

STATEMENT OF CONVEYANCE OF HOMESTEAD PROPERTY
To be attached to conveyance fee form DTE100, 100(EX), 100M & 100M(EX)

Grantor's (Seller's) Name: _____
Grantee'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 _____, 20____.

Notary Public

Endorsement by County of Summit Fiscal Officer:

Upon presentation of this instrument, the County of Summit Fiscal Officer shall endorse it, return it to the grantee or his representative, evidencing delivery to the County of Summit Fiscal Officer.

Date

Deputy Fiscal Officer