

Jennifer S. Hunter CPA
Madison County Auditor

DTE FORM 101
Revised 7/93

STATEMENT OF CONVEYANCE OF HOMESTEAD PROPERTY

To be Attached to Conveyance Fee Forms, DTE 100 & 100(EX)

Grantor's Name _____

Grantor's Address _____

Grantee's Name _____

Taxing District _____ Parcel or Account No. _____

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 \$ _____

The grantor and the grantee have considered and accounted for the total estimated amount of such reductions to the satisfaction of both the grantee and the grantor.

Signature of Grantor or Representative

Sworn to and signed in my presence,
this _____ day of _____, 20_____

Notary Public

Endorsement by County Auditor:

Upon presentation of this instrument, the County Auditor shall endorse it, forward it to the grantee or his representative, and provide a copy of the endorsed instrument to the grantor or his representative, evidencing delivery to the County Auditor.

Madison County Auditor: _____

Date: _____