

Tax year 2024  
 County Ashtabula

BOR no. 0003  
 Date received \_\_\_\_\_

**FILED ON** DTE 2 Rev. 08/21  
**JAN 22 2025**

Ashtabula County  
 Market Value

### Complaint Against the Assessment of Real Property Other than Market Value

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

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	<i>Justin Janson</i>	<i>1540 Meacham Rd Cedar</i>
2) Complainant if not owner		<i>Ohio 44084</i>
3) Complainant's agent		
4) Telephone number of contact person	<i>440-474-3576</i>	
5) Email address of complainant	<i>Jansonexcavating@yahoo.com</i>	
6) Complainant's relationship to property, if not owner		

If more than one parcel number is included, see "Multiple Parcels" on back

7) Parcel number from tax bill	# Acres, if applicable	Address of property
<i>33001-00-009-00</i>		
<i>3300100-011-00</i>		
<i>33001-00-012-00</i>		
<i>33001-00-016-00</i>		

8) Indicate the reason for this complaint:

- The classification of property under RC 5713.041.
- The classification of property under RC 319.302.
- The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.
- The valuation of property on the agricultural land tax list.
- Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).
- Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.
- The denial of the partial exemption of a qualifying child care center under RC 323.16.

9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

10) The requested change is justified for the following reasons: \_\_\_\_\_

I declare under penalty 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 1-22-25 Complainant or agent *[Signature]* Title (if agent) \_\_\_\_\_  
 Sworn to and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Notary \_\_\_\_\_  
 Signature

ALERT: HURRICANES HELENE AND MILTON, FLOODING, AND SEVERE WEATHER IN THE SOU...

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Tracking Number:

[Remove X](#)

## 70212720000236785095

[Copy](#)

[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

### Latest Update

Your item was delivered to an individual at the address at 3:23 pm on August 26, 2024 in ROCK CREEK, OH 44084.

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Feedback

### Delivered

**Delivered, Left with Individual**

ROCK CREEK, OH 44084  
August 26, 2024, 3:23 pm

[See All Tracking History](#)

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

[Text & Email Updates](#)



[USPS Tracking Plus®](#)



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**CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL USE**  
Aud CAUV 33-571

Certified Mail Fee

\$ **4.85**

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ **4.10**
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ **0.69**

Total Postage and Fees

\$ **9.64**

Sent To

Street and Apt. No.,

City, State, ZIP+4®

Linda Janson  
1540 Mechanicsville Rd  
Rock Creek, OH 44084



7021 2720 0002 3678 5055



# Ashtabula County Auditor David Thomas

25 West Jefferson Street  
Jefferson, Ohio 44047-1092  
Phone: 440-576-3783 ~ Fax: 440-576-3797  
auditor@ashtabulacountyauditor.org

Linda Janson  
1540 Mechanicsville Rd  
Rock Creek, OH 44084

August 23, 2024

## **FAILED TO APPLY AS NEW OWNER**

Dear Property Owner,

Current Agricultural Use Valuation, or CAUV is a program which reduces the taxable value of commercial agriculture land to its agricultural use value. The parcel(s) listed below were enrolled in this real estate tax savings program.

**Failure to file an initial application as the new owner and return your annual CAUV renewal. Please complete the attached applications and return by September 23, 2024 to continue to qualify.**

ORC 5713.34 states that any land that has been converted to a non-agricultural use shall be valued for real estate tax purposes at its current market value and shall be charged recoupment equal to the amount of real estate tax savings on the converted land during the three tax years immediately preceding the year in which the conversion occurs.

The acreage listed below will no longer receive the CAUV benefit and a one-time recoupment charge will appear on the 2023 tax year bill which is payable in the year 2024.

Parcel	CAUV #	Total Acres	Converted Acres	Estimated Recoupment Charge
33-001-00-009-00	571	3.5	3.5	\$691.35
33-001-00-010-00	571	50	50	\$5,030.25
33-001-00-011-00	571	50	50	\$2,830.49
33-001-00-012-00	571	43.467	43.467	\$4,713.86

Please contact our office if you have any questions or concerns. You have the right to appeal this determination per ORC 5715.19.

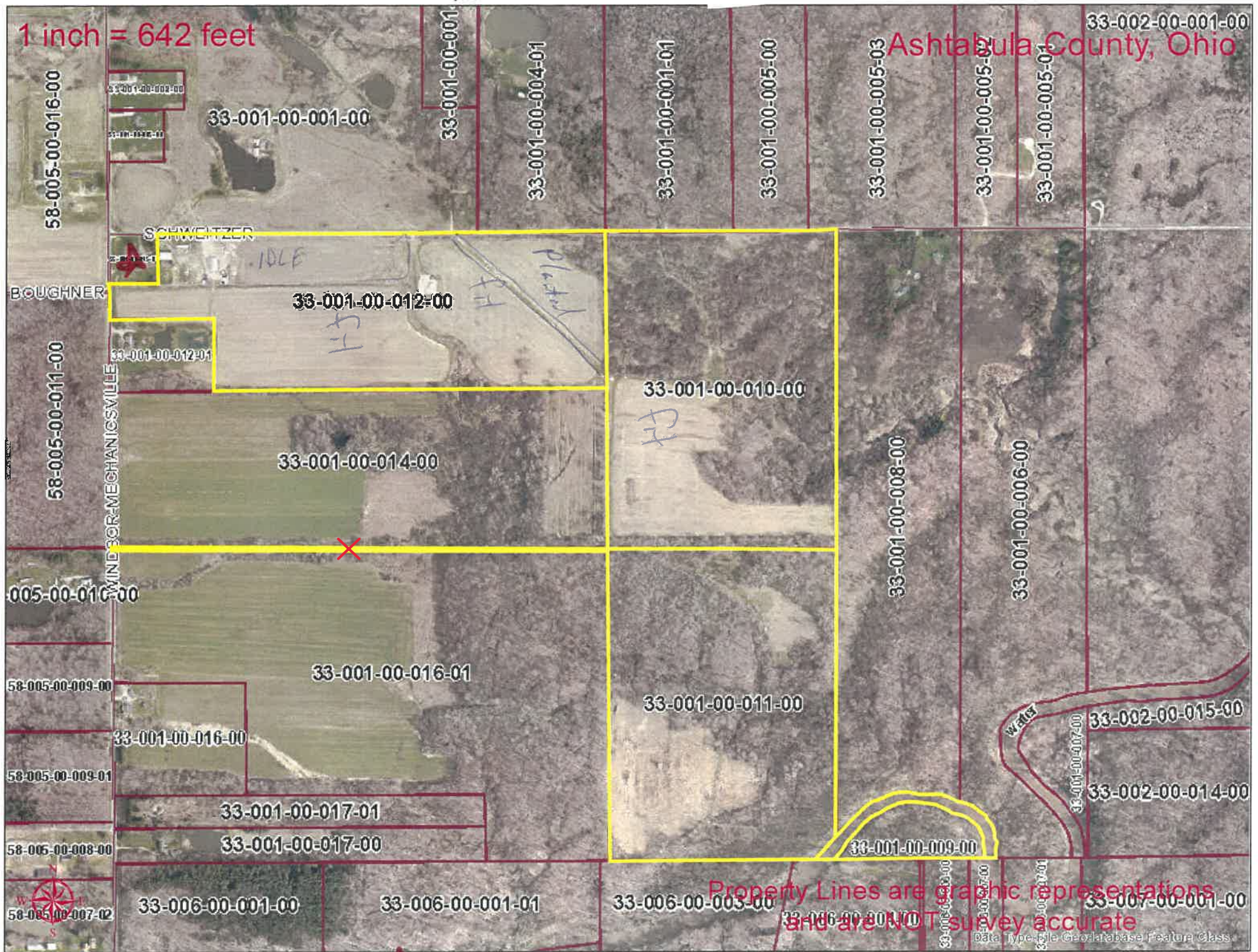
Sincerely

*Heather Hall*

Heather Hall  
CAUV Specialist  
(440) 576-3788  
hrhall@ashtabulacounty.us

1 inch = 642 feet

Ashtabula County, Ohio



58-005-00-016-00

33-001-00-001-00

33-001-00-001-01

33-001-00-004-01

33-001-00-001-01

33-001-00-005-00

33-001-00-005-03

33-001-00-005-02

33-001-00-005-01

33-002-00-001-00

SCHWEITZER

IDLE

BOUGHNER

33-001-00-012-00

58-005-00-011-00

33-001-00-012-01

33-001-00-010-00

33-001-00-014-00

33-001-00-008-00

33-001-00-006-00

005-00-016-00

33-001-00-016-01

33-001-00-011-00

58-005-00-009-00

33-001-00-016-00

33-002-00-015-00

58-005-00-009-01

33-001-00-017-01

33-002-00-014-00

58-006-00-008-00

33-001-00-017-00

33-001-00-009-00

58-005-00-007-02

33-006-00-001-00

33-006-00-001-01

33-006-00-003-00

33-007-00-001-00

Property Lines are graphic representations and are NOT survey accurate

Data Type: Scale: Geo: Database: Feature Class:

\* 1492 Mechanicsville



CAUV  
Auditor's Review Notes

CAUV # 0571

Date: 9/10/2024  
Report By: H. Hall

<u>Application #</u>	<u>PIN</u>	<u>Status</u>	<u>Crop</u>	<u>Inspection Type</u>	<u>Self Certify</u>	<u>Inspection Date</u>
0571	33-001-00-009-00	App_Renewal				
0571	33-001-00-009-00	App_Renewal				
0571	33-001-00-011-00	App_Renewal		Field		7/22/2024 7:35:23 PM
0571	33-001-00-010-00	App_Renewal	beans	Field		7/22/2024 7:35:08 PM
0571	33-001-00-012-00	App_Renewal	harv hay, beans	Field		7/22/2024 7:34:10 PM



**CAUV  
Auditor's Review Notes**

**CAUV # 0571**

Date: 8/28/2023  
Report By: H. Hall

<u>Application #</u>	<u>PIN</u>	<u>Status</u>	<u>Crop</u>	<u>Inspection Type</u>	<u>Self Certify</u>	<u>Inspection Date</u>
0571	33-001-00-015-00	Deny		Field		6/30/2023 6:17:31 PM
0571	33-001-00-011-00	Qualify		Field		6/30/2023 6:18:27 PM
0571	33-001-00-010-00	Qualify		Field		6/30/2023 6:18:08 PM
0571	33-001-00-012-00	Qualify	Corn, one field is idle	Field		6/30/2023 6:16:08 PM
0571	33-001-00-009-00	Qualify		Field		

Application #   PIN   Inspection Comments   Recheck Date   Recheck Comments

**CAUV # 0571**

Date: May 19, 2022

Report By: gis\_ad

Recheck Date:

Parcel	Status	Inspection	Crop	Self Certify	Review Date
33-001-00-011-00	Qualify	Field	NCW		5/19/2022
33-001-00-010-00	Qualify	Field			6/30/2022
33-001-00-015-00	Qualify	Field	NCW		5/19/2022
33-001-00-012-00	Qualify	Field	Beans		6/30/2022
22-016-00-011-00	Deny	Field			7/8/2022
33-001-00-009-00	Qualify	Field	NCW		5/19/2022
33-001-00-009-00	Qualify	Field	NCW		5/19/2022

**Inspection Comments    Recheck Comments    Recheck Date**

Idle, nothing going on

22-016-00-011-00





**CAUV # 0571**

Date: 6/24/2021 7:23:29 PM  
Report By: hrhall  
Recheck Date:

**Status Type:** QUALIFY

**Inspection Type:** FIELD

**Parcel Details:**

			<i>Review Date</i>
22-016-00-011-00	Field	Qualify Idle	6/24/2021 7:23:29 PM
33-001-00-009-00	Office	Qualify NCW	6/18/2021 8:21:39 PM
33-001-00-009-00	Office	Qualify NCW	6/18/2021 8:21:25 PM
33-001-00-010-00	Field	Qualify Grain	6/24/2021 3:19:58 PM
33-001-00-011-00	Office	Qualify NCW	6/18/2021 8:21:05 PM
33-001-00-012-00	Field	Qualify Corn	6/24/2021 3:19:40 PM
33-001-00-015-00	Field	Qualify NCW	6/24/2021 3:18:25 PM

**Comments**

**Recheck Comments**

8-26-21 Has good history, give an idle year



## CURRENT AGRICULTURAL USE VALUATION RENEWAL APPLICATION

File with the county auditor prior to the first Monday in March.



To continue to receive current agricultural use valuation, the owner must file this renewal application with the county auditor prior to the first Monday in March each year. Failure to do so may result in a tax increase and a penalty. A new owner must file an initial application form (DTE 109) even if the previous owner was on the program. The back of this page has details concerning eligibility requirements.

Application Number 0571

JANSON DONALD (Applicant Name)  
CUMMINGS LYNN  
1245 STATE RD  
ROCK CREEK OH 44084

Phone \_\_\_\_\_ Email \_\_\_\_\_ Tax year 2022 County ASHTABULA

3.	Parcel number	Acres	Parcel number	Acres
	33-001-00-015-00	1.0000	33-001-00-009-00	3.5000
	22-016-00-011-00	6.4700	33-001-00-012-00	43.4670
	33-001-00-011-00	50.0000	33-001-00-010-00	50.0000

4. If the total acres used for a qualifying commercial agricultural purpose is less than ten (10) acres, show the gross income produced from agricultural products last year from these acres \$ \_\_\_\_\_ and projected gross income for the current year \$ \_\_\_\_\_. In the table below, provide the number of bushels or tons per acre by crop, the price per bushel or ton and the gross income for last year. Specify other units of measure as needed. Any income received for rent of land is not included.

Farmed Acres	Use of Land (crop)	Units/Acre	Price/Unit	Gross Income

5. Will the general farming operations on any of these parcels change this year? \_\_\_\_\_ (yes/no)  
If yes, please attach an explanation regarding the use of these parcels for this year.

6. List the acreage in each crop or land use for the current year. The entire acreage above must be accounted for below.

Anticipated land use for the current year:	Acres
Commodity crops -- corn/soybeans/wheat/oats	
Hay -- baled at least twice a year	
Permanent pasture -- used for commercial animal husbandry	
Noncommercial woodland -- contiguous to 10 (ten) acres of farmed land	
Commercial timber	
Other crops -- nursery stock/vegetables/flowers	
Homesite(s) --- minimum 1 (one) acre per house	
Roads/waste/pond	
Conservation program --- CRP/CREP/etc. (provide the contract and map)	
Conservation practices limited to 25% or less of the total acreage (provide map)	
Other use, e.g. agritourism, biofuel production	
Total acres --- must match acres above	

I declare under penalties of perjury that I have examined this application and, to the best of my knowledge and belief, it is true, correct and complete. I authorize the county auditor to inspect this property and I agree to provide documentation of income, if requested, to verify the accuracy of this application.

Lynn Cummings  
Signature of owner

2/9/22  
Date

## CURRENT AGRICULTURAL USE VALUATION RENEWAL APPLICATION

File with the county auditor prior to the first Monday in March.

To continue to receive current agricultural use valuation, the owner must file this renewal application with the county auditor prior to the first Monday in March each year. Failure to do so may result in a tax increase and a penalty. A new owner must file an initial application form (DTE 109) even if the previous owner was on the program. The back of this page has details concerning eligibility requirements.

Application Number 0571

JANSON DONALD (Applicant Name)  
JANSON LINDA S  
1540 MECHANICSVILLE ROAD  
ROCK CREEK OH 44084

Phone 440-774-3576 Email Jansonexcavating@yahoo.com Tax year 2024 County ASHTABULA

3.	Parcel number	Acres	Parcel number	Acres
	33-001-00-009-00	3.5000	33-001-00-012-00	43.4670
	33-001-00-011-00	50.0000	33-001-00-010-00	50.0000

4. If the total acres used for a qualifying commercial agricultural purpose is less than ten (10) acres, show the gross income produced from agricultural products last year from these acres \$ \_\_\_\_\_ and projected gross income for the current year \$ \_\_\_\_\_. In the table below, provide the number of bushels or tons per acre by crop, the price per bushel or ton and the gross income for last year. Specify other units of measure as needed. Any income received for rent of land is not included.

Farmed Acres	Use of Land (crop)	Units/Acre	Price/Unit	Gross Income

5. Will the general farming operations on any of these parcels change this year? no (yes/no)  
If yes, please attach an explanation regarding the use of these parcels for this year.

6. List the acreage in each crop or land use for the current year. The entire acreage above must be accounted for below.

Anticipated land use for the current year:	Acres
Commodity crops -- corn/soybeans/wheat/oats	
Hay -- baled at least twice a year	
Permanent pasture -- used for commercial animal husbandry	
Noncommercial woodland -- contiguous to 10 (ten) acres of farmed land	
Commercial timber	
Other crops -- nursery stock/vegetables/flowers	
Homesite(s) --- minimum 1 (one) acre per house	
Roads/waste/pond	
Conservation program --- CRP/CREP/etc. (provide the contract and map)	
Conservation practices limited to 25% or less of the total acreage (provide map)	
Other use, e.g. agritourism, biofuel production	
<b>Total acres --- must match acres above</b>	

I declare under penalties of perjury that I have examined this application and, to the best of my knowledge and belief, it is true, correct and complete. I authorize the county auditor to inspect this property and I agree to provide documentation of income, if requested, to verify the accuracy of this application.

Signature of owner

Date

1-22-25

Scanned: MAY 05, 2023 14:02 Ashtabula County Probate Court

2023 ES 00198

PROBATE COURT OF ASHTABULA, COUNTY  
JUDGE ALBERT S CAMPLESE

**FILED**

MAY 05 2023

ESTATE OF LINDA S JANSON, DECEASED  
CASE NO 2023 ES 00198

**ALBERT S CAMPLESE**  
**PROBATE JUDGE**

**ENTRY APPOINTING FIDUCIARY, LETTERS OF AUTHORITY**  
(FOR EXECUTORS AND ALL ADMINISTRATORS)

Name and Title of Fiduciary **JUSTIN D JANSON, Executor, of 1272 MECHANICSVILLE RD,  
ROCK CREEK, OH 44084**

On hearing in open court the application of the above Fiduciary for authority to administer decedent's estate, the Court finds that **LINDA S JANSON, Decedent, died**

(Check One of the following)

TESTATE  INTESTATE on 10/19/2022, domiciled in 1540 MECHANICSVILLE RD,  
ROCK CREEK, OH 44084

(Check One of the following)

- Bond is dispensed with by the will -
- Bond is dispensed with by law -
- Applicant has executed and filed an appropriate bond, which is approved by the court,

Applicant is suitable and competent person to execute the trust

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to fully administer decedent's estate The entry of appointment constitutes the Fiduciary's Letters of Authority

5/5/23  
DATE

*Albert S. Campese*  
ALBERT S CAMPLESE, PROBATE JUDGE

**CERTIFICATE OF APPOINTMENT AND INCUMBENCY**

The above documents is a true copy of the original kept by me as custodian of the records of this court It constitutes the appointment and Letters of Authority of the named fiduciary who is qualified and acting in such capacity

*Albert S. Campese*  
PROBATE JUDGE

BY *Justin B. Bagheri*  
DEPUTY CLERK

4/2/2024  
DATE

recomputed to 28

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Primary Reg. Dist. No. 0400  
 Registrar's No. 2022000610

Ohio Department of Health - Vital Statistics  
**CERTIFICATE OF DEATH**

State File No. 2022110202

<b>DECEDENT</b>	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) <b>LINDA S JANSON</b>						2. Sex <b>FEMALE</b>	3. Date of Death (Month/Day/Year) <b>OCTOBER 19, 2022</b>
	4. Social Security Number	5a. Age (Years) <b>59</b>	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Mo/Day/Year) <b>NOVEMBER 11, 1962</b>	7. Birthplace (City and State or Foreign Country) <b>GENEVA, OHIO</b>		
	8a. Residence State <b>OHIO</b>		8b. County <b>ASHTABULA</b>			8c. City or Town <b>ROCK CREEK</b>		
	8d. Street Address and Zip Code <b>1540 MECHANICSVILLE RD 44084</b>						9. Ever in US Armed Forces? <b>NO</b>	
10. Marital Status at Time of Death <b>WIDOWED (AND NOT REMARRIED)</b>						11. Surviving Spouse's Name (if wife, give name prior to first marriage)		
12. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>				13. Decedent of Hispanic Origin <b>NO</b>	14. Decedent's Race <b>WHITE</b>			
15. Father's Name <b>DONALD JANSON</b>				16. Mother's Name (prior to first marriage) <b>LORETTA DAVIS</b>				
17a. Informant's Name <b>JUSTIN JANSON</b>				17b. Relationship to Decedent <b>SON</b>	17c. Mailing Address (Street and Number, City, State, Zip Code) <b>1272 MECHANICSVILLE RD ROCK CREEK, OHIO 44084</b>			
18a. Place of Death <b>DECEDENT'S HOME</b>				18b. Facility Name (if not institution, give street & number) <b>1540 MECHANICSVILLE RD</b>		18c. City or Town, State and Zip Code <b>ROCK CREEK, OH 44084</b>	18d. County of Death <b>ASHTABULA</b>	
19. Funeral Service Licensee or Other Agent <b>GARY D BEST</b>				20. License Number (of licensee) <b>009269</b>		21. Name and Complete Address of Funeral Facility <b>BEST FUNERAL HOME, LLC 15809 MADISON RD. MIDDLEFIELD, OH 44062</b>		
<b>DISPOSITION</b>	22. Method and Place of Disposition <b>CREMATION - OHIO VAULT WORKS INC, VALLEY VIEW, OH</b>				23. Local Registrar <b>Keri Marney</b>			
	24. Date Filed (Month/Day/Year) <b>10-20-2022</b>				25. Date Pronounced Dead (Month/Day/Year) <b>October 19, 2022</b>			
<b>CERTIFIER</b>	26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
	26b. Time of Death <b>0332 hrs</b>		26c. Date Pronounced Dead (Month/Day/Year) <b>October 19, 2022</b>		26d. Was Case Referred to Medical Examiner or Coroner? <b>NO</b>			
	26e. Certifier Name and Title <b>Shirley Hurd</b>		26f. License number <b>MD 35.064549</b>	26g. Date Signed (Month/Day/Year) <b>10/20/22</b>				
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death <b>IMRAAN HANIFF, 2420 LAKE AVE, ASHTABULA, OH 44004</b>								
<b>CAUSE OF DEATH</b>	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	<b>liver cancer</b>					Months	
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No	31. If Female, Pregnancy Status <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined					
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								



1953973  
2022110202

