

REAL PROPERTY CONVEYANCE FEE STATEMENT OF VALUE AND RECEIPT

If exempt by O.R.C. 319.54 (F) (3), Use DTE Form 100 (EX)
SEE INSTRUCTIONS ON REVERSE SIDE

RE

TYPE OR PRINT ALL INFORMATION

FOR COUNTY AUDITOR'S USE ONLY

Type Instrument	Tax List Year	County Number 11	Tax Dist. Number	Date
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Property Located in _____ Page _____ Line _____

Name on _____ Tax Duplicate _____

Permanent Parcel No. _____

Description:

Number
No. of Parcels
DTE Code No.
CAUV App. #

AUDITOR'S COMMENTS

☐ Split ☐ New Plat ☐ New Improvements ☐ Partial Value ☐ C.A.U.V. ☐ Building Removed
☐ Other _____

☐ Platted

☐ Unplatted

Neigh. Code

Number of Acres

Land Value

Bldg. Value

Total Value

DTE Use Only

DTE Use Only

DTE Use Only

Land Only
1 Yes 2 No

Valid State
1 Yes 2 No

Consideration
\$.

Receipt Number

ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY GRANTEE OR HIS REPRESENTATIVE

1. Grantor's Name _____ Phone (____) _____
2. Grantee's Name _____ Phone (____) _____
- 2a. Grantee's Address _____
3. Address of Property _____
4. Tax Billing Address _____
5. Are there buildings on the land? ☐ NO ☐ YES If yes check type:
☐ 1, 2 or 3 Family Dwlg. ☐ Condominium ☐ Apartment: No. of Units _____
☐ Manufactured (mobile) home ☐ Farm Buildings ☐ Other: _____
If land is vacant, what is intended use? _____
6. Conditions of Sale: (Check all that apply): ☐ Grantor is a Relative ☐ Part Interest Transferred ☐ Land Contract
☐ Trade ☐ Life Estate ☐ Leased Fee ☐ Leasehold ☐ Mineral Rights Reserved ☐ Gift
☐ Grantor is Mortgagee ☐ 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 ☐ Conv. ☐ F.H.A. ☐ V.A. ☐ Other: _____
i) If gift, in whole or part, estimate market value of the real property \$ _____
8. The grantor has 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. ☐ YES ☐ NO. If yes, complete DTE Form 101.
9. The grantor has indicated that this property is qualified for current agricultural use valuation for the preceding or current tax year. ☐ YES ☐ NO. If yes, complete DTE Form 102.
10. Application for 2½% 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.

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.

DATE

SIGNATURE of GRANTEE or REPRESENTATIVE

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 (Date) _____ by the

CHAMPAIGN COUNTY AUDITOR, KAREN T. BAILEY by _____, Deputy.