

Manufactured or Mobile Home Conveyance Fee

DTE 100M
Rev. 2/14

Statement of Value and Receipt

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

FOR COUNTY AUDITOR'S USE ONLY

Tax year list	County number	Tax. dist. number	Date
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Home located in _____ taxing district

Name on tax duplicate _____ Tax duplicate year _____

Description of home: Year mfg. _____ Certificate of title number _____

Make _____ Serial number _____ Registration number _____

Number

Neigh. Code

Value

Consideration

Grantee or Representative Must Complete All Questions in This Section

Type or print all information. See instructions on reverse.

1. Grantor's (seller's) name _____ Phone _____
2. Grantee's (buyer's) name _____ Phone _____
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 (amount paid) (add lines 7a, 7b and 7c) \$ _____
e) Portion, if any, of total amount 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, estimated market value of the home \$ _____
8. Has the grantor indicated that this property is entitled to receive the senior citizen, disabled person or surviving spouse homestead exemption for the current tax year? ☐ Yes ☐ No If yes, complete form DTE 101.
9. 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 (buyer's) principal residence by Jan. 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.

Signature of grantee or representative

Date

Receipt for Payment of Conveyance Fee

Receipt number _____

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