

**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 <b>17</b>	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  
 C.A.U.V.  Building Removed  
 New Improvements  Partial Value  Other \_\_\_\_\_ OWNER OCCUPIED  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
DTE Use Only Valid Sale
1. YES 2. NO

**GRANTEE OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION**

- Grantor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Optional \_\_\_\_\_
- Grantee: \_\_\_\_\_ Phone: \_\_\_\_\_
- Address of Property: \_\_\_\_\_ Optional \_\_\_\_\_
- GRANTEE'S Permanent Mailing Address (if different than address of property): \_\_\_\_\_
- Tax Billing Address (if different than address of property): \_\_\_\_\_
- 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? \_\_\_\_\_
- 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: \_\_\_\_\_
- (A) New Mortgage Amount (if any) \_\_\_\_\_ \$ \_\_\_\_\_  
 (B) Balance Assumed (if any) \_\_\_\_\_ \$ \_\_\_\_\_  
 (C) Cash (if any) \_\_\_\_\_ \$ \_\_\_\_\_  
 (D) Total Consideration (8A + 8B + 8C) \_\_\_\_\_ \$ \_\_\_\_\_  
 (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) \_\_\_\_\_ \$ \_\_\_\_\_  
 (G) If gift, in whole or part, estimated market value. \_\_\_\_\_ \$ \_\_\_\_\_  
 (H) Type of mortgage \_\_\_\_\_ Conventional \_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ Other \_\_\_\_\_  
 (1) Name of mortgagee \_\_\_\_\_
- 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)
- Grantor indicates that this property qualifies for current agricultural use valuation for the preceding or current tax year. NO \_\_\_\_\_ YES \_\_\_\_\_ (DTE Form 102 required)
- 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 \_\_\_\_\_

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.

\_\_\_\_\_  
 SIGNATURE of GRANTEE or REPRESENTATIVE

\_\_\_\_\_  
 DATE

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 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 \_\_\_\_\_

DATE \_\_\_\_\_

**ROBIN E. HILDEBRAND**, CRAWFORD COUNTY AUDITOR

**INSTRUCTIONS TO GRANTEE OR REPRESENTATIVE FOR COMPLETING  
REAL PROPERTY CONVEYANCE FEE STATEMENT OF VALUE**

COMPLETE LINES 1 THROUGH 11 IN BOX ONLY

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**WARNING:** ALL QUESTIONS MUST BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE IN ORDER TO COMPLY WITH THE PROVISIONS OF THE OHIO REVISED CODE SECTION 319.202 AND THE CONVEYANCE STANDARDS ADOPTED BY THE CRAWFORD COUNTY AUDITOR AND THE CRAWFORD COUNTY ENGINEER, AS REQUIRED BY 319.203. PERSONS WILLFULLY FAILING TO COMPLY OR FALSIFYING INFORMATION ARE GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE (O.R.C. 319.99). IT IS IMPORTANT THAT THE INFORMATION ON THIS FORM BE ACCURATE AS IT WILL BE USED TO DETERMINE WHETHER ALL REAL PROPERTY, INCLUDING THIS PROPERTY, IS UNIFORMLY ASSESSED FOR REAL PROPERTY TAX PURPOSES.

**NOTE:** THE COUNTY AUDITOR HAS DISCRETIONARY POWER UNDER SECTION 319.202 (A) TO REQUEST ADDITIONAL INFORMATION IN ANY FORM OF DOCUMENTATION DEEMED NECESSARY TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY THE GRANTEE ON THE FRONT OF THE FORM.

Line 1) List grantor's name as shown in the deed or other instrument conveying this real property, along with grantor's address.

Line 2) List grantee's name as shown in the deed or other instrument conveying this real property.

Line 3) List address of property conveyed by house number and street.

Line 4) List grantee's permanent mailing address if different than address of property conveyed.

Line 5) List complete address to which tax bills are to be sent if different than address of property conveyed.

**CAUTION: EACH PROPERTY OWNER IS RESPONSIBLE FOR PAYING THE PROPERTY TAXES ON TIME EVEN IF NO BILL IS RECEIVED.**

Line 6) If there are no buildings on the land conveyed check box "No". If there are buildings check box "Yes" and the appropriate box that describes the type of building. If other, describe briefly the type of building such as "office building".

Line 7) Show any special condition of sale that would affect the consideration. If any of the special conditions noted are involved check the appropriate box. Briefly describe other conditions in the space provided.

Line 8) A) Enter amount of new mortgage on this property (if any).  
B) Enter amount of the balance assumed on an existing mortgage (if any).  
C) Enter cash paid for this property (if any).  
D) Add lines 8A, 8B, and 8C.  
E) If any portion of the consideration reported on line 8D was paid for items other than real property, enter the portion of the consideration paid for those items.  
F) Deduct line 8E from line 8D and enter the difference on this line.  
G) In the case of a gift, in whole or part, enter the estimated price the real estate described in the deed would bring in the open market.  
H) Check type of mortgage  
I) List mortgagee or mortgagees (The party who advances the funds for a mortgage loan).

Line 9) If the grantor has indicated that the property to be conveyed will receive the senior citizen, disabled person or surviving spouse homestead exemption for the preceding or current tax year under O.R.C. section 323.152 (A), the grantee and grantor must complete DTE FORM 101, or submit a statement which complies with the provisions of O.R.C. section 319.202 (A)(2) and submit such form to the county auditor along with this conveyance fee statement.

Line 10) If the grantor has indicated that the property to be conveyed was qualified for current agricultural use valuation for the preceding or current year under O.R.C. section 5713.30, the grantor must complete DTE FORM 102, or a statement that complies with O.R.C. section 319.202 (B)(2), and submit such form to the county auditor along with this conveyance fee statement.

Line 11) Complete line 11 (Application For 2-1/2% Reduction) only if the parcel is used for residential purposes. To receive the 2-1/2% homestead tax reduction for next year, you must own and occupy your home as your principal place of residence (domicile) on January 1 of that year. A homeowner and spouse may receive this reduction on only one home in Ohio. Failure to complete this application prohibits the owner from receiving this reduction until another proper and timely application is filed.

The real property conveyance fee is payable on the amount of money reported on either item 8F or 8G.