

**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



TYPE OR PRINT ALL INFORMATION

FOR COUNTY AUDITOR'S USE ONLY

Tax List Year	County Number 11	Tax Dist. Number	Date
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Home located in _____ Taxing District _____

Name on _____ Tax Duplicate _____

Description of Home: _____ Year Mfg. _____ Certificate Of Title No. _____

Make: _____ Serial No. _____ Registration No. _____

Date Title Issued: _____

Number
Neigh. Code
Value
Consideration \$
Furnishings <input type="checkbox"/> yes <input type="checkbox"/> no
Registration Penalty <input type="checkbox"/> yes <input type="checkbox"/> no
Registration Penalty <input type="checkbox"/> pay now <input type="checkbox"/> bill
Addn #

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

- Grantor's (Seller) Name _____ Phone (____) _____
- Grantee's (Buyer) Name _____ Phone (____) _____
- Grantee's Address _____
- Address of Home Before Transfer _____
- Address of Home After Transfer _____
- Tax billing Address _____
- Conditions of Sale: (Check all that apply): Buyer and Seller are related Part Interest Transfer
 Trade Gift Other: _____
- Cash Paid (if any) _____ \$ _____
 - New Debt (Loan) Amount (if any) \$ _____
 - Loan Balance Assumed (if any) \$ _____
 - Total Consideration (Add lines 7a, 7b and 7c) \$ _____
 - Portion, if any, of total consideration paid for items other than the home \$ _____
 - Consideration for home on which fee is to be paid (7d minus 7e) \$ _____
 - Name of Lender (if any) _____
 - If gift, in whole or part, estimate market value of the real property \$ _____
- 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.
- 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 Number

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.