

2023-016

MADISON COUNTY
AUDITOR

Tax year _____ BOR no. _____

BOR no. _____

DTE 1
Rev. 12/22

County **MADISON**

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 FEB 21 AM 3:38

LONDON, OHIO

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.

Clear Form

	Name	Street address, City, State, ZIP code	
1. Owner of property	Steven and Sandra Shipley	640 Heron Dr., Galloway OH 43119	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person	614-563-8653 Sandra Shipley sshipleycolumbus.rr.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		
08-00895.109	640 Heron Dr., Galloway OH 43119		
7. Principal use of property	primary 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
08-00895.109	\$850,000.00	\$982,610.00	\$132,610.00
9. The requested change in value is justified for the following reasons: We feel that the value Madison County appraised our home at is unreasonably high. We are including an appraisal that was completed on February 12, 2024.			

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

010-300

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on
 the subject of the above-captioned matter.
 The Bureau of Land Management has advised that the
 land described in the above-captioned matter is
 owned by the United States of America.
 The land is located in the State of California,
 County of [redacted], and is situated in
 the [redacted] Section, [redacted] Township,
 [redacted] Range, [redacted] Meridian.
 The land is described as follows:
 [redacted]

Name	Address	City	State
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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 [redacted] Range, [redacted] Meridian.
 The land is described as follows:
 [redacted]

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 2-20-24 Complainant or agent (printed) Sandra Shipley Title (if agent) _____

Complainant or agent (signature) Sandra Shipley

Sworn to and signed in my presence, this 20th day of February 2024
(Date) (Month) (Year)

Notary [Signature]



JOSHUA BAILEY
Notary Public, State of Ohio
My Commission Expires:
December 10 2028