

REAL PROPERTY CONVEYANCE FEE STATEMENT OF VALUE AND RECEIPT
 If exempt by O.R.C. 319.54 (F) (3), Use DTE Form 100 (Ex)

TYPE OR PRINT ALL INFORMATION

SEE INSTRUCTIONS ON REVERSE SIDE

FOR COUNTY AUDITOR'S USE ONLY

Type Instrument	Tax List Year	County Number 31	Tax. Dist. Number	Date
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Property Located in _____ Taxing District _____ Number _____
 Name on Tax Duplicate _____ Taxing Duplicate Year _____
 Acct. or Permanent Parcel No. _____ Map Book _____ Page _____
 Description: _____ Platted Unplatted No. of Parcels _____

AUDITOR'S COMMENTS

Split New Plat
 C.A.U.V Building Removed
 New Improvements Partial Value Other _____ OWNER OCCUPIED Yes No
 DTE Code No. _____
 Neigh. Code _____

GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION

1. Grantor: _____ Phone: _____
 Address: _____ Optional _____
 2. Grantee: _____ Phone: _____
 3. Address of Property: _____ Optional _____
 4. GRANTEE'S Permanent Mailing Address (if different than address of property): _____
 5. Tax Billing Address (if different than address of property): _____
 6. Are there buildings on the land? No ___ Yes ___ (requires information below)
 ___ 1, 2 or 3 family ___ Manufactured Home
 ___ Condominium ___ Apartment - Number of Units _____
 ___ Farm Building ___ Other - _____
 If land is vacant, what is intended use? _____
 7. Conditions of sale (Check all that apply):
 ___ Grantor is a relative ___ Part Interest Transferred ___ Grantor is a Mortgagee ___ Land Contract
 ___ Gift ___ Trade ___ Life Estate ___ Leasehold
 ___ Mineral Rights Reserved ___ Leased Fee ___ Other - _____
 8. (A) New Mortgage Amount (if any) \$ _____
 (B) Balance Assumed (if any) \$ _____
 (C) Cash (if any) \$ _____
 (D) Total Consideration (8A + 8B + 8C) \$ 0.00
 (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 (8D minus 8E) \$ 0.00
 (G) If gift, in whole or part, estimated market value \$ _____
 (H) Type of mortgage ___ Conventional ___ FHA ___ VA ___ Other _____
 (I) Name of mortgagee _____
 9. Grantor indicates that this property is entitled to receive the senior citizen, disabled person, or surviving spouse homestead exemption for the preceding or current tax year. NO ___ YES ___ (DTE Form 101 required)
 10. Grantor indicates that this property qualifies for current agricultural use valuation for the preceding or current tax year. NO ___ YES ___ (DTE Form 102 required)
 11. 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? YES ___ NO ___
 If yes, is the property a multi-unit dwelling? YES ___ NO ___

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 _____
 Valid Sale
 1. YES 2. 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.

PRINTED NAME of GRANTEE or REPRESENTATIVE _____ SIGNATURE of GRANTEE or REPRESENTATIVE _____ DATE _____
 Receipt Number _____

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 \$ _____ has been paid by _____ and received by the **HAMILTON** County Auditor.

DATE _____ COUNTY AUDITOR _____

DTE FORM 100
Revised by County Auditor
Dusty Rhodes 12/98

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