



Real Property Conveyance Fee Statement of Value and Receipt

DTE 100 Rev. 5/20

COPY

If exempt by Ohio Revised Code section 319.54(G)(3), use form DTE 100(EX).

TYPE OR PRINT ALL INFORMATION.

Type instrument	Tax list year	County number	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 New improvements Partial value
 C.A.U.V Building removed Other _____

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
Receipt Number

Grantee or Representative Must Complete All Questions in This Section. See instructions on reverse.

1. Grantor's name Equity Real Estate Phone _____
 2. Grantee's name Carl E. Whitt, Jr Phone _____
 Grantee's address 425 West 29th Street, Ashtabula, Ohio 44004
 3. Address of property 517 West 58th Street, Ashtabula, Ohio 44004
 4. Tax billing address 425 W 29th St. Ashtabula, OH 44004
 5. Are there buildings on the land? Yes No If yes, check type:
 1, 2 or 3 family dwelling 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 relative Part interest transfer 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).....\$ 40,000.00
 d) Total consideration (add lines 7a, 7b and 7c).....\$ 40,000.00
 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 (7d minus 7e).....\$ 40,000.00
 g) Name of mortgagee _____
 h) Type of mortgage Conv. F.H.A. V.A. Other _____
 i) If gift, in whole or part, estimated market value of real property.....\$ _____
 8. Has the grantor 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 form DTE 101.
 9. Has the grantor indicated that this property qualified for current agricultural use valuation for the preceding or current tax year? Yes No If yes, complete form DTE 102.
 10. Application for owner-occupancy (2.5% on qualified levies) 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 Jan. 1 of next year? I Yes No If yes, is the property a multi-unit dwelling? I 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.
 Signature of grantee or representative _____ Date 3.7.2024

Receipt for Payment of Conveyance Fee

The conveyance fee required by Ohio Revised Code section (R.C.) 319.54(G)(3) and, if applicable, the fee required by R.C. 322, in the total amount of \$ _____ has been paid by _____ and received by the _____ county auditor.

County auditor

Date

Signature Addendum

Acknowledgement

We/I have carefully reviewed the Settlement Statement and find it to be a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction and further certify that I have received a copy of the Settlement Statement.

We/I authorize Title Professionals Group, Ltd to cause the funds to be disbursed in accordance with this statement.


Carl E. Whitt, Jr

3.7.2024
Date


Settlement Agent

Date