

Clear Form

RECEIVED

MAR 20 2024

Jackie McKee
AuditorTax year _____ BOR no. 2023-21
County _____ Date received _____DTE 1
Rev. 12/22**Complaint Against the Valuation of Real Property**

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Miller Steven B Trustee + CRYSTAL J TRUSTEE	2460 TR 357	
2. Complainant if not owner		Dundee OH 44624	
3. Complainant's agent		217 69th St. Kenosha WI 53143	
4. Telephone number and email address of contact person Steve - 262 909 6455 Steve@frontidaicare.com			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
15-00369 000		2460 TR 357 Dundee OH 44624	
7. Principal use of property - Farm Land			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
1500369 000	\$ 100,000	138,480	Took Down House \$ 38,480
9. The requested change in value is justified for the following reasons: We tore down the old House on the property			

10. Was property sold within the last three years? ☒ Yes ☐ No ☐ Unknown If yes, show date of sale ~~10/24/23~~ 06/27/23and sale price \$ 155,000 ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☒ No ☐ Unknown

Steve B Miller

Steve B miller 3/15/24

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- ☐ The property was sold in an arm's length transaction. ☐ The property lost value due to a casualty.
☐ A substantial improvement was added to the property. ☐ Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- ☐ The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date _____ Complainant or agent (printed) _____ Title (if agent) _____

Complainant or agent (signature) _____

Sworn to and signed in my presence, this _____ day of _____
(Date) (Month) (Year)

Notary _____

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Wisconsin }
County of Kenosha } ss.

On this the 15 day of March, 2024, before me,
Day Month Year

Debra M Moore, the undersigned Notary Public,
Name of Notary Public

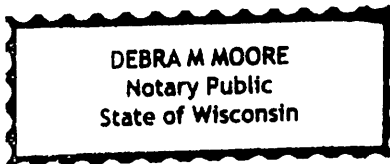
personally appeared Steve B Miller
Name(s) of Signer(s)

☐ personally known to me – OR –

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed
to the within instrument, and acknowledged to me
that he/she/they executed the same for the purposes
therein stated.

WITNESS my hand and official seal.



Debra M Moore
Signature of Notary Public

My Commission Expires
March 20, 2026

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

*This section is required for notarizations performed in Arizona but is optional in other states.
Completing this information can deter alteration of the document or fraudulent reattachment
of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: Complaint Against the Valuation of Real Property
Document Date: 3.15.24 Number of Pages: 1
Signer(s) Other Than Named Above: _____

Clear Form

Tax year 2023BOR no. 2023-22DTE 1
Rev. 12/22County Holmes

Date received _____

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Jomar Group Ltd	7302 TR 604, millersburg OH 44654	
2. Complainant if not owner			
3. Complainant's agent	marie mast		
4. Telephone number and email address of contact person 330-763-0707 mastfamily5@gmail.com			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
34-00037-000	7212 SR 241 millersburg, OH 44654		
7. Principal use of property <u>farm ground</u>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
34-00037-000	\$939,960	\$1,048,560	\$108,600
9. The requested change in value is justified for the following reasons: <u>removed all buildings June 2023</u>			

10. Was property sold within the last three years? ☒ Yes ☐ No ☐ Unknown If yes, show date of sale 2-28-23
and sale price \$ 1,800,000.00; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☐ No ☐ Unknown



14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

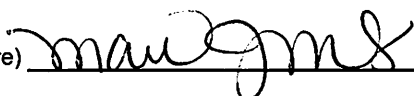
- ☐ The property was sold in an arm's length transaction. ☐ The property lost value due to a casualty.
- ☐ A substantial improvement was added to the property. ☐ Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

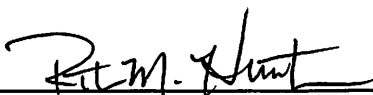
- ☐ The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 3-6-24 Complainant or agent (printed) Marie Mast Title (if agent) owner

Complainant or agent (signature) 

Sworn to and signed in my presence, this 6 day of March 2024
(Date) (Month) (Year)

Notary 



Rita M. Hunter
Notary Public, State of Ohio
My Commission Expires:
March 5, 2027

Clear Form

Tax year _____ BOR no. 2023-23
 County _____ Date received _____

DTE 2
 Rev. 12/22

Complaint Against the Assessment of Real Property Other than Market Value

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	<u>Lester H. Weaver</u>	<u>26650 CR 58</u>	
2) Complainant if not owner		<u>Milledburg Ohio</u>	
3) Complainant's agent		<u>44654</u>	
4) Telephone number of contact person	<u>330-600-9545</u>		
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
<u>13-00191-020</u>			
<u>13-00191-021</u>			
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input checked="" type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

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 MAR 22 2024
 Jackie M. Swaldo

10) The requested change is justified for the following reasons:

11) If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

☐ The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalty of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Date 3-15-24 Complainant or agent Lester H. Weaver Signature _____ Title (if agent) _____

Sworn to and signed in my presence, this 15th day of March year 2024

Notary Jenifer Lynn Swaldo Signature _____



Jenifer Lynn Swaldo
 Notary Public, State of Ohio
 My Commission Expires
 September 12, 2028

Clear Form

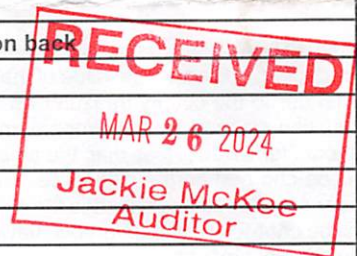
DTE 2
Rev. 12/22Tax year _____ BOR no. 2023-24
County _____ Date received _____**Complaint Against the Assessment of Real Property Other than Market Value**

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	<u>Atlee M. Miller</u>	<u>3522 T.R. 371 Sugar Creek, OH.</u>	
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person	<u>330-432-1696</u>		
5) Email address of complainant	<u>No</u>		
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input checked="" type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value



10) The requested change is justified for the following reasons:

Parcel is used for pasture and I want to put it on CAUV.

11) If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

☐ The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalty of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Date 3-26-24 Complainant or agent Atlee M. Miller Signature _____ Title (if agent) _____

Sworn to and signed in my presence, this 26 day of March year 2024

Notary Zach Didinger Signature _____



Zach Didinger
NOTARY PUBLIC
In and for State of Ohio
MY COMMISSION EXPIRES
9-30-28

Tax year 2024BOR no. 2023-25DTE 1
Rev. 02/19County Holmes

Date received _____

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

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☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1. Owner of property	Karen V. Butcher	14106 S.R. 226 LAKEVILLE OH
2. Complainant if not owner	- NA	NA 44638
3. Complainant's agent	- NA	NA
4. Telephone number of contact person	330-749-7595	starknight51@yahoo.com
5. Email address of complainant	(Contact Person: Brenda Rendebrush 330317-3618)	
6. Complainant's relationship to property, if not owner		

If more than one parcel is included, see "Multiple Parcels" on back.

7. Parcel numbers from tax bill	Address of property
2800355000	14106 S.R. 226 LAKEVILLE, OH, 44638

8. Principal use of property Not Lived in for 10 years, since Dad died.

9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
2800355000	10,000	40,200	30,200

10. The requested change in value is justified for the following reasons:

Huge hole in roof, water pours thru 2 floors, Down stairs floor almost gone in one place from water, No gutters - Old Electric wiring, No working furnace

11. Was property sold within the last three years? ☐ Yes ☒ No ☐ Unknown If yes, show date of sale _____ and sale price \$ NA ; and attach information explained in "Instructions for Line 11" on back.

12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

13. If any improvements were completed in the last three years, show date NA and total cost \$ NA14. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☒ No ☐ Unknown

15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- ☐ The property was sold in an arm's length transaction.
☐ A substantial improvement was added to the property.

- ☐ The property lost value due to a casualty.
☐ Occupancy change of at least 15% had a substantial economic impact on my property.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 3-25-24 Complainant or agent Karen V. Butcher Title (if agent) _____Sworn to and signed in my presence, this 25th day of March year 2024Notary Pamela Sue Ruedy
Signature