

## RECORD OF OWNERSHIP

ROSE RAY &amp; EVELYN

4300 31 ST 3981 3509 Loch Lamano  
CINCINNATI, OHIO 45209

10692

DATE  
RECORDEDDEED OR  
WILL BOOK

118-476

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## BUILDING PERMITS

NO. TYPE DATE % COMP. DATE FINAL APPRAISAL APPRAISAL

CLASS

2

ZONING

DISTRICT

084

LEGAL DESCRIPTION

BARTLEY BRANCH  
.25AC

| YEAR | NO. OF LOTS | VALUE OF IMPROV. | TOTAL VALUE | ADDITIONAL |
|------|-------------|------------------|-------------|------------|
| 1986 | 300         |                  | 300         |            |
| 1987 | 300         | —                | 300         |            |
| 1988 | 300         | —                | 300         |            |
| 1989 | 300         |                  | 300         |            |
| 1990 | 300         |                  | 300         |            |
| 1991 | 300         |                  | 300         |            |
| 1992 |             |                  |             |            |
| 1993 |             |                  |             |            |
| 1994 |             |                  |             |            |
| 1995 |             |                  |             |            |
| 1996 |             |                  |             |            |
| 1997 |             |                  |             |            |

NOTES:

| NOTES                          |                | GENERAL INFORMATION                |             | BUILDING INFORMATION                                                                                                 |                                                                     | EXTERIOR INFORMATION                                              |                                                                                                                        | INTERIOR INFORMATION |                                                                                                                      | FINISHING & HEATING                                                                                                  |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|--------------------------------|----------------|------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------|-------------|-------------------------|------|------|----------------|---------------------------------|--|----|-------|------|------|--------------------|--|
|                                | Dwelling       |                                    | Comp. Sh.   |                                                                                                                      | Wood Siding                                                         |                                                                   | Yr. Built                                                                                                              | Remod.               |                                                                                                                      | Bsmt. [ ] 2nd [ ]                                                                                                    | Plaster      |                                                                                            | BATH(S)                                                                         | Full                          | 1/2 Bath(s) |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    | Slate       |                                                                                                                      | Brick                                                               |                                                                   | No. Stories                                                                                                            |                      |                                                                                                                      | 1st [ ] 3rd [ ]                                                                                                      | Sheet rock   |                                                                                            | Modern Bath <input type="checkbox"/> Modern Kitchen <input type="checkbox"/>    |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    | Asbestos    |                                                                                                                      | Asb. Wood Shg.                                                      |                                                                   | S. Level <input type="checkbox"/> S. Foyer <input type="checkbox"/>                                                    |                      |                                                                                                                      | Total No. Bedrooms                                                                                                   | Ceciled      |                                                                                            | Cent. Heat                                                                      |                               | A/C         |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                | CONCRETE FLOOR |                                    | Metal       |                                                                                                                      | Cin. Block <input type="checkbox"/> Stone <input type="checkbox"/>  | FOUNDATION                                                        |                                                                                                                        | FLOORING             |                                                                                                                      |                                                                                                                      | Panel        |                                                                                            | Fir. or Wall Furnace <input type="checkbox"/> Stove(s) <input type="checkbox"/> |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                | Wood Frame     |                                    | Tar & Grav. |                                                                                                                      | Stucco <input type="checkbox"/> Con. Block <input type="checkbox"/> | Crawl <input type="checkbox"/> Conc. <input type="checkbox"/>     | HW <input type="checkbox"/> Pine <input type="checkbox"/> Carp. <input type="checkbox"/> Tile <input type="checkbox"/> |                      | Unfinished                                                                                                           |                                                                                                                      | FIRE PLACING |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                | Cin. Block     |                                    | Tile        |                                                                                                                      | Aluminum <input type="checkbox"/> Masonite <input type="checkbox"/> | Riers <input type="checkbox"/> Cin. Blk. <input type="checkbox"/> | ATTIC FINISH                                                                                                           |                      | INTERIOR CONDITION                                                                                                   |                                                                                                                      | Number       |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Steel Frame                    |                | Shakes                             |             | Storm Doors <input type="checkbox"/> Storm Win. <input type="checkbox"/>                                             | Slab <input type="checkbox"/> Brick <input type="checkbox"/>        | Disappearing Stairs                                               |                                                                                                                        |                      | Gd. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> VP <input type="checkbox"/> | Number Chimneys                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| COMBINATIONS                   |                |                                    |             | EXTERIOR CONDITION                                                                                                   |                                                                     |                                                                   |                                                                                                                        | Basement Size        |                                                                                                                      | Attic Floor & Stairs                                                                                                 |              | INSULATION                                                                                 |                                                                                 | Brick [ ] C. Block [ ]        |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             | Gd. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> VP <input type="checkbox"/> |                                                                     |                                                                   |                                                                                                                        | Basmt. Finish        |                                                                                                                      | 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full <input type="checkbox"/> |              | Attic <input type="checkbox"/> Walls <input type="checkbox"/> Fl. <input type="checkbox"/> |                                                                                 | Stone [ ] Metal [ ]           |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| SUMMARY OF BUILDINGS           |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | YR. 86                                                                                     | YR.                                                                             | YR.                           |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | Market Value                                                                               | Market Value                                                                    | Market Value                  |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Dwelling                       |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Porch                          |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Porch                          |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Carport                        |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Garage                         |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Cent. A/C                      |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Basement                       |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | M & L                                                                                      | M & L                                                                           |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Bsmt. Finish                   |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | DATE                                                                                       | DATE                                                                            |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Attic                          |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | APRP. LF                                                                                   | APRP.                                                                           |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Fireplace(s)                   |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | DATE 1-14-86                                                                               | DATE                                                                            |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Heating                        |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | CLASSIFICATION 2                                                                           | ZONING                                                                          |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Bath(s)                        |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | MOBILE HOME INFORMATION                                                                    |                                                                                 | Market Value All Improvements |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | Owner                                                                                      |                                                                                 | Market Value All Land         |             | 300                     |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | Make Year                                                                                  |                                                                                 |                               |             | 300                     |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | Size Cond.                                                                                 |                                                                                 | USE VALUE APPRAISALS RECAP    |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | Not Home <input type="checkbox"/> Time                                                     |                                                                                 | Agric.                        |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | AM <input type="checkbox"/> PM <input type="checkbox"/>                                    |                                                                                 | Hort.                         |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | INFORMATION BY                                                                             |                                                                                 | Forest                        |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 | Open Space                    |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 | Totals                        |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| FRONTS ON                      |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | LAND VALUE COMPUTATIONS                                                                    |                                                                                 |                               |             | LAND VALUE COMPUTATIONS |      |      |                | Property and Income Information |  | Mo | Yr    |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | Land Cost                       |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | \$                              |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | Bldg. Cost                      |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | \$                              |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | Sale Price                      |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | \$                              |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | Rent                            |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | \$                              |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | Expenses                        |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | \$                              |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | Net Rent                        |  |    |       |      |      |                    |  |
|                                |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                | \$                              |  |    |       |      |      |                    |  |
| PROPERTY FACTORS               |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | CLASSIFICATION                                                                             |                                                                                 |                               |             | ACRES                   | RATE | ADJ. | CLASSIFICATION |                                 |  |    | ACRES | RATE | ADJ. | BOARD REVIEW NOTES |  |
| Public Water                   |                | Paved                              | Home Site   |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      | Home Site                                                                                                            |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Public Sewer                   |                | Gravel                             | pool        |                                                                                                                      | .25                                                                 |                                                                   |                                                                                                                        | 300                  |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Well                           |                | Dirt                               |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Spring                         |                | No Road                            |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| Septic System                  |                | Curb & Gutter                      | Wasteland   |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      | Wasteland                                                                                                            |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| U. G. Utilities                |                | Sidewalk                           |             |                                                                                                                      | .25                                                                 |                                                                   |                                                                                                                        | 300                  |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| FRONTAGE TOPOGRAPHY            |                |                                    |             |                                                                                                                      |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              | General Remarks:                                                                           |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| LEVEL <input type="checkbox"/> |                | SLOPES UP <input type="checkbox"/> |             | SLOPES DOWN <input type="checkbox"/>                                                                                 |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |
| LOW <input type="checkbox"/>   |                | STEEP UP <input type="checkbox"/>  |             | STEEP DOWN <input type="checkbox"/>                                                                                  |                                                                     |                                                                   |                                                                                                                        |                      |                                                                                                                      |                                                                                                                      |              |                                                                                            |                                                                                 |                               |             |                         |      |      |                |                                 |  |    |       |      |      |                    |  |