

Tax year 2023 BOR no. 0050 **FILED ON** DTE 1  
 County ASHTABULA Date received FEB 06 2024 Rev. 08/21

## Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint     Counter complaint

Notices will be sent only to those named below.

	<b>Name</b>	<b>Street address, City, State, ZIP code</b>	
1. Owner of property	TIMOTHY AND BIBIANA SEISLOVE	2318 MORNING STAR DR ROAMING SHORES, OHIO 440	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	(330) 697-3320		
5. Email address of complainant	tseislove@neo.rr.com		
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
650121008900	2318 MORNING STAR DR ROAMING SHORES OHIO 44084		
8. Principal use of property	SUMMER LAKE HOME		
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
650121008900	\$364,640	511,600	146,960
10. The requested change in value is justified for the following reasons: 2297 MORNING CLOSEST SALE LOCATION (SAME ST. ON LAKE) , SIMILAR SQ FT , SALE PRICE \$320K 03/17/23, SIMILAR CONDITION SEVERAL HOME SOLD FROM \$149 SQ FT TO \$172 SQ FT. I BOUGHT HOME IN 2016 FOR \$350K AND HAVE MAINTAIN PROPERTY, FEEL THE VALUE, WHAT I COULD SELL IT FOR IS BETWEEN \$365K-\$410K			

11. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale \_\_\_\_\_ and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date \_\_\_\_\_ and total cost \$ \_\_\_\_\_
14. Do you intend to present the testimony or report of a professional appraiser?  Yes  No  Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction.       The property lost value due to a casualty.
- A substantial improvement was added to the property.       Occupancy change of at least 15% had a substantial economic impact on my property.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 02/05/2024 Complainant or agent TIMOTHY SEISLOV Title (if agent) \_\_\_\_\_  
 Signature

**Situs : 2318 MORNING STAR DR**

**Map ID: 65-012-10-089-00**

**LUC: 510**

**Card: 1 of 1**

**Tax Year: 2023**

**Printed: 02/06/24**

**CURRENT OWNER**  
SEISLOVE TIMOTHY D  
SEISLOVE BIBIANA  
1745 BOBWHITE TRAIL  
STOW OH 44224  
  
CAUV  
Field Review Flag:

**GENERAL INFORMATION**  
Routing No. 012-10 089-00  
Class Residential  
Living Units 1  
Neighborhood 26600  
District  
Zoning  
Alternate Id



**Legal Description**  
**Parcel Tieback:** Addl. Tieback: Y  
**Legal Descriptions:**  
2318 ROAMING ROCK  
NO 12

**Land Information**

Type	Cd	Rate	Size	Acres	Dpth	Inf Fac	Inf %	Value
G	1	86500	0	0	0			112,450
								112,450

Total Acres: .3182      Legal Acres: 0.33      NBHD Fact: 1.3000

**Assessment Information**

	Assessed	Appraised	Cost	Income	Market
<b>Land</b>	39,380	112,500	112,500	0	0
<b>Building</b>	139,690	399,100	399,100	0	0
<b>Total</b>	179,070	511,600	511,600	0	0

**Manual Override Reason**  
**Base Date of Value**  
**Effective Date of Value**

**Value Flag** 1-COST APPROACH

**Current Value**

Year	Land	Building	Total Value
2020	86,500	266,100	352,600
2021	86,500	266,100	352,600
2022	86,500	266,100	352,600

**Permit Information**

Date Issued	Number	Price	Purpose	Note	Status

**Sales/Ownership History**

Transfer Date	Price	Type	Validity	Deed Reference	Deed Type	Grantor
09/30/16	350,000	2-Land And Building	U-Not Validated	621/ 1673	SV-Survivorship	RESOR JOHN P
03/30/07	380,000	2-Land And Building	U-Not Validated	0118/2347	SV-Survivorship	POWELL PHYLLIS O
01/10/00		2-Land And Building	U-Not Validated	0101/6018	ET-Temp Exempt	POWELL PHYLLIS O
03/06/98		1-Land Only	I-Error In Description	0050/3501	ET-Temp Exempt	POWELL MORAGN L

**Entrance Information**

Date	ID	Entry Code	Source
03/19/14	WPW	6-Occupant Not Home	3-Other
11/13/18	MJR	6-Occupant Not Home	3-Other

**Property Notes**  
Note Codes:

Situs : 2318 MORNING STAR DR

Parcel Id: 65-012-10-089-00

LUC: 510

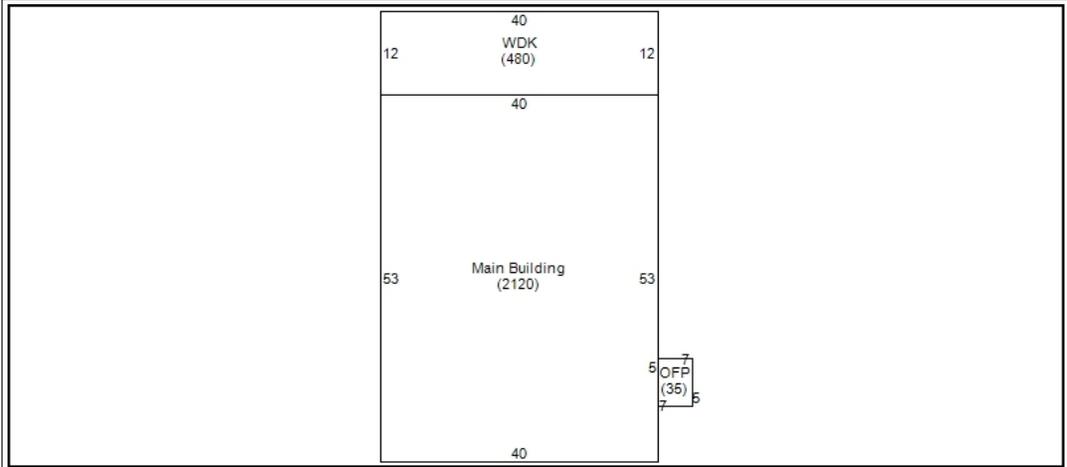
Card: 1 of 1

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**Dwelling Information**

<b>Valuation Method</b> D	<b>Total Rooms</b> 9
<b>Override Model</b>	<b>Dining Rooms</b> 0
<b>Story Height</b> 1	<b>Bedrooms</b> 6
<b>Construction</b> 1-Wood/Vinyl	<b>Family Rooms</b> 1
<b>Style</b> 03-Ranch	<b>Full Baths</b> 3
<b>Year Built</b> 1997	<b>Half Baths</b> 1
<b>Eff Year Built</b>	<b>Addl. Fixtures</b> 0
<b>Year Remodeled</b>	<b>Total Fixtures</b> 14
<b>Kitchen Remod</b>	<b>Unfinished Area</b> 0
<b>Bath Remod</b>	<b>T2 Rec Rm Area</b>
<b>Lower Level</b> 4-Full Basement	<b>T3 Rec Rm Area</b>
<b>Heating</b> 4-Heat Pump	<b>T4 Rec Rm Area</b> 2100
<b>Heat Fuel Type</b>	<b>Fin Bsmt Liv Area</b> 0
<b>System</b>	<b>WBFP Stacks</b> 1
<b>Attic</b> 0-None	<b>WBFP Openings</b> 2
<b>Phy. Condition</b> G-Good Condition	<b>WBFP Add'l Stry</b>
<b>Int vs Ext Cond</b>	<b>Prefab Fireplace</b>
<b>Well / Septic</b> 0	<b>Prefab Add'l Stry</b>
<b>Bsmt Gar # Cars</b>	
<b>Misc 1 Desc</b>	<b>Misc 1 Qty</b>
<b>Misc 2 Desc</b>	<b>Misc 2 Qty</b>
<b>Grade</b> C+2	<b>Cost &amp; Design</b> 10
<b>CDU</b> GD-GOOD	<b>Functional</b>
<b>% Good Ovr</b>	<b>Economic</b> 100
<b>% Complete</b> 100	<b>NBHD Fact</b> 1.5
<b>GRM Econ Rents</b>	<b>GRM Factor</b> 1
<b>GRM Units</b>	<b>GRM Value</b> 0



**Additions**

Line	Low	1st	2nd	3rd	Area	Yr Blt	Eff Yr	Grade	%Comp	CDU	Value
0					2,120						
1			WDK		480						6,600
3			OFF		35						900

**Dwelling Computations**

<b>Base Price</b>	132,520	<b>% Good</b>	90
<b>Plumbing</b>	13,900	<b>Market Adj</b>	
<b>Basement</b>	34,330	<b>Functional</b>	
<b>Heating</b>	6,030	<b>Economic</b>	100
<b>Attic</b>	0	<b>% Complete</b>	100
<b>Other Features</b>	61,578	<b>C&amp;D Factor</b>	10
		<b>Adj Factor</b>	1.5
<b>Subtotal</b>	248,360	<b>Additions</b>	6,700
<b>Ground Floor Area</b>	2,120		
<b>Total Living Area</b>	2,120	<b>Dwelling Value</b>	378,870

Dwelling Notes

**Outbuilding Data**

Ln	Code/Desc	Yr Blt	Eff Yr	Size	Area	Gr	Qty	ModCd	PC	FN	MA	%Comp	Value
1	BD1-Boat Dock	1111		x	305	C	1		S				
2	RG1-Det Garag	2016		24x30	720	C	1		A				20,200

**Condominium / Mobile Home Information**

<b>Complex #</b>	<b>Level</b>	<b>MH Make</b>
<b>Type</b>	<b>Elevator</b>	<b>MH Model</b>
<b>Unit No</b>	<b>Location</b>	<b>Serial#</b>
<b>Condo Style</b>	<b>View</b>	<b>MH Title#</b>
<b>Cmplx Name</b>		<b>Park Code</b>

**Misc & Gross Bulding Values**

<b>Misc Building No</b>	<b>Misc Adjusted Value</b>
<b>Gross Building:</b>	

Situs : 2318 MORNING STAR DR

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**Comments**

Number	Code	Status	Comment
3	OFC	DC	20240206 BOR 2023-0050
2	FLD	DC	PICKED UP NEWER DET GAR BUILT IN 2016 EST
1	FLD	BP	19980630 JP C#01 - 6/25/98-BP#P970402 FOR NEW DWG-100% 1/1/98.

**Situs : 2318 MORNING STAR DR****Parcel Id: 65-012-10-089-00****LUC: 510****Card: 1 of 1****Tax Year: 2023****Printed: 02/06/24**

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ASHTABULA COUNTY  
25 W Jefferson Street  
Jefferson OH 44047-1092  
(440) 576-1484 Fax: (440) 576-3446

BOARD OF REVISION HEARING NOTICE TO  
ASHTABULA COUNTY PROPERTY OWNER OR HIS/HER AGENT

B.O.R. CASE NUMBER: 2023-0050

May 14, 2024

TIMOTHY AND BIBIANA SEISLOVE  
2318 MORNING STAR DR  
ROAMING SHORES OH 44085

The Board, in accordance with Ohio Revised Code 5715.19, has scheduled a hearing on:

**June 12, 2024 at 9:30 AM**

at the Ashtabula County Courthouse, 2nd floor, Room 205, in connection with B.O.R. case number: 2023-0050 filed for tax year 2023 by TIMOTHY AND BIBIANA SEISLOVE and described as follows:

Parcel ID(s):

1) 65-012-10-089-00 located at 2318 MORNING STAR DR, the market value is \$511,600. The market value sought is \$364,640.

You or a representative must appear at this hearing or the case will be dismissed.

If you have any questions, please call (440) 576-1484.

Ashtabula County Board of Revision

Agency Information

Agency WICHERT INSURANCE Code 03-0393-00 Producer Policy Number

Policy Term Information

Term: [X] Annual [ ] Semi-Annual Applicant is: [X] Individual [ ] Estate [ ] Trust [ ] FLP [ ] LLC<sup>24</sup> Policy is: [X] New [ ] Rewrite of Effective Date: 06/12/2024 [X] Coverage bound [ ] Submitting unbound for review

Applicant / Location Information

Applicant(s) TIMOTHY SEISLOVE Customer ID Mailing Address 1745 BOBWHITE TRL County SUMMIT Twp. City STOW State OH Zip 44224-2545 Property location if other than mailing address<sup>2</sup> ( [ ] Legal description attached ) Street: 2318 MORNING STAR DR City ROAMING SHORES State OH Zip 44084-9616 County ASHTABULA Twp.

Previous address if less than 3 years at insured location:

Table with columns: Applicant, Occupation, Employer, Years Th. Row: TIMOTHY SEISLOVE, VP. QC & RISK MGMT, PNC BANK, 15

Franchise# How long have you known the applicant? Have you seen this dwelling? [ ] Yes [ ] No How long ago?

Oldest Applicant's Date of Birth 10/17/1962 Marital Status: Married Insurance Score: X867 Confirmation # 248490003 DOB: 04/13/1963

Other policies written in the Auto-Owners Group:

Type: Auto Personal Number: 5519067901

List All Losses in the Past 5 Years [ ] None

Table with columns: Date, Amount, Weather Related?, Description. Rows: 08/29/2022, \$1,500, Yes X No, LOC 001 LOSS REPORT: OTHER; 09/11/2020, \$75, Yes X No, LOC 001 LOSS REPORT: ACCDL

Billing Information

Add to current billing account: [ ] Yes [X] No If yes, billing account number: Payment Plan: [ ] Agency Bill [ ] Monthly [ ] Escrow Pay [ ] Full Pay [ ] Quarterly [ ] At Renewal [ ] Semi-Annual Initial payment: \$ Mail insured's copy of policy to agency? [X] Yes [ ] No

Alternate billing address:

Policy Coverage Information

Form [X] 3 [ ] 4 [ ] 6 A. Dwelling \$ 458,000 B. Other Structures [X] Automatic Limit [ ] See structures scheduled on page 2. C. Personal Property [ ] Automatic Limit or \$ 328,300 D. Add'l Living Expense [X] Automatic Limit or \$ 91,600 E. Personal Liability \$ 300,000 [ ] Assumed F. Medical Payments [X] \$1,000 [ ] \$5,000 [ ] \$10,000 [ ] Assu

If E and F are assumed under another policy, provide the policy number:

Deductible \$ 2,500 All Perils (Unless specific perils indicated) \$ All Other Perils \$ Wind/

Rating Information

Construction: [X] Frame [ ] Masonry Veneer [ ] Fire Resistive [ ] Masonry [ ] Log [ ] Cement Fiber Board [ ] Modular Original Year Built 1997 Total Living Area: 2,120 Date Purchased: 2016 Replacement per estimate: \$457,700 Current Market Value: \$350,000

Is dwelling constructed with material containing asbestos? [X] No [ ] Yes

Basement: Finished Number of Stories: 1 Story Number of Bathrooms (Full/Half): 2 /

[ ] Twnhse Occupancy: [X] Primary [ ] Seasonal [ ] Secondary Expected Occupancy Date: # Families/Units: 1 [ ] New Purchase Purchase Price: [ ] Vacant/Insured Reason:

Wood, or other solid fuel heat other than corn/pellet or built-in fireplace?  No  Yes<sup>5</sup>  
 If yes, located in  Dwelling  Outbuilding  Outside  
 If located in dwelling, quantity \_\_\_\_\_

Corn/pellet solid fuel heat appliance?  No  Yes<sup>1</sup>  
 If yes, located in  Dwelling  Outbuilding  Out  
 If located in dwelling, quantity \_\_\_\_\_

Fireplace?  No  Yes If yes,  Gas  Solid Fuel  Both

Water Shut-Off Device?  No  Yes If yes, is it connected to a Central Station Alarm?  No  Yes

Can dwelling be seen from 2 other occupied dwellings?  Yes  No

Condition of buildings and grounds?  
 Excellent  Good  Fair<sup>1</sup>  Poor<sup>1</sup> Foundation  Open<sup>1</sup>  Continuous

If home is over 30 years old, indicate year each utility has been updated:  
 Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Is there a swimming pool?  No  Yes If yes, is it in-ground?  Yes  No If yes, is it fenced?  Yes  No<sup>1</sup>

Roofing material  Wood  Asphalt  Synthetic Polymer  Metal  Concrete  Tile  Other \_\_\_\_\_

Roof Year: 2018 2014 Is material:  Hail Resistive  Non-Hail Resistive

Roof Loss Settlement if Damaged by Windstorm or Hail:  Replacement Cost  Actual Cash Value

Cosmetic Damage Exclusion:  Dwelling and Other Structures  
 Farm Outbuilding

Is the property located on an island?  No  Yes Is there bridge access?  No<sup>1</sup>  Yes

Is the Dwelling ever rented?  No  Yes If yes,  Daily  Weekly  Monthly Number of nights per year: \_\_\_\_\_

If yes,  Entire Home  Separate Unit  Partial or Shared Unit Does the insured occupy the premises while it is rented?  No  Yes

Other Adjustments:

**Coverage Endorsement Options - Property**

- Earthquake Deductible  5%  10%  15%
- Loss Assessment Coverage for Earthquake
- Guaranteed Home Replacement Cost  Cash Out Option
- Homeowners / Condo-Owners / Renters Plus
- Increased Cost - 25%
- Increased Cost Enhanced - 50%  Cash Out Option
- Equipment Breakdown Coverage
- Functional Replacement Cost
- Home Cyber Protection Limit: \$
- Water Backup of Sewers or Drains<sup>1</sup> Limit:<sup>23</sup> \$ **10,000**
- Enhanced High Value Protection Endorsement
- Undamaged Siding or Roofing
- Identity Theft Expense Coverage
- Other Structures Off Premises Replacement Cost
- Personal Property Replacement Cost
- Special Personal Property Coverage
- Limit for Fungi, Wet Rot, Dry Rot and Bacteria  15%<sup>22</sup>  20%<sup>2</sup>
- Mine Subsidence Coverage
- Service Line Coverage: \$ **10,000**
- Ordinance or Law Coverage  10%  20%  50%  100%
- Ordinance or Law Exclusion
- Inland Flood Coverage<sup>1</sup> Limit:<sup>23</sup> \$
- Interior Matching Protection  10%  25%

Other Structures Owner Occupied: Increase Description Square Feet Construction

On-Premises  Off  
 On-Premises  Off

Structures Rented to Others Increase Description Square Feet # Families Construction Med Pay  
 Yes  No  
 Yes  No

Dwelling Under Construction Start Date: \_\_\_\_\_  Contractor's Interest (Include on Secured Interest Schedule)

Temporary Residence Premises:

Increased Limits	Increase	Increased Limits	Increase
<input type="checkbox"/> Business Property (On-Premises)	\$	<input type="checkbox"/> Theft of Jewelry/Watches/Furs	\$
<input type="checkbox"/> Loss Assessment	\$	<input type="checkbox"/> Theft of Guns	\$
<input type="checkbox"/> Money	\$	<input type="checkbox"/> Theft of Silverware	\$
<input type="checkbox"/> Securities	\$	<input type="checkbox"/>	\$

Other Property Coverage Options:

**Coverage Endorsement Options - Liability**

2. Does anyone in addition to the applicant(s) have an ownership interest in the dwelling (excluding the Mortgage Company or Secured Interested Party)?  No  Yes<sup>21</sup> If yes, explain.
3. Does the applicant currently reside at this premises?  No  Yes If no, explain.

Explanation(s):

**Previous Carrier Information**

Name: **Grange Ins Co** Code: **000000509**  
 Policy Number: Expiration Date: **09/30/2024**  
 Notes:

**Secured Interested Parties**

<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Holder <input type="checkbox"/> Contractor <input type="checkbox"/> Additional Insured (describe interest: _____) Loan # <b>8000738023</b> Name <b>PNC BANK, NA</b> <b>ISAOA/ATIMA</b> Address <b>PO BOX 7433</b>  City <b>SPRINGFIELD</b> State <b>OH</b> Zip Code <b>45501</b>	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Holder <input type="checkbox"/> Contractor <input type="checkbox"/> Additional Insured (describe interest: _____) Loan # _____ Name _____ Address _____  City _____ State _____ Zip Code _____
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**SCHEDULED PROPERTY<sup>11 12</sup> Note: Submit separate listing if additional scheduled items**

List property to be specifically insured, such as cameras, fine arts, furs, sports equipment, jewelry, musical instruments, silverware, stamp and coin collector personal computers. Refer to the Personal Inland Marine manual section for appraisal requirements.

Item	Description	Amount	Class	Deductible	Breakage?	R:
1.						
2.						
3.						

Are cameras used professionally?  No  Yes  
 Is payment received for playing scheduled musical instruments?  No  Yes  
 Additional listing attached  Boat Application attached  RV Protection Application attached

**APPLICANT'S STATEMENT INSURANCE FRAUD / IMPORTANT NOTICE**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is of insurance fraud.

It is understood and agreed that the statements made in this application are incorporated into and shall become part of the policy and that any material misrepresentation or omission made in this application shall render the policy void from its inception.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance, it is understood that as part of our underwriting procedure, we develop information using one or more of the following: physical inspections of the premises, consumer reports (where allowed), motor vehicle reports and independently maintained records of previously filed claims. You will be notified whenever information from a consumer reporting agency results in an adverse underwriting decision.

The facts stated on this application are true to the best of my knowledge and are to be relied upon by the Company for the purpose of issuing the insurance that I have requested. I understand that if I am not eligible for a specific Company, program, or rating tier for which I have applied, my policy may be issued or renewed under a different program or rating tier or by another Company within the Auto-Owners Insurance Group: Auto-Owners Insurance Company, Home-Owners Insurance Company, or Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company (all companies may not be licensed in all states). I also understand that the coverages may be different among the Auto-Owners Insurance Group Companies writing in this state. I have discussed my specific insurance needs with my agent in order to determine the most appropriate policy for my situation.

X T. D. [Signature] Applicant's Signature  
 X 6/11/24 Date

**SIGNATURE / PROXY**

PROXY DESIGNATION:  
 I designate J.P. Whisnant, A.O. Dean, and A.L. Lindemeyer, and each of them, my attorneys and proxies, with power of substitution and revocation to each, to vote as my proxy at meetings of the Company, and at any and all adjournments thereof. The powers hereunder shall be exercised by a majority of said attorneys and proxies so present, but if only one is present, then that one shall have full power to act.

X \_\_\_\_\_ Applicant's Signature  
 X \_\_\_\_\_ Date

AGENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Remember . . . Disability Insurance and Life Insurance are available to protect financial obligations.**

Remarks (Indicate additional information.)

Mail copy of policy to agency for new business and renewals.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No							
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<input checked="" type="checkbox"/> Damage to Property of Others <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000							
Incidental Farm Coverage: <input type="checkbox"/> Liability <input type="checkbox"/> Property								
<input type="checkbox"/> Farm Outbuilding Limit: \$ _____ <input type="checkbox"/> Farm Personal Property: \$ _____								
Total # of Acres Farmed	# of Acres Farmed by Insured	# of Acres Farmed by Others	Gross Farm Income	Full time Farm Employees	# of Large Farm Animals	# of Medium Farm Animals	# of Poultry	
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Incidental Business    Description							% of area occupied	Medical Paym
							<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> RV Liability    Indicate number, type and cc's:								
<input type="checkbox"/> Watercraft Liability: (Attach Boat Application for Physical Damage Coverage.) (See manual for description of boats automatically covered.)								
Boat Type (circle one):    Length    HP    MPH    Year    Boat and Motor Make/Model    Serial #								
IB IO OB SB WJ								
IB IO OB SB WJ								
IB = Inboard    IO = Inboard/Outdrive    OB = Outboard    SB = Sailboat    WJ = Waterjet Propelled								
Other Liability Coverage Options: <input type="checkbox"/>								

**Underwriting Information (Explain all "Yes" answers below)**

<p>1. Any business, day care or farming on premises?    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>a. If business, provide description of operation. If customers come to the premises, what percentage of the square footage of the dwelling is involved?</p> <p>b. If day care, indicate how many persons are cared for and whether child or adult.</p> <p>c. If farming, indicate number and type of livestock, total acreage farmed by an insured, total acreage farmed by others and gross income.</p>	<p>6. Has this applicant filed personal bankruptcy, had repossessions, court judgments or substantially past due mortgage, utility or property tax payments within the past 5 years?    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p>
<p>2. Any flooding/brush/landslide or unusual hazards?    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<p>7. Any dogs kept on premises? If so, specify breed and whether any history of aggressiveness.    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p>
<p>3. Has any company canceled, refused to write or declined renewal for this applicant?    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes<sup>1</sup></p>	<p>8. Any animals, other than livestock, not typically regarded as household pets on premises? If so, explain.    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p>
<p>4. Has applicant had insurance with any Auto-Owners Group company within the past 5 years? If yes, provide policy number below.    <input checked="" type="checkbox"/> No    <input checked="" type="checkbox"/> Yes</p>	<p>9. Has any applicant been convicted of arson?    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p>
<p>5. Provide the company name and policy expiration date for the most recent carrier at this or any other address below. If you did not have a previous insurer or there is a lapse in coverage, please explain why.</p>	<p>10. Any uncorrected fire code violations?    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p> <p>11. Is building undergoing renovation or reconstruction? If yes, describe extent and whether occupied.    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p>
	<p>12. Is house for sale?    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p> <p>13. Any outbuildings? If yes, describe type, use and condition of all outbuildings.    <input type="checkbox"/> No    <input checked="" type="checkbox"/></p> <p>14. Difficult access by fire and police departments?    <input checked="" type="checkbox"/> No    <input type="checkbox"/></p>

Explanation(s):

**04: 5519067900**

*GARAGE*

**LLC Underwriting Information (Explain all "Yes" answers below)**

1. Is there anyone else that is part of the LLC besides the named insured(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. For what purposes was the LLC formed?	
<input type="checkbox"/> Estate planning <input type="checkbox"/> Business purposes <input type="checkbox"/> Rental property <input type="checkbox"/> Other: _____	
3. Within the past 5 years, has the LLC engaged directly or indirectly in any form of business or own any real estate used for business purposes whether or not identified on this application?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Within the past 5 years, has the LLC been the subject of litigation of any kind?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Does the LLC have any employees?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Does the LLC own any real estate, personal property or assets not listed on the application?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Does the LLC own, maintain or use any automobile, recreational vehicle or watercraft?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Explanation(s):

# HEARING MINUTES

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Case Type VL

**The Hearing of Board of Revision Case 2023-0050, TIMOTHY AND BIBIANA SEISLOVE is being recorded and the date is 6/12/2024.**

## **Board Members**

**Auditor, David Thomas    Treasurer, Angie Maki Cliff    Commissioner, Kathryn Whittington**

Others present:

Janet Discher, Commissioner Alternate

Alex Iarocci, Treasurer Alternate

Timothy Seislove, owner

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**Complainant Seeks: \$364640**

**Subject Parcel: 650121008900**

**Auditor Value: \$511600**

# HEARING MINUTES

BOR Case: 2023-0050

Owner Name: TIMOTHY AND BIBIANA SEISLOVE

## Board Action

Motion to:  Agree  Set Value \$

CAUV Reinstatement-  All Acres  No Acres  Set Acres \_\_\_\_\_

No Change  Withdrawal  Table  No Show

Other \_\_\_\_\_

### Based Upon:

failure to meet burden of proof, lack of evidence. Neighborhood sales support current value.

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Was Made by: David

2<sup>nd</sup> by: Janet

Roll: Thomas-yes/Iarocci-yes/Discher-yes

Motion therefore:  Passed  Failed

Decision Date: 6/12/24



David Thomas, Auditor  
Secretary of the Board of Revision

ASHTABULA COUNTY  
 Board of Revision  
 25 W Jefferson Street  
 Jefferson OH 44047-1092  
 (440) 576-1484 Fax: (440) 576-3446

**Notice of Decision for BOR Case: 2023-0050**

TIMOTHY AND BIBIANA SEISLOVE  
 1745 BOBWHITE TRL  
 STOW OH 44224

Based on the decision of the Board of Revision, the County Auditor is hereby authorized to adjust the Tax List accordingly. **Result Below.**

An appeal from this decision may be filed with the County Board of Revision and with either the Board of Tax Appeals, per Ohio R.C. 5717.01 or the Court of Common Pleas, per Ohio R.C. 5717.05. Appeals must be filed within thirty (30) days of the postmark of this Notice of Decision.

PARCEL	CLASS	TAXING DISTRICT		TAX YEAR
65-012-10-089-00	510-1FAMILY PLTD	65-MOR TWP RMNG RK SHRS V-J A LSD		2023
	<b>LAND</b>	<b>IMPR</b>	<b>TOTAL</b>	
<b>Original Value:</b>	\$112,500	\$399,100	\$511,600	
<b>Adjustment:</b>	\$0	\$0	\$0	
<b>New Value:</b>	\$112,500	\$399,100	\$511,600	
<b>RESULT: NO VALUE CHANGE. FAILURE TO MEET BURDEN OF PROOF. SALES SUPPORT CURRENT VALUE</b>				

  
 Board of Revision