

**Real Property Conveyance Fee Statement of Value and Receipt**  
If exempt by Ohio Revised Code section 319.54(G)(3), use form DTE 100(EX).  
**FOR COUNTY AUDITOR'S USE ONLY**

DTE 100  
Rev. 11/12

Type instrument <u>GW</u>	Tax list year <u>2017</u>	County number <u>16</u>	Tax dist. number <u>1010</u>	Date <u>1-4-18</u>
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Property located in Adams - RDG taxing district  
Name on tax duplicate Shupe Mark H Tax duplicate year 2014  
Acct. or permanent parcel no. 002 - 198 - 01 Map book \_\_\_\_\_ Page \_\_\_\_\_  
Description: SE Qtr Sec 9 ☐ Platted ☐ Unplatted

AUDITOR'S COMMENTS: ☐ Split ☐ New plat ☐ New improvements ☐ Partial value  
☐ C.A.U.V. ☐ Building removed ☐ Other \_\_\_\_\_

Grantee of Representative Must Complete All Questions in This Section Type or print all information. See instructions on reverse.	
1.	Grantor's name <u>Mark H. Shupe married</u>
2.	Grantee's name <u>Nathan M. Mladek</u>
	Grantee's address <u>28258 CR 281, Newcomerstown, OH 43832</u>
3.	Address of property <u>27240 TR 246, Newcomerstown, OH 43832</u>
4.	Tax Billing Address <u>Same as</u>
5.	Are there buildings on the land? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, check type: <u>pole barn</u> <input type="checkbox"/> 1, 2 or 3 family dwelling <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 _____
6.	Conditions of sale (check all that apply) <input type="checkbox"/> Grantor is relative <input type="checkbox"/> Part interest transfer <input type="checkbox"/> Gift <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"/> Land contract <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>40,000.00</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) ..... \$ <u>40,000.00</u> g) Name of Mortgagee <u>First National Bank of Denison</u> h) Type of Mortgage <input checked="" 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 form DTE 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 form DTE 102.
10.	Application for 2.5% 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 Jan. 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 is a true, correct and complete statement.	
<u>Nathan M. Mladek</u> Signature of grantee or representative	
<u>1-4-18</u> Date	

Number <u>9</u>
No. of Parcels <u>1</u>
DTE Code No. <u>511</u>
Neigh. Code <u>00311</u>
No. of Acres <u>8.558</u>
Land Value <u>14560</u>
Bldg. Value <u>1830</u>
Total Value <u>16,390</u>
DTE Use Code
DTE Use Code
DTE Use Code
Consideration
DTE Use Only Valid Sale 1. Yes 2. No
Receipt Number

**Receipt for Payment of Conveyance Fee**

The conveyance fee required by Ohio Revised Code section (R.C.) 319.54(G)(3) and, if applicable, the fee required by R.C. 322, in the total amount of \$??SALEPRIC/D1204PER\*D1204ATX)BLANKS?? has been paid by CONNOLLY, HILLYER & WELCH TITLE SERVICES, INC. and received by the COSHOCOTON county auditor. \$160.00 Rep/Grantor Coshocoton

CHRISTINE SYCKS  
County auditor

1-4-18  
Date

Ownership		General Information	
Owner:	SHUPE MARK H 3103 KILLIAN ROAD UNIONTOWN OH 44685	TR 246 LUSE: 511 Liv Unit: 0 Zoning: 0 Field Review Flag: Tax Dist: ADAMS TWP - RDGWD L/S	AG LAND USE: N Class: R Nbhd: 00311
Notes		Legal Desc	
SPT FM 002-198-00 BRUNER 1980 14X60 MOBILE HOME		SE QTR SEC 9 02 DOC 8917	



Sorry, no sketch available  
for this record

Land Description		Size	Base	Incre	Decre	Inft 1/2	Adj	AdjRate	Value
L#	Type Cd	Fact							
5	A	1	1,000	17,000	17,000	17,000	1	-50	8,500
6	A	8	7,358	4500	4500	4500		4500	33,110
7	A	9	0,200	0	0	0		0	
Tot Parcel Size:		8.558	Deed: 8.558						

Building Permit				Sales History				Miscellaneous		
Date	Number	Amount	Purpose	O/C	Sale Date	Type	Price	LT #	Valid	Misc Impr:
					04/21/08	2		06-205C	4	0
					12/20/02	1	32,164	02-8917	0	0

Enter: Date: 07/01/08 Entr Rslt: Left Door Hanger Spoke With: Other Appr: GC

GC  
1-4-18  
Nathan M.  
MLadek

Improvement Description:  
Story Ht: Plumb Upbr: Heating: Prefab Fireplace: Funct % Gd: 100  
Attic: Dare Remod: Phys Cond: Add Sty Stack(PF): Funct Desc: Econ % Gd: 0  
Cnstr: Tot Rooms: Int Ext Cnd: Bsmnt Gar # Cars: Misc Desc 1: Over Dear Tbl: C&D Descrip: Condo Level: 1  
Style: Bedrooms: Storm Flood: Misc Desc 2: Pct Cmpl: Condo Type: Condo View:  
Yr Bkt: Fam Rooms: Unfin Area: Rec Room: Fin Bsmnt Area: WBWP Stacks: CDU: Market Adj:  
Yr Remod: Half Baths: Extra Fk: Foundations: Add Sty Stack(WB):  
Rem Kit: Rem Bath: Bsmnt: Openings: Market Adj:  
Eac Upgr: Bsmnt: Add Sty Stack(WB):

Dwelling Computations														
											C&D Factor			
Base Price											Total RCN			
Basement											RCN PSF			
Heating											CDU			
Plumbing											FAR			
Attic														
Other Feat											0			
Subtotal											RCNLD PSF			
Additions											OBY & Misc Imp			
Grade Fact											Pct Cmpl/Adjfact			
SFA											Tot Card Value			
Value Summary											Prior	Cost	Market	Current Appr
Land											41,610	41,610	0	41,610
Bldg											5,230	5,230	0	5,230
Total											46,840	46,840	0	46,840
Rev Code: 1 - Cost Approach													Land/Bldg Fact	1.00 / 1.00

L#	Low	1st	2nd	3rd	Description	Area	RCNLD					
A												
D												
D												
N												
S												
O	Card L#	Code	Yr Bkt	W x L	Area	Gd	Units	Mod Cd	Cond	%Gd	RCNLD	
B	1	1	AP1	Four Side Closed	2003	28 x 42	1,176	C	1	A	65	5,230
A												
Value Summary												
Base Price				C&D Factor				Dwelling Computations				
Land				Total RCN				RCN PSF				
Bldg				Plumbing				CDU				
Total				Attic				% Good				
Rev Code: 1 - Cost Approach				Other Feat				RCNLD PSF				
				Subtotal				RCNLD				
				Additions				OBY & Misc Imp				
				Grade Fact				Pct Cmpl/Adjfact				
				SFA				Tot Card Value				
				Prior				Current Appr				
				41,610				41,610				
				5,230				5,230				
				46,840				46,840				
				0				0				
				100 / 1				5,230				