## Clear Form RECEIVED MAR 2 0 2024 Date received. County\_ Complaint Against the Valuation of Real Property Jackie McKee Jackie McKee 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. Street address, City, State, ZIP code Miller Steven B TRUSTER & CRYSTAL J TRUSTER 1. Owner of property 2. Complainant if not owner 217 69th St. Kenosha WI 53143 3. Complainant's agent 4. Telephone number and email address of contact person Steve & frontida care, com Steve - 262 909 6455 5. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" Instruction. Address of property 6. Parcel numbers from tax bill 2460 TR Dunder OH 44624 15-00369 000

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

Column B

Current Value

(Full Market Value)

138,480

Column C

Change in Value

- Farm Land

Column A

Complainant's Opinion of Value

(Full Market Value)

100,000

7. Principal use of property

Parcel number

1500369000

Steve B miller 3/15/24

14. If you have filed a prior complaint on this parcel single for the valuation change requested must be one of thos section 5715.19(A)(2) for a complete explanation.			
☐ The property was sold in an arm's length transa	ction.   The prope	erty lost value due to a casual	ty.
A substantial improvement was added to the pro		cy change of at least 15% had pact on my property.	a substantial
15. If the complainant is a legislative authority and the complainant, R.C. 5715.19(A)(8) requires this section to	complaint is an original coon be completed.	omplaint with respect to prope	rty not owned by the
☐ The complainant has complied with the requiren adoption of the resolution required by division (A			
			·
I declare under penalties of perjury that this complaint (knowledge and belief is true, correct and complete.	including any attachmen	ts) has been examined by me	and to the best of my
Date Complainant or agent (prin	ited)	Title (if agent)	
Complainant or agent (signature)		<u> </u>	
Sworn to and signed in my presence, this	(Date) day of	(Month)	(Year)
Notary			

INDIVIDUAL ACKNOWLEDGMENT	
State/Commonwealth of WISCONSIN	_ <b>\</b> ss.
County of <u>Hendshe</u>	_
On this the 15 day of March	, 2024, before me,
Day Mont	
Name of Notary Public	, the undersigned Notary Public,
·	5 miler
	Name(s) of Signer(s)
	personally known to me – <b>OR</b> –
	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.
DEBRA M MOORE  Notary Public	WITNESS my hand and official seal.
State of Wisconsin	Dubre 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.)
OPT	IONAL
This section is required for notarizations perfo Completing this information can deter alterati	ormed in Arizona but is optional in other states. ion of the document or fraudulent reattachment inintended document.
Description of Attached Document	
Title or Type of Document: Complain	L L L L L L L L L L L L L L L L L L L
Document Date: 3 · 15 · 24	Number of Pages:
Signer(s) Other Than Named Above:	

BREAK BRANCH BRA

©2023 National Notary Association

## **Clear Form**

Tax year <u>2023</u>	BOR no. 0033 22	DTE 1 Rev. 12/22
county 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.

		Na	me		Street address	, City, State,	ZIP code
1. Owner of property	والرسور	Joman (	noup	Ud	7302 TR	604,	millerste
2. Complainant if not owne	er		1901		LANCE MAN	-12	<u> </u>
3. Complainant's agent	YES STEELS	marie m	last	l sea			homos edicari
4. Telephone number and	email ad	dress of contact perso	on D				
330-763	0-6	107 W	rastion	ril	y5 agmo	ul. CU	m
5. Complainant's relationsl					5 0		
	If mo	re than one parcel is	included, see "	Multip	le Parcels" Instruction	n. Allen	carego e replica
6. Parcel numbers from tax bill Address of property							
34-00037-	- 100	()	7212	SR	ZUI mil	lersba	wg,
						off 44	1654
		A LIBERT	11/25/7			16.2	Si-C et
7. Principal use of property	/ '	fa	rm gro	ny	~	£ 1	1.1
8. The increase or decreas	e in mar					ave -0- in Co	lumn C.
Parcel number	Co	Column A omplainant's Opinior (Full Market Valı		(1)	Column B Current Value Full Market Value)		olumn C ge in Value
34-04037-000	\$9	39,960		\$1,	048,560	\$ 108	1600
						Tree Proces	4.3
9. The requested change in	n value i	s justified for the follow	ving reasons:		ASSAULT CONTRACTOR		
removed	a	l buildir	Site M.Connet Commission Exc March 5 2027	stold i	e 7013		
10. Was property sold with and sale price \$ 1,8	in the la	st three years? X Ye	es 🗌 No 🔲 U	Jnknow	vn If yes, show date of s	sale Z-Z	8-23
11. If property was not sold	but was	listed for sale in the last	three years, atta	ch a co	py of listing agreement o	r other availa	ole evidence.
12. If any improvements w	ere com	pleted in the last three	years, show dat	e	and to	tal cost \$	
13. Do you intend to prese	nt the te	stimony or report of a	professional app	raiser?	Yes No L	Inknown	

RECEIVED MAR 1 4 2024 Jackie McKee Auditor

	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	is an original complaint with respect to property not owned by the leted.
☐ The complainant has complied with the requirements of R adoption of the resolution required by division (A)(6)(b) of	.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
	· · · · · · · · · · · · · · · · · · ·
I declare under penalties of perjury that this complaint (including a knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date 3-6-24 Complainant or agent (printed) M	Wie Mast Title (if agent) Councer
Complainant or agent (signature)	<u> </u>
Sworn to and signed in my presence, this(Date)	day of March 2024 (Month) (Year)
Notary RtM. Hunt	



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

	Notices will be sent only to	
	Name Name	Street address, City, State, ZIP code
Owner of property	Letter H. Ubaner	26630 CR 58
Complainant if not owner		millesburg Dhio
Complainant's agent		J 4465 C
Telephone number of conta		45
Email address of complaina	ant	And a toni man an appropriately with broads 1 southers from
Complainant's relationship		A SP ASSESSMENT AND
lf r	nore than one parcel number is inclu	ded, see "Multiple Parcels" on back
Parcel number from tax bill	# Acres, if applicable	Address of property
13-00191-020		
13-00191-021		the thirty and the second
ALCOHOL: ALCOHOL:	an willing those of the same allowed	IRECE
	signation on a son of a review	Total No. 12. Land State of the Control of the Cont
Indicate the reason for this	complaint:	MAR 2 2 2024
☐ The classification of pro	perty under RC 5713.041.	2 2024
	perty under RC 319.302.	Jackie in
_		nversion of CAUV property under RC 5713.35.
	y on the agricultural land tax list.	and pulse by a five a least of
		ogram to remain idle under RC 5713.30(A)(4).
		JV renewal application pursuant to RC 5713.351.
The denial of the partial	exemption of a qualifying child care cen	ter under RC 323.16.
If the complaint is seeking a	change in the value of the property, comp	plete line 9. Complainants appealing other issues do not need
· ·	es dide entre la consejonation la	The Motion of the Control of the Con
complete this line.	Column A	Column B Column C
	Complainant's Opinion of Value	Column B Column C Current Value Change in Value
complete this line.		Column B Column C
complete this line.	Complainant's Opinion of Value	Column B Column C Current Value Change in Value
complete this line.	Complainant's Opinion of Value	Column B Column C Current Value Change in Value
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complete this line.	Complainant's Opinion of Value	Column B Column C Current Value Change in Value
Parcel number	Complainant's Opinion of Value	Column B Column C Current Value Change in Value
Parcel number	Complainant's Opinion of Value (Full Market Value)	Column B Column C Current Value Change in Value
Parcel number	Complainant's Opinion of Value (Full Market Value)	Column B Column C Current Value Change in Value
Parcel number  Parcel number  The requested change is justification.	Complainant's Opinion of Value (Full Market Value)  ustified for the following reasons:	Column B Current Value (Full Market Value)  Change in Value
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## Clear Form

Tax	yearBORı	10. 2023 - 8	DTE 2 Rev. 12/22
Cour	nty Date r	received	Market and the second second
Use this form to file board of against market value should b	st the Assessment of Rerevision complaints regarding assessme e filed on the DTE Form 1. Answer all q in the back before completing form. Atta	ent issues other than the man uestions and type or print all ich additional pages as nece Counter complaint those named below.	ket value of property. Complaints information. Read the instructions ssary.
1) Owner of property	Name Othe m. miller	3522 T	dress, City, State, ZIP code
Complainant if not owner	acce m. much	3327 1	R. 311 Sugarcree
Complainant's agent		and the same of th	176
4) Telephone number of contac	t person 330 - 432 - 1	1696	words when any streption and
5) Email address of complainar	_		
6) Complainant's relationship to			The state of the s
If m	ore than one parcel number is includ	ed, see "Multiple Parcels"	on back
7) Parcel number from tax bill	# Acres, if applicable	Address of property	HOFINED
45008			MAR <b>2 6</b> 2024
		and the second s	Jackie McKee
The salute sections	tallide vivezoù este seste e Sa le	Saa maan maa sarah	Auditor
The denial of the partial e	cood cause exists for the failure to file a CAU exemption of a qualifying child care center thange in the value of the property, composition of Column A  Complainant's Opinion of Value	er under RC 323.16.  lete line 9. Complainants ap  Column B  Current Value	Column C Change in Value
	(Full Market Value)	(Full Market Valu	
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edge and helief is true correct	ry that this complaint (including any attack and complete.	91	
Sworn to and signed in my pre	esence, this 26	day of Much	year 2024
Notary 344 Pot Signature	Zach Die NOTARY Fin and for Sta	te of Ohio ON EXPIRES	

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				Rev. 02/19
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and type or print all info Attach addi ull market value compla ☐ Original co	rmation. Read instrutional pages if neceints only. All other of mplaint Counter	uctions on back before ssary. complaints should use complaint	e completing form	1.
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- NA		NA	446	38
- NA		NA		A STATE OF
person 330-749	-7595 S	tar knight	svoyahoo.	. com
(contact )	Person Ben	da Rondebust	33031	7-3618
roperty, if not owner				
more than one parcel is	included, see "Multi	ple Parcels" on back.		
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			4.70	**
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rket value sought. Counte	r-complaints supportin	ng auditor's value may h	ave -0- in Column (	D
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1		/	1 30,00	
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