DTE FORM 100M (Prescribed 10/99)

## MANUFACTURED AND MOBILE HOME CONVEYANCE FEE STATEMENT OF VALUE AND RECEIPT

If exempt by O.R.C. 319.54(F)(3), Use DTE Form 100M(EX)

## FOR COUNTY AUDITOR'S USE ONLY

Tax List Year	County Number	Tax Dist. Number	Date
Home Located in	1		_ Taxing District Number
Name on Tax Duplicate _		Tax Duplicate Year _	Neigh. Code
Description of Home: Y	ear Mfg	Certificate Of Title No.	Value
Make:	Serial No	Registration No	
		UST COMPLETE ALL QUESTIONS IN THIS ION. SEE INSTRUCTIONS ON REVERSE	S SECTION. Consideration
2. Grantee's (Buyer) Nan Grantee's Address	re Transferer Transfereek all that apply): □ Buye Gift □ Other:end (If any)	Phone:	nsfer nsfer led person,
		AT THIS STATEMENT HAS BEEN EXAMIN TIS A TRUE, CORRECT AND COMPLETE S	
SIGNATURE of GRAN	TEE or REPRESENTATIVE	DATE	Receipt Number
	RECEIPT	FOR PAYMENT OF CONVEYANCE FEE	
·	•	(3) R.C., and, if applicable, the fee require	• •
amount of \$	has been paid	by	and receive
by the		County Auditor.	
		COUNTY AUDITOR DATE _	