

**STATEMENT OF CONVEYANCE OF HOMESTEAD PROPERTY**

To be attached to Conveyance Fee Forms, DTE 100, 100(EX), 100M & 100(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 the Ohio Revised Code Section 4503.065 for the current tax year. The estimated amount of such reduction that will be reflected I 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

**FOR OFFICE USE ONLY**

**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: \_\_\_\_\_  
Deputy Auditor: \_\_\_\_\_ Date: \_\_\_\_\_