

Clear Form

LORAIN COUNTY BOARD OF REVISION

DTE 1 Rev. 12/22

Tax year 2024 BOR no. _____

County Lorain Date received _____

2024 JAN 06 PM 3:15

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 | Joyce E. Murphy | 396 Clearbrook Drive, Avon Lake, 44012 | |
| 2. Complainant if not owner | | | |
| 3. Complainant's agent | N/A | | |
| 4. Telephone number and email address of contact person | | | |
| 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 | |
| 04-00-007-711-006 | | 396 Clearbrook Drive, Avon Lake 44012 | |
| 7. Principal use of property | | | |
| 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 |
| 04-00-007-711-006 | \$ 220,000 | \$ 253,910 | \$ -33,910 |
| | | | |
| 9. The requested change in value is justified for the following reasons: (See Attached) | | | |

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; 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.
- 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.

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.

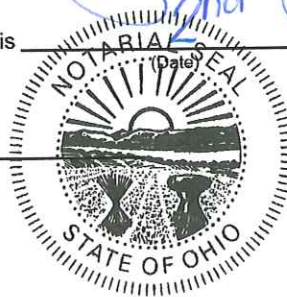
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 1/2/25 Complainant or agent (printed) Joyce E. Murphy Title (if agent) _____

Complainant or agent (signature) Joyce E. Murphy

Sworn to and signed in my presence, this 2nd day of January 2025

Notary Sarah Treer



SARAH TREER
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
09-23-2025

Clear Form

Tax year 2024 BOR no. _____
County Lorain Date received _____

DTE 1
Rev. 12/22

LORAIN COUNTY
BOARD OF REVISION

2024 JAN -6 PM 3:49

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 | Richard P Benoit II & Jinnyn H Tata | 3823 E Lake Rd, Sheffield Lake, OH 44054 | |
| 2. Complainant if not owner | | | |
| 3. Complainant's agent | | | |
| 4. Telephone number and email address of contact person 440-670-0823, lottagr@icloud.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 | | |
| 03-00-043-101-004 | 3823 E Lake Rd, Sheffield Lake, OH 44054 | | |
| | | | |
| | | | |
| 7. Principal use of property | | | |
| 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 |
| 03-00-043-101-004 | \$741,000 | \$1,179,370 | \$438,370 |
| | (From attached 10/31/24 Appraisal) | (2024 State-mandated reappraisal - attached) | |
| 9. The requested change in value is justified for the following reasons: Professional Appraisal completed 10/31/2024 (attached) which included comparable sales in the immediate area. | | | |

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
and sale price \$ _____ ; 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.

JINNYN H. TATA

Date 1-3-2025 Complainant or agent (printed) Richard P. Bessert II Title (if agent) _____

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 3rd day of January 2025
(Date) (Month) (Year)

Notary Barbara J Curio



BARBARA J CURIO
Notary Public
State of Ohio
My Comm. Expires
January 28, 2029

Tax year 2024 BOR no. _____
 County Franklin Date received _____
 BOARD OF REVISION

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 | JAY C Fowl Trustee | 9256 West Ridge Rd. ELYRIA, OH 44035 |
| 2) Complainant if not owner | | |
| 3) Complainant's agent | | |
| 4) Telephone number of contact person | JAY Fowl 440-653-0585 | |
| 5) Email address of complainant | JAY.Fowl@AOL.com | |
| 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 |
|--------------------------------|------------------------|---------------------------------------|
| 06-24-001-000-068 | 5.99Ac. | 9256 West Ridge Rd Elyria, Ohio 44035 |
| 09-00-033-000-015 | 6.36Ac 9.52Ac | Pyle Rd, Elyria, Ohio Rear Land |
| 09-00-034-000-004 | 10.00Ac, 0.77Ac | Pyle Rd Elyria, Ohio Rear Land |
| 09-00-042-000-039 | 49.16Ac 12,80Ac | Pyle Rd Elyria, Ohio Rear Land |

- 8) Indicate the reason for this complaint:
- The classification of property under RC 5713.041.
 - The classification of property under RC 319.302.
 - The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.
 - The valuation of property on the agricultural land tax list.
 - Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).
 - Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.
 - 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 |
|-------------------|---|--|-----------------------------|
| 06-24-001-000-068 | 56,370.00 | 40,700 | 15,670.00 |
| 09-00-033-000-015 | 10,940.00 | 3,370.00 | 17,570.00 |
| 09-00-034-000-002 | 14,190 | 4,430.00 | 9,760.00 |
| 09-00-042-000-004 | 19,450 | 5,480.00 | 11,970.00 |

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 1-2-2025 Complainant or agent _____ Signature _____ Title (if agent) _____

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

Notary _____ Signature _____

Tax year 2024 BOR no. _____
 County Lorain Date received _____

LORAIN COUNTY
BOARD OF REVISION

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 | JAYC Fowl Trustee | 9256 West Ridge Rd Elyria, Ohio 44035 |
| 2) Complainant if not owner | | |
| 3) Complainant's agent | | |
| 4) Telephone number of contact person | 440-653-0525 | |
| 5) Email address of complainant | JAY.Fowl@AOL.com | |
| 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:
- The classification of property under RC 5713.041.
 - The classification of property under RC 319.302.
 - The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.
 - The valuation of property on the agricultural land tax list.
 - Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).
 - Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.
 - 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 |
|-------------------|---|--|-----------------------------|
| 09-00-034-000-006 | 1320.00 | 410.00 | 910.00 910.00 |
| 09-00-043-000-039 | 60,880.00 | 22,630.00 | 38,250.00 |
| 09-00-044-000-001 | 18,130.00 | 6,030.00 | 12,100.00 |
| 09-00-044-000-002 | 90,130.00 | 35,170.00 | 54,960.00 |
| 09-00-044-000-008 | 3,590.00 | 1,480.00 | 2,110.00 |

10) The requested change is justified for the following reasons: *I believe that values may have increased in value but not to the extent that new rates going forward is fair to land under Farming practices.*

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 1-2-2025 Complainant or agent _____ Signature _____ Title (if agent) _____

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

Notary _____ Signature _____

Clear Form

Tax year 2024

BOR no. _____

DTE 1
Rev. 12/22

LORAIN COUNTY
BOARD OF REVENUE
2024 JAN -6 PM 1:30
County Lorain

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 | John H & Monica Flores-Lorenz Trustee | 4580 Edgewater Vermilion, Oh 44089 | |
| 2. Complainant if not owner | | | |
| 3. Complainant's agent | | | |
| 4. Telephone number and email address of contact person | 412 370-3683 jhlorenz01@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 | | |
| 01-20-027-101-011 | 4580 Edgewater Dr Vermilion, OH 44089 | | |
| 7. Principal use of property <u>Single unit family</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 |
| 01-20-027-101-011 | \$407,252 | \$524,160 | \$-116,908 |
| | | | |
| 9. The requested change in value is justified for the following reasons: On April 24, 2023 recieved Notice of Revised assessment for the 2023 Tax Year, from J Craig Snodgrass Lorain County Auditor. The revised assessment value was \$384,200. Since this was for year 2023 and so for year 2024, the value could go up by 6% (\$384,200 * 1.06% = \$407,252), Recieved notice Aug 29, 2024 revised assessment value was \$524,160. Thsi is an increase over 1 year to be \$139,960 (\$524,160-\$384,200) or 36% (Makes no sense) | | | |

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; 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 \$ 0

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 01/02/2025 Complainant or agent (printed) John Lorenz Title (if agent) _____

Complainant or agent (signature) X *John A Lorenz*

Sworn to and signed in my presence, this 2ND day of JANUARY 2025
(Date) (Month) (Year)

Notary *Becky Binger Kalep*



BECKY BINGER KALEP
Notary Public
State of Ohio
My Comm. Expires
October 28, 2027

Tax year 2024 to 2029

BOR no. _____

DTE 1
Rev. 12/22

LORAIN COUNTY
BOARD OF REVISOR

County Lorain

Date received 01/01/2025

Complaint Against the Valuation of Real Property

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

2024 JAN -6 PM 12:58

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 | | <u>ROBERT B MARTIN</u> | <u>860 OAK ST ELYRIA OHIO 44035</u> |
| 2. Complainant if not owner | | | |
| 3. Complainant's agent | | | |
| 4. Telephone number and email address of contact person | | | |
| 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 | |
| <u>860 OAK ST OAK ST</u> | | <u>860 OAK ST ELYRIA, OHIO 44035</u> | |
| 7. Principal use of property | | | |
| 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 |
| <u>860 OAK ST</u> | | | <u>yes 20,000</u> |
| | | | |
| | | | |
| 9. The requested change in value is justified for the following reasons: <u>SANITARY DRAIN SPLIT. IN LAUNDRY ROOM</u> <u>BROKEN OVER 30.000 IN REPAIR & NEED A TAX DECRETION please</u> <u>SANITARY DRAIN WAS BURIED ONLY 11 IN DEEP CITY OFFICIAL THEN DID NOT DO THEIR JOB!</u> | | | |

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale NAH
and sale price \$ _____ ; 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

LORAIN COUNTY
BOARD OF REVISION

Tax year _____ BOR no. _____

County _____ 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.

2024 JAN -6 AM 11:30

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 | SUSAN K. AND DOUGLAS S. WHITE | 4150 MEMO PARK LN, VERMILION, OHIO 44089 | |
| 2. Complainant if not owner | | | |
| 3. Complainant's agent | | | |
| 4. Telephone number and email address of contact person | SUSAN K WHITE SUGWHITE1962@ME.COM | 440-670-6324 | |
| 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 | | |
| 01-00-002-101-021 | 4150 MEMO PARK LN, VERMILION, OHIO, 44089 | | |
| 7. Principal use of property | Home | | |
| 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 |
| 01-00-002-101-021 | 650,000 | 906,460 | 256,460 |
| 9. The requested change in value is justified for the following reasons: WE BELIEVE THAT WE COULD NOT SELL OUR HOUSE FOR THE APPRAISED AMOUNT THAT THE AUDITOR IS PURPOSING, PLEASE SEE ATTACHED APPRAISAL. | | | |

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____

and sale price \$ _____ ; 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.

NO

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

NONE

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

APPRAISER REPORT ATTACHED.

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.
- 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.

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 1/5/25 Complainant or agent (printed) SUSAN K WHITE Title (if agent) NA
Douglas S. White

Complainant or agent (signature) Susan K White
Douglas S. White

Sworn to and signed in my presence, this 1-5-2025 day of January 2025
(Date) (Month) (Year)

Notary Holly A Vasiloff



HOLLY A. VASILOFF
Notary Public, State of Ohio
My Commission Expires 4-26-27