

Tax year 2024BOR no. # 50DTE 1
REV. 12/22County Coshocton

Date received _____

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	Erin E. Porter	P.O. Box 131 Coshocton OH 43801
2. Complainant if not owner	n/a	
3. Complainant's agent	n/a	
4. Telephone number and email address of contact person 740-202-2500 eporter31@att.net		
5. Complainant's relationship to property, if not owner Self / owner		
If more than one parcel is included, see "Multiple Parcels" Instruction.		

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

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
043-00001300-00	\$38970	\$6970	\$32000

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 E. Porter Title (if agent) n/a

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 28th day of March, 2025
(Date) (Month) (Year)

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

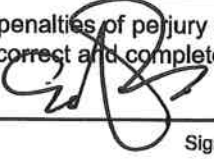
MAR 31 2025

**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

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