DTE FORM 100M
(Prescribed 10/99)

MANUFACTURED AND MOBILE HOME CONVEYANCE FEE STATEMENT OF VALUE AND RECEIPT

If exempt by O.R.C. 319.54(F)(3), Use DTE Form 100M(EX)

FOR COUNTY AUDITOR'S USE ONLY

Tax List Year	County Number 49	Tax Dist. Number	Date

Home Located in _____ Taxing District

Name on Tax Duplicate _____ Tax Duplicate Year _____

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

Make: _____ Serial No. _____ Registration No. _____

Number
Neigh. Code
Value
Consideration

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

1. Grantor's (Seller) Name _____ Phone: _____
2. Grantee's (Buyer) 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 DTE Form 101.
9. Application for 2 1/2% 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 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.

_____ _____

SIGNATURE of GRANTEE or REPRESENTATIVE DATE

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 by the _____MADISON_____ County Auditor.

_____JIM WILLIAMSON_____ COUNTY AUDITOR DATE _____