

LORAIN COUNTY
BOARD OF REVISION

Tax year 2023 BOR no. _____

DTE 1
Rev. 12/22

County Lorain Date received _____

2024 FEB 26 PM 2:11

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 DT-100.

Original complaint Counter complaint

Notices will be sent only to those named below.



	Name	Street address, City, State, ZIP code	
1. Owner of property	Janet L. Reynolds Trust	3760 Heron Drive, Lorain	
2. Complainant if not owner			
3. Complainant's agent	Janet L. Reynolds, trustee	3760 Heron Drive, Lorain,	
4. Telephone number and email address of contact person	440-281-0953 jan@linkup.us		
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		
02-03-001-108-088	3760 Heron Drive, Lorain, OH 44053		
7. Principal use of property <u>home only</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
02-03-001-108-088	\$299,000	\$332,780	\$33,780
9. The requested change in value is justified for the following reasons: <u>I don't feel my home has increased in value by this much. The cost of finishing shows my cost to finish 1/2 of my basement.</u>			

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.

Date 2/26/24 Complainant or agent (printed) Janet L Reynolds Title (if agent) Trustee

Complainant or agent (signature) Janet L Reynolds trustee

Sworn to and signed in my presence, this 26 day of February 2024
(Date) (Month) (Year)

Notary Wonda Elkins



Wonda R Elkins
Notary Public, State of Ohio
My Comm. Expires March 27, 2024



Tax year FH 2023 BOR no. _____
 County LORAIN Date received _____

DTE 1
Rev. 12/22

LORAIN COUNTY
BOARD OF REVISION
2024 FEB 26 PM 3:14

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 _____

Original complaint Counter complaint
 Notices will be sent only to those named below.

	Name		Street address, City, State, ZIP code	
1. Owner of property	GNANDI, DARYL ANN/BRUCE		4729 MEADOW LARK DR. LORAIN, OHIO 44053	
2. Complainant if not owner	N/A			
3. Complainant's agent	N/A			
4. Telephone number and email address of contact person BRUCE GNANDI (440)391-0377, bsgnandt@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		
02-02-011-000-334		4729 MEADOW LARK DR. LORAIN, OH 44053		
7. Principal use of property <u>RESIDENCE</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	
0202011 000334	\$213,840	\$254,070	\$37,230	
9. The requested change in value is justified for the following reasons: - SEE ATTACHED FORM I - INCONSISTENT VALUATIONS IN LORAIN COUNTY RECORDS.				

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.

INCONSIST VALUATIONS IN LORAIN COUNTY RECORDS.

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 2/23/2024 Complainant or agent (printed) BRUCE J. GRANDE Title (if agent) Co-owner

Complainant or agent (signature) *Bruce J. Grande*

Sworn to and signed in my presence, this 23rd day of February 2024
(Date) (Month) (Year)

Notary *[Signature]*





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

DTE 1M
Rev. 02/19

Complaint Against the Valuation of a Manufactured or Mobile Home Taxed Like Real Property

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

Attach additional pages if necessary.

Original complaint Counter complaint

Notices will be sent only to those named below.

2024 FEB 26 PM 4:14
LORAIN COUNTY BOARD OF REVISION

1. Owner of home		Crystal L. Rivera		5110 W. Erie Ave Lot 7 Lorain, OH 44053	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number of contact person		(440) 650-8301			
5. Email address of complainant		61crystalrivera@gmail.com			
6. Complainant's relationship to home, if not owner					
If more than one home is included, see "Multiple Homes" on back.					
7. Registration number from tax bill			Address of home		
03-44-7			5110 W. Erie Ave Lot 7 Lorain, OH 44053		
8. Principal use of home Residence					
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
03-44-7	\$ 2,000.00	\$ 7590.00 <i>Per Treasurer</i>	\$ 5,590.00		
10. The requested change in value is justified for the following reasons:					
1. Age of Manufactured home at 50 years old					
2. Home was received in poor condition					
3. Home is in need of Total Renovation					

11. Was home 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 11" on back.

12. If home 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 10/15/2023 and total cost \$ 550.00

14. 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 home 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 home was sold in an arm's length transaction.

The home lost value due to a casualty.

A substantial improvement was added to the home.

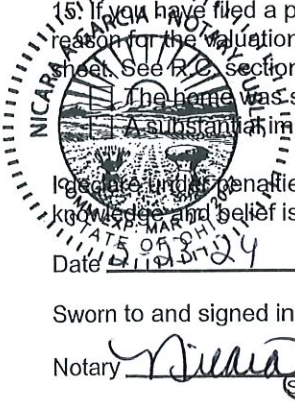
Occupancy change of at least 15% had a substantial economic impact on my property.

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 2/23/24 Complainant or agent [Signature] Signature Title (if agent) NA

Sworn to and signed in my presence, this 23 day of February year 2024

Notary [Signature] Signature



Tax year _____ BOR no. _____

LORAIN COUNTY BOARD OF COMPLAINANTS
Complaint Against the Valuation of Real Property

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

2024 FEB 26 PM 12:28

This form is for full market value complaints only. All other complaints should use DTE 1.

Original complaint Counter complaint

Attach additional pages if necessary.
Notices will be sent only to those named below.



1. Owner of property		Name Kevin + Heather Fogarty		Street address, City, State, ZIP code 105 W. Spring Dr., Elyria, OH 44035	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person 440-225-0689 kfogs52@yahoo.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		
06-24-017-102-081			105 W. Spring Dr., Elyria, OH 44035		
7. Principal use of property Residence					
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		
06-24-017-102-081	307,900.00	387,040.00	-79,140		
9. The requested change in value is justified for the following reasons: Arms length transaction occurred in August 2023. Purchase price was well below current value.					

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 8-15-23
and sale price \$ 307,900.00; 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.
- 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 2/15/24 Complainant or agent (printed) Heather Fogarty Title (if agent) owner

Complainant or agent (signature) Mrs Heather L Fogarty

Sworn to and signed in my presence, this 2-15-2024 day of February 2024
(Date) (Month) (Year)

Notary Sandee P. Regal



SANDEE P. REGAL
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 2/24/2025