

MANUFACTURED AND MOBILE HOME CONVEYANCE

FEE STATEMENT OF VALUE AND RECEIPT

If exempt by O.R.C. 319.54 (F) (3), Use DTE Form 100 (EX)  
SEE INSTRUCTIONS ON REVERSE SIDE

MH

TYPE OR PRINT ALL INFORMATION

FOR COUNTY AUDITOR'S USE ONLY

|                  |                            |                     |      |
|------------------|----------------------------|---------------------|------|
| Tax List<br>Year | County<br>Number <b>11</b> | Tax Dist.<br>Number | Date |
|------------------|----------------------------|---------------------|------|

Home located in \_\_\_\_\_ Taxing District

Name on \_\_\_\_\_ Tax Duplicate

Description of Home: \_\_\_\_\_ Year Mfg. \_\_\_\_\_ Certificate Of Title No. \_\_\_\_\_

Make: \_\_\_\_\_ Serial No. \_\_\_\_\_ Registration No. \_\_\_\_\_

|                     |
|---------------------|
| Number              |
| Neigh. Code         |
| Value               |
| Consideration<br>\$ |

**GRANTEE (BUYER) OR REPRESENTATIVE MUST COMPLETE ALL QUESTIONS IN THIS SECTION.**  
**TYPE OR PRINT ALL INFORMATION. SEE INSTRUCTIONS ON REVERSE**

|   |
|---|
| Furnishings<br><input type="checkbox"/> yes <input type="checkbox"/> no |
|---|

|  |
|--|
| Registration Penalty<br><input type="checkbox"/> yes <input type="checkbox"/> no |
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|  |
|--|
| Registration Penalty<br><input type="checkbox"/> pay now <input type="checkbox"/> bill |
|--|

|        |
|--------|
| Addn # |
|--------|

1. Grantor's (Seller) Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
2. Grantee's (Buyer) Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
- 2a. Grantee's Address \_\_\_\_\_
3. Address of Home Before Transfer \_\_\_\_\_
4. Address of Home After Transfer \_\_\_\_\_
5. Tax billing Address \_\_\_\_\_
6. Conditions of Sale: (Check all that apply): ☐ Buyer and Seller are related ☐ Part Interest Transfer  
☐ Trade ☐ Gift ☐ Other: \_\_\_\_\_
7. a) Cash Paid (if any) \$ \_\_\_\_\_  
b) New Debt (Loan) Amount (if any) \$ \_\_\_\_\_  
c) Loan Balance Assumed (if any) \$ \_\_\_\_\_  
d) Total Consideration (Add lines 7a, 7b and 7c) \$ \_\_\_\_\_  
e) Portion, if any, of total consideration paid for items other than the home \$ \_\_\_\_\_  
f) Consideration for home on which fee is to be paid (7d minus 7e) \$ \_\_\_\_\_  
g) Name of Lender (if any) \_\_\_\_\_  
h) If gift, in whole or part, estimate market value of the real property \$ \_\_\_\_\_
8. Has the grantor has 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 DTE Form 101.
9. Application for 2½% 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.

**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

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 (Date) \_\_\_\_\_ by the

**CHAMPAIGN COUNTY AUDITOR, KAREN T. BAILEY** by \_\_\_\_\_, Deputy.

Receipt Number