

Tax year 2024 BOR no. # 50

County Coshocton Date received _____

DTE 1
REV. 12-22
RECEIVED

Complaint Against the Valuation of Real Property

MAR 31 2025

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2 Coshocton County Auditor

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1. Owner of property	<u>Erin E. Porter</u>	<u>P.O. Box 31 Coshocton OH 43811</u>
2. Complainant if not owner	<u>n/a</u>	
3. Complainant's agent	<u>n/a</u>	
4. Telephone number and email address of contact person <u>740-202-2500 eporter31@att.net</u>		
5. Complainant's relationship to property, if not owner <u>Self / owner</u>		

If more than one parcel is included, see "Multiple Parcels" Instruction.

6. Parcel numbers from tax bill	Address of property
<u>043-00001300-00</u>	<u>425 Locust Street Coshocton OH 43812</u>

7. Principal use of property Vacant lot (former Residence / Structure Michael A. Porter)

8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>043-00001300-00</u>	<u>\$38970</u>	<u>\$6970</u>	<u>\$32000</u>

9. The requested change in value is justified for the following reasons:
Total Loss of single family dwelling (510) / occupancy / Homestead:
due to structure fire on February 3rd 2023 & loss of life / casualty.
(fatality of Michael A. Porter)

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
 and sale price \$ _____; and attach information explained in "Instructions for Line 10" on back.
* property transferred on death from father, Michael A. Porter 2/3/23. Deed TOD.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence. n/a

12. If any improvements were completed in the last three years, show date n/a and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

* Structure fire - fatality incurred, total loss February 3rd, 2023.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

n/a The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 03/28/25 Complainant or agent (printed) Erin B. Porter Title (if agent) n/a

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 28th day of March 2025

Notary Cheryl L Hill

 CHERYL LYNN HILL
 Notary Public
 State of Ohio
 My Comm. Expires
 March 4, 2029

Application no. _____

DTE 26
Rev. 05/20

RECEIVED

Date Received
MAR 31 2025

Application for Valuation Deduction for Destroyed or Damaged Real Property

Coshocton County Auditor
Please read instructions on back before completing form.

Answer all questions and type or print all information. Please read instructions on back before completing form.

1. Owner's name Erin E. Porter
2. Owner's address PO Box 131 Conesville OH 43911
3. Owner's telephone number 740-202-2500
4. Parcel number of damaged property 043-00001300-00
5. Address of damaged property 425 Locust Street Coshocton OH 43912
6. County where located Coshocton
7. Date damage occurred February 3rd, 2023
8. Cause of damage Structure Fire
9. Description of damage Total Loss
10. Estimated dollar amount of damage \$ 32000
11. If property insured, amount of insurance received \$ 32000

I declare under penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, it is true, correct and complete.

Owner [Signature]
Signature

03/29/25
Date

By the county auditor
on behalf of the property owner _____
Signature

Date

If there is a refund or fees due - please send to :

Erin E. Porter
PO Box 131
Conesville OH 43911

don't hesitate to call for questions! ☺
740-202-2500