

112018
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

.50

Type Instrument	WD	Tax List Year	2017	County Number	1p	Tax Dist Number	3010	Date	3/9/2018
Property Located in <u>Coshocton Corp / RV</u> Taxing District								Number	
Name on Tax Duplicate <u>Schleich Pamela</u> Tax Duplicate Year <u>2017</u>									143
Acct. or Permanent Parcel No. <u>044-10-00</u> Map Book _____ Page _____								No. of Parcels	1
Description: <u>E side 8 Area Annexed to Cosh. Corp RVLSO</u> <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted								DTE Code No.	511
AUDITOR'S COMMENTS: <input type="checkbox"/> Split <input type="checkbox"/> New Plat <input type="checkbox"/> New Improvements <input type="checkbox"/> Partial Value								Neigh. Code	00515
<input type="checkbox"/> C.A.U.V. <input type="checkbox"/> Building Removed <input type="checkbox"/> Other _____								No. of Acres	.5
GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION TYPE OR PRINT ALL INFORMATION SEE INSTRUCTIONS ON NEXT PAGE								Land Value	
1. Grantor's Name <u>Pamela Schleich, single</u>								Bldg. Value	
2. Grantee's Name <u>Grason Properties, LLC</u>								Total Value	
Grantee's Address <u>552 Clow Lane, Coshocton, Ohio 43812</u>								DTE Use Only	
3. Address of Property <u>552 Clow Lane, Coshocton, Ohio 43812</u>								DTE Use Only	
4. Tax Billing Address <u>552 Clow Lane, Coshocton, Ohio 43812</u>								DTE Use Only	
5. Are there buildings on the land? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes check type: <input 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: outbuildings/garages _____ If land is vacant, what is intended use? _____								Consideration	
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: _____								DTE Use Only Valid Sale 1. YES 2. NO	
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>57,000.00</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>57,000.00</u> 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\$ _____								Receipt Number	
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 checked="" type="checkbox"/> YES <input 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 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.									
SIGNATURE OF GRANTEE or REPRESENTATIVE <u>Cheryl Thompson</u> ^{member} DATE <u>3.8.18</u>									

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 \$ 228.00 has been paid by Rep/Grantor and received by the Coshocton County AuditorChristine R. Sycks COUNTY AUDITOR
JmaDATE 3/9/2018

