

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	Tax List Year	County Number 41	Tax. Dist. Number	Date
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Property Located in _____ Taxing District _____

Name on Tax Duplicate _____ Tax Duplicate Year _____

Acct. or Permanent Parcel No. _____ Map Book _____ Page _____

Description: Platted Unplatted

AUDITOR'S COMMENTS: Split New Plat New Improvements Partial Value
 C.A.U.V. Building Removed Other _____

Number	
No. of Parcels	
DTE Code No.	
Neigh. Code	
No. of Acres	
Land Value	
Bldg. Value	
Total Value	
DTE Use Only	
DTE Use Only	
DTE Use Only	
Consideration	
DTE Use Only Valid Sale	
1. YES	2. NO

GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION TYPE OR PRINT ALL INFORMATION	SEE INSTRUCTIONS ON REVERSE
1. Grantor's Name _____	Phone: _____
2. Grantee's Name _____	Phone: _____
Grantee's Address _____	
3. Address of Property _____	
4. Tax Billing Address _____	
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: _____ If land is vacant, what is intended use? _____	
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: _____	
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) _____	\$ _____
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) _____	\$ _____
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 _____ \$ _____	
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 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 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 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 IT IS A TRUE, CORRECT AND COMPLETE STATEMENT.	
SIGNATURE of GRANTEE or REPRESENTATIVE _____	DATE _____

RECEIPT FOR PAYMENT OF CONVEYANCE FEE

Receipt Number _____

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 \$ _____ has been paid by _____ and received

by the **JEFFERSON** County Auditor.

PATRICK J. MARSHALL COUNTY AUDITOR

DATE _____