DTE FORM 101
Revised 10/99

STATEMENT OF CONVEYANCE OF HOMESTEAD PROPERTY

To be attached to Conveyance Fee Forms, DTE 100, 100(EX), 100M & 100M(EX)

Grantor's (Seller's) Name _____

Grantor's Address _____

Grantee's (Buyer's) Name _____

Taxing District _____

Parcel, Account or Registration No. _____

Complete This Section Only If Real Estate Is Transferred

The grantor of the property referred to above states that the property has or will receive the senior citizen, disabled persons, or surviving spouse homestead exemption under Ohio Revised Code section 323.152(A) for the preceding or current tax year. The estimated amount of such reduction that will be reflected in the grantee's taxes is:

Preceding Tax Year $_____ Current Tax Year $_____

Complete This Section Only If Manufactured Or Mobile Home Is Transferred

The grantor of the manufactured or mobile home referred to above states that the home received the senior citizen, disabled persons or surviving spouse homestead exemption under Ohio Revised Code section 4503.065 for the current tax year. The estimated amount of such reduction that will be reflected in the grantee's taxes is $_____

The grantor and the grantee have considered and accounted for the total estimated amount of such reduction(s) to the satisfaction of both the grantee and the grantor.

_____
Signature of Grantor or Representative

Sworn to or affirmed in my presence,

this _____ day of _____ _____ (year).

_____
Notary Public

Endorsement by County Auditor:

Upon presentation of this instrument, the County Auditor shall indorse it, return it to the grantee or his representative, and provide a copy of the indorsed instrument to the grantor or his representative, evidencing delivery to the County Auditor.

County Auditor: _____

Date: _____