



31-035800.7800

**WOLTERS JEFFREY D & AUBREY R**  
 WOLTERS JEFFREY D & AUBREY R  
 8039 BROCKMAN RD  
 CELINA, OH 45822

**LEGAL INFORMATION**  
 LOCHTEFELD FOURTH ADDITION  
 TO CHAPEL HILL  
 LOT#:81

Created in 2007 From 31-035800.0000 due to Split

Property Class: 500  
 Neighborhood  
 003120-TS40  
 Map:  
 Block:  
 Card:  
 Bk: Pg:

|   | OWNERSHIP             | ADDRESS          | CITY          | STATE | ZIP   | DATE       | AMOUNT | DEED:CONV# | JS                       | VALID                               |
|---|-----------------------|------------------|---------------|-------|-------|------------|--------|------------|--------------------------|-------------------------------------|
| 1 | WOLTERS JEFFREY D &   | 8039 BROCKMAN RD | CELINA        | OH    | 45822 | 05/14/2020 | 39,000 | WDC : 306  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | WESTERHEIDE BRENT J & | 21 N EASTMOOR DR | NEW BREMEN    | OH    | 45869 | 03/21/2017 | 38,500 | WDC : 175  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | JUTTE DANIEL & GRACE  | 1140 FT RECOVERY | FORT RECOVERY | OH    | 45846 | 04/05/2007 | 0      | : 0        | <input type="checkbox"/> | <input type="checkbox"/>            |

X:  TTO LISTER: DATE: TIME:  LETTER  LETTER REC'D GIS CODE

- | STREET/ROAD                        | TOPOGRAPHY                        | PU-UTILITIES-PR                   | NEIGHBORHOOD                       | INFLUENCE FACTORS                    |  |
|------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> PAVED     | <input type="checkbox"/> LEVEL    | <input type="checkbox"/> WATER    | <input type="checkbox"/> IMPROVING | <input type="checkbox"/> A. NO ROAD  | <input type="checkbox"/> F. RESTRICT           |
| <input type="checkbox"/> GRAVEL    | <input type="checkbox"/> HIGH     | <input type="checkbox"/> SEWER    | <input type="checkbox"/> STATIC    | <input type="checkbox"/> B. TOPGRHY  | <input type="checkbox"/> G. WOOD LT            |
| <input type="checkbox"/> DIRT      | <input type="checkbox"/> LOW      | <input type="checkbox"/> GAS      | <input type="checkbox"/> DECLINING | <input type="checkbox"/> C. Ex Front | <input checked="" type="checkbox"/> H. VACANCY |
| <input type="checkbox"/> SIDEWALKS | <input type="checkbox"/> ROLLING  | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> OLD       | <input type="checkbox"/> D. QUANTITY | <input type="checkbox"/> I. WATER FRONT        |
| <input type="checkbox"/> CURBS     | <input type="checkbox"/> STANDARD | <input type="checkbox"/> STANDARD | <input type="checkbox"/> STANDARD  | <input type="checkbox"/> E. SZ/SHAPE | <input type="checkbox"/> J. OTHER/CDU          |

PROPERTY LOCATION  
 2194 VIRGINIA DR, MARIA STEIN  
 COMMENT

TY2022:Net Gen=\$278.28, Other Assessment=\$0.00

| LAND COMPUTATIONS |           |       |      |        |        |
|-------------------|-----------|-------|------|--------|--------|
| LAND TYPE         | SIZE      | M     | RATE | C      | INF    |
| F:Front           | F117 D129 | ST385 | DP93 | ADJ358 | H:0.25 |
|                   |           |       |      |        |        |
|                   |           |       |      |        |        |
|                   |           |       |      |        |        |
|                   |           |       |      |        |        |
|                   |           |       |      |        |        |
|                   |           |       |      |        |        |
|                   |           |       |      |        |        |
|                   |           |       |      |        |        |
| TOTAL             |           |       |      |        | 31,400 |
|                   |           |       |      |        | 0      |

**VALUATION SUMMARY**

| VALUE YEAR        | 2023            | 2020   | 2017   |  |  |  |  |
|-------------------|-----------------|--------|--------|--|--|--|--|
| REASON FOR CHANGE | RAPP            | RAPP   | RAPP   |  |  |  |  |
| APPRAISED VALUE   | LAND<br>31,400  | 19,400 | 15,500 |  |  |  |  |
| VALUE             | IMPR<br>0       | 0      | 0      |  |  |  |  |
|                   | TOTAL<br>31,400 | 19,400 | 15,500 |  |  |  |  |
| ASSESSED VALUE    | LAND<br>10,990  | 6,790  | 5,430  |  |  |  |  |
| VALUE             | IMPR<br>0       | 0      | 0      |  |  |  |  |
|                   | TOTAL<br>10,990 | 6,790  | 5,430  |  |  |  |  |

| OCCUPANCY                            |                             | EXTERIOR                         |                                   | FLOOR                    | AREA                     | CONST                    | VALUE                   | SKETCH         |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
|--------------------------------------|-----------------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|----------------|--------------|-------------|-------------|--------------|--------------|------------|-------------|------------|------------------|-------------|-----------------|-------------|-----------------|--|
| <input type="checkbox"/> SF          | <input type="checkbox"/> DU | <input type="checkbox"/> TR      | <input type="checkbox"/> WOOD     |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> CONVERSION  |                             |                                  | <input type="checkbox"/> STUCCO   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <b>BUILDING TYPE</b>                 |                             |                                  | <input type="checkbox"/> ALM/VYNL |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> MOBILE HOME |                             |                                  | <input type="checkbox"/> CONC BLK |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> BI/TR LEVEL |                             |                                  | <input type="checkbox"/> METAL    |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> MOD/MAN     |                             |                                  | <input type="checkbox"/> BRICK    |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> _____       |                             |                                  | <input type="checkbox"/> STONE    |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <b>ROOFING</b>                       |                             | <b>ROOF TYPE</b>                 |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> METAL       |                             | <input type="checkbox"/> GABLE   |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> SLT/TLE     |                             | <input type="checkbox"/> HIP     |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> SHINGLES    |                             | <input type="checkbox"/> GAMBREL |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> SHAKES      |                             | <input type="checkbox"/> MANSARD |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <input type="checkbox"/> COMPOSITE   |                             | <input type="checkbox"/> FLAT    |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <b>FLOORS</b>                        |                             | <b>B</b>                         | <b>1</b>                          | <b>2</b>                 | <b>3</b>                 | <b>U</b>                 | <b>SUBTOTAL</b>         |                |              |             |             |              |              |            |             |            |                  | 0           |                 |             |                 |  |
| CONCRETE                             | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MULTI-FAMILY #          |                |              |             |             |              |              |            |             |            |                  | 0           |                 |             |                 |  |
| WOOD                                 | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BUILDING TYPE           | 000%           |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| TILE/COMPO                           | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BSMT FINISH             | 0 S.F.         |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| CARPET                               | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FIREPLACE #             | 0              |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <b>INT. FINISH</b>                   |                             | <b>B</b>                         | <b>1</b>                          | <b>2</b>                 | <b>3</b>                 | <b>U</b>                 | HEATING                 | 0 S.F.         |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| PLASTER/DW                           | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AIR COND                | 0 S.F.         |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| PANELING                             | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLUMBING #              | 0              |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| UNFINISHED                           | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GARAGES & CARPORTS      | 0              |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <b>ACCOMMODATIONS</b>                |                             |                                  |                                   |                          |                          |                          |                         | EXTRA FEATURES | 0            |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| # OF ROOMS                           |                             |                                  |                                   |                          |                          |                          | <b>SUBTOTAL</b>         | 0              |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| BEDROOMS                             |                             |                                  |                                   |                          |                          |                          | GRADE FACTOR            | %              |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| FIREPLACES                           |                             |                                  |                                   |                          |                          |                          | <b>UNADJUSTED VALUE</b> | 0              |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| HEAT & AC                            | <b>B</b>                    | <b>1</b>                         | <b>2</b>                          | <b>3</b>                 | <b>U</b>                 |                          | <b>FACTOR</b>           | %              |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| NO HEAT                              | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>OCCUPANCY</b>        |                | <b>ST.HT</b> | <b>SIZE</b> | <b>AREA</b> | <b>GRADE</b> | <b>PRICE</b> | <b>AGE</b> | <b>REMD</b> | <b>CND</b> | <b>UNADJ VAL</b> | <b>PHYS</b> | <b>PHYS VAL</b> | <b>FUNC</b> | <b>TRUE VAL</b> |  |
| CTRL HEAT                            | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DWELLING                |                |              | SK          |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| HW/STEAM                             | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| ELECTRIC                             | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| HEAT PUMP                            | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| FLR/WALL                             | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| STVE/SPCE                            | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| GEOHERMAL                            | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| OUTSIDE                              | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| CTRL A/C                             | <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| PLUMBING                             |                             |                                  | <b>BASE</b>                       |                          | <input type="checkbox"/> |                          | 9                       |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| X FULL BATH                          |                             |                                  |                                   |                          |                          |                          | 10                      |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| X HALF BATH                          |                             |                                  |                                   |                          |                          |                          | 11                      |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| X FIXTURES                           |                             |                                  |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
| <b>TOTAL</b>                         |                             |                                  |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 | 0           |                 |  |
| <b>COMMENTS</b>                      |                             |                                  |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |
|                                      |                             |                                  |                                   |                          |                          |                          |                         |                |              |             |             |              |              |            |             |            |                  |             |                 |             |                 |  |

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TOTAL 0

COMMENTS