

LORAIN COUNTY
BOARD OF REVISION
2024 FEB 29 AM 10:45

Tax year 2023 BOR no. _____
County Lorain Date received _____

DTE 1
Rev. 01/19

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing.
Attach additional pages if necessary.

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

Original complaint Counter complaint



Notices will be sent only to those named below.

1. Owner of property		Name Laura Swanson, Trustee	Street address, City, State, ZIP code 1058 Flint Dr, Vermilion, OH 44089
2. Complainant if not owner			
3. Complainant's agent		Daniel J. Kloos	5455 Detroit Rd, Sheffield, OH 44054
4. Telephone number of contact person		440-930-4001	
5. Email address of complainant		dkloos@dooleygembala.com	
6. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill		Address of property	
01-00-016-117-115		1058 Flint Drive, Vermilion, Ohio 44089	
8. Principal use of property Residential			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column D.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
01-00-016-117-115	371,500.00	480,320.00	-108,820.00
10. The requested change in value is justified for the following reasons: The above property is a new build and was purchased from MBD Homes for \$335,110.00 on September 28, 2021 (see attached). On January 28, 2024, the property was appraised by Black Diamond Appraisals LLC for \$371,500.00 (see attached).			

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 9/28/2021 and sale price \$ 335,110.00 ; and attach information explained in "Instructions for Question 10" on back.
12. 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.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.
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 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.

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 2/28/2024 Complainant or agent Daniel J. Kloos Signature _____ Title (if agency) Attorney

Sworn to and signed in my presence, this 28th day of February year 2024

Notary [Signature] Signature



Notary Public, State of Ohio
My Commission Expires
September 19, 2025



Tax year 2023 BOR no. _____
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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	<u>Wright DiANE L</u>	<u>1206 Oberlin Rd, Oberlin OH</u>
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	<u>WAYNE WRIGHT (440) 213-5199</u>	
5) Email address of complainant	<u>VISITORALY@MSM.COM</u>	
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
<u>0900037000016</u>	<u>9.9</u>	<u>1206 Oberlin Rd, Oberlin OH</u>

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 5713.35
- The denial of the partial exemption of a qualifying child care center under RC 323.16.

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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

10) The requested change is justified for the following reasons: LAST YEARS FORM SENT LAST YEAR, BUT LOST IN MAIL.

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 2/28/24 Complainant or agent DiANE WRIGHT Signature _____ Title (if agent) _____
Sworn to and signed in my presence, this _____ day of _____ year _____
Notary _____ Signature _____