



20370106

Real Property Conveyance Fee Statement of Value and Receipt

DTE FORM 100
Revised by County
Auditor Brigid Kelly 3/23

If exempt by Ohio Revised Code section 319.54(G)(3), use form DTE 100(EX).

TYPE OR PRINT ALL INFORMATION.

Type instrument LW	Tax list year 2023	County number 31	Tax. dist. number 3040	Date 09/01/2023
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Property located in CINTI CORP-CINTI CSD taxing district
 Name on tax duplicate UNION ON TAFT LLC Tax duplicate year 2023
 Acct. or permanent parcel no 092-0001-0165-00 Map book Page
 Description SS WILLIAM HOWARD TAFT RD ☐ Platted ☐ Unplatted
2.6529 AC
S14 T3 FR2

Auditor's comments: ☐ Split ☐ New plat ☐ New improvements ☐ Partial value
☐ C.A.U.V ☐ Building removed ☐ Other

Grantee or Representative Must Complete All Questions in This Section. See instructions on reverse.

1. Grantor's name Union on Taft LLC Phone
2. Grantee's name The Christ Hospital Phone
 Grantee's address 2139 Auburn Avenue, Cincinnati, OH 45219
3. Address of property 237 William Howard Taft Road, Cincinnati, OH
4. Tax billing address Attn: CFO, 2139 Auburn Avenue, Cincinnati, OH 45219
5. Are there buildings on the land? Yes ☒ No ☐ If yes, check type:
 1, 2 or 3 family dwelling ☐ Condominium ☐ Apartment: No. of units
 Manufactured (mobile) home ☐ Farm buildings ☐ Other
 vacant, what is intended use? PARKING LOT
6. Conditions of sale (check all that apply) Grantor is relative ☐ Part interest transfer ☐ Land contract ☐
 Trade ☐ Life estate ☐ Leased fee ☐ Leasehold ☐ Mineral rights reserved ☐ Gift ☐
 Grantor is mortgagee ☒ Other arms length
7. a) New mortgage amount (if any)\$
 b) Balance assumed (if any)\$
 c) Cash (if any)\$ 2,125,000.00
 d) Total consideration (add lines 7a, 7b and 7c)\$ 2,125,000.00
 e) Portion, if any, of total consideration paid for items other than real property ..\$
 f) Consideration for real property on which fee is to be paid (7d minus 7e)\$ 2,125,000.00
 g) Name of mortgagee
 h) Type of mortgage Conv. F.H.A. V.A. Other
 i) If gift, in whole or part, estimated market value of real property...\$
8. Has the grantor indicated that this property is entitled to receive the senior citizen, disabled person or surviving spouse homestead exemption for the preceding or current tax year? Yes ☒ No ☐ If yes, complete form DTE 101.
9. Has the grantor indicated that this property qualified for current agricultural use valuation for the preceding or current tax year? Yes ☒ No ☐ If yes, complete form DTE 102.
10. Application for owner-occupancy (2 5% on qualified levies) reduction. (Notice: Failure to complete this application prohibits the owner from receiving this reduction until another proper and timely application is filed.) Will this property be grantee's principal residence by Jan. 1 of next year? Yes ☒ No ☐ If yes, is the property a multi-unit dwelling? Yes ☐ No ☐
11. Is this property leased or otherwise rented to tenants solely for residential purposes? ☐ Yes ☒ No ☐ If yes, new owner must complete and submit a Rental Registration Form to the County Auditor within 60 days (including weekends and holidays) of the date of this transfer to avoid a penalty on their tax bill.

I declare under penalties of perjury that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete statement

Daniel E. Reitz, Attorney 8/31/23
 Printed Name of Grantee or Representative Signature of Grantee or Representative Date

Receipt for Payment of Conveyance Fee

The conveyance fee required by Ohio Revised Code section (R.C.) 319.54(G)(3) and, if applicable, the fee required by R.C. 322, in the total amount of \$ 6,375 50 has been paid by and received by the HAMILTON County Auditor.

Grantor

BRIGID KELLY

County Auditor

Date

09/01/2023

Number	339103
No. of Parcels	1
DTE Code No	449
Neigh Code	
No. of Acres	0
Land Value	
Bldg. Value	
Total Value	
DTE Use Only	
DTE Use Only	
DTE Use Only	
Consideration	2125000
DTE Use Only Valid sale 1. Yes 2 No	
Receipt Number	20230901010