

REAL PROPERTY CONVEYANCE FEE STATEMENT OF VALUE AND RECEIPT PERMANENT PARCEL NO.

If exempt by O.R.C. 319.54 (F) (3), Use DTE Form 100 (Ex)

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TYPE ALL INFORMATION

SEE INSTRUCTIONS ON REVERSE SIDE

FOR COUNTY AUDITOR'S USE ONLY

| | | | | |
|-----------------|---------------|-------------------------|-------------------|------|
| Type Instrument | Tax List Year | County Number 18 | Tax. Dist. Number | Date |
|-----------------|---------------|-------------------------|-------------------|------|

Property Located in _____ Taxing District

| |
|--------|
| Number |
|--------|

Name on Tax Duplicate _____ Tax Duplicate Year _____

Description:

| | | |
|-----------------------------|--|--|
| PERMANENT PARCEL NO. | | |
| | | |

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| |
|----------------|
| No. of Parcels |
|----------------|

| |
|--------------|
| DTE Code No. |
|--------------|

SUBLOT NO: _____

| |
|-------------|
| Neigh. Code |
|-------------|

AUDITOR'S COMMENTS
 Split New Plat New Improvements Partial Value
 C.A.U.V. Building Removed Other _____ OWNER OCCUPIED Yes No

| |
|--------------|
| No. of Acres |
|--------------|

GRANTEE OR HIS REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION

| | | |
|--|---|----------------------------|
| 1. Grantor's Name _____ | <table border="1"><tr><td>Land Value</td></tr></table> | Land Value |
| Land Value | | |
| 2. Grantee's Name _____ | | |
| 2a. Grantee's Address _____ | | |
| 3. Address of Property _____ | | |
| 4. Tax Billing Address _____ | | |
| 5. Are there buildings on the land? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, check type: <input type="checkbox"/> 1, 2 or 3 Family Dwlg. <input type="checkbox"/> Condominium (Unit No. _____ Condo Name _____) <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? _____ | <table border="1"><tr><td>Bldg. Value</td></tr></table> | Bldg. Value |
| Bldg. Value | | |
| 6. Conditions of Sale (Check all that apply): <input type="checkbox"/> Grantor is a Relative <input type="checkbox"/> Part Interest Transferred <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: _____ | <table border="1"><tr><td>Total Value</td></tr></table> | Total Value |
| Total Value | | |
| a) New Mortgage Amount (if any) \$ _____ | <table border="1"><tr><td>DTE Use Only</td></tr></table> | DTE Use Only |
| DTE Use Only | | |
| b) Balance Assumed (if any) \$ _____ | <table border="1"><tr><td>DTE Use Only</td></tr></table> | DTE Use Only |
| DTE Use Only | | |
| 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) \$ _____ | <table border="1"><tr><td>DTE Use Only</td></tr></table> | DTE Use Only |
| DTE Use Only | | |
| 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 \$ _____ | <table border="1"><tr><td>Consideration</td></tr></table> | Consideration |
| Consideration | | |
| 8. The grantor has indicated that this property (check one box) (a) <input type="checkbox"/> (is) or (b) <input type="checkbox"/> (is not) entitled to receive the senior citizen, disabled person, or surviving spouse homestead exemption for the preceding or current tax year. If box (a) is checked, complete DTE Form 101. | <table border="1"><tr><td>Valid Sale 1. YES 2. NO</td></tr></table> | Valid Sale 1. YES 2. NO |
| Valid Sale 1. YES 2. NO | | |
| 9. The grantor has indicated that this property (check one box) (a) <input type="checkbox"/> (is) or (b) <input type="checkbox"/> (is not) qualified for current agricultural use valuation for the preceding or current tax year. If box (a) is checked, complete DTE Form 102. | | |
| 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

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 Cuyahoga County Auditor FRANK RUSSO.

COUNTY AUDITOR