	Fam Rooms:	Unfin Area:	Rec Room:	Over Depr Tbl:	Over Depr Tbl:
Eff Year:	Full Baths:	Rec Room:	Fin,Basmt Area:	C&D Descrip:	C&D Descrip:
Yr Remod:	Half Baths:	Fin,Basmt Area:	WBFP Stacks:	Grade:	Grade:
Rem Kit:	Extra Fix:	WBFP Stacks:	CDU:	Condo Type:	Condo Type:
Rem Bath:	Foundation:	Openings:	Market Adj:	Condo View:	Condo View:
Elec Upgr:	Basmt:	Add Sty Stack(WB):			

Dwelling Computations										
										C&D Factor
										Total RCN
										RCN PSF
										CDU
										AVERAGE
										% Good
										RCNLD
										RCNLD PSF
										0
										OBV & Misc Imp
										Pct Cmpl/Adjfact
										100 / 1
										2,570
										Tot Card Value