

REC'D BY CC AUDITOR  
MAR 17 '26 PM 3:04

Tax year 2025 BOR no. 2025-19  
County Clinton Date received 3/17/26

DTE 1  
Rev. 12/22

### Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint  Counter complaint

Notices will be sent only to those named below.

		Name	Street address, City, State, ZIP code	
1. Owner of property		AAAR Wilmington LLC	155 Holiday Dr Wilmington OH 45177-8763	
2. Complainant if not owner		Wilmington City School District Bd. of Edn.	341 South Nelson Avenue, Wilmington, OH 45177	
3. Complainant's agent		Robert M. Morrow	612 Park Street, Ste 300, Columbus, OH 43215	
4. Telephone number of contact person		614-573-3015		
5. Email address of complainant		bmorrow@parkstreetlg.com		
6. Complainant's relationship to property, if not owner		School District		
If more than one parcel is included, see "Multiple Parcels" on back.				
7. Parcel numbers from tax bill		Address of property		
290170102000700		155 Holiday Dr., Wilmington, OH 45177		
8. Principal use of property		motel and tourist cabins		
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.				
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value	
290170102000700	7,600,000	2,405,500	5,194,500	
10. The requested change in value is justified for the following reasons: Recent sale of parcel is best evidence of value.				

11. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale 08/05/2024 and sale price \$ 7,600,000.00 ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date \_\_\_\_\_ and total cost \$ \_\_\_\_\_
14. Do you intend to present the testimony or report of a professional appraiser?  Yes  No  Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction.  The property lost value due to a casualty.
- A substantial improvement was added to the property.  Occupancy change of at least 15% had a substantial economic impact on my property.

Continued on next page

16. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 3-17-24 Complainant or agent Robert M. Morrow Title (if agency) \_\_\_\_\_ Attorney \_\_\_\_\_  
[Signature]  
Signature

Sworn to and signed in my presence, this 17<sup>th</sup> day of March, year 2024

Notary Leanna Carpenter  
Signature



LEANNA CARPENTER  
Notary Public, State of Ohio  
My Commission Expires:  
06-04-2029



# Real Property Conveyance Fee Statement of Value and Receipt



If exempt by Ohio Revised Code section 319.54(G)(3), use form DTE-100(EX).  
TYPE OR PRINT ALL INFORMATION.

Type instrument	<b>LWD</b>	Tax list year	<b>2023</b>	County number	<b>14</b>	Tax dist. number	<b>3010</b>	Date	<b>8/15/2024</b>
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Property located in **CITY OF WILMINGTON** taxing district

Name on tax duplicate \_\_\_\_\_ Tax duplicate year \_\_\_\_\_

Accl. or permanent parcel no. **290-17-01-02-0007-00** Map book \_\_\_\_\_ Page \_\_\_\_\_

Description **CLINTON ENTERPRISES SD SEC3 LT7 155 HOLIDAY DR**  Platted  Unplatted

Auditor's comments:  Split  New plat  New improvements  Partial value  
 C.A.U.V  Building Removed  Other \_\_\_\_\_

**Grantor or Representative Must Complete All Questions in This Section. See Instructions on reverse.**

1. Grantor's name: **Shelby Enterprises, Ltd., an Ohio limited liability company** Phone \_\_\_\_\_

2. Grantee's name: **AAAR Wilmington LLC, an Ohio limited liability company** Phone \_\_\_\_\_

Grantee's address: **155 Holiday Drive, Wilmington, OH 45177**

3. Address of property: **155 Holiday Drive, Wilmington, OH 45177**

4. Tax billing address: **155 Holiday Drive, Wilmington, OH 45177**

5. Are there buildings on the land?  Yes  No If yes, check type:  
 1, 2, or 3 family dwelling  Condominium  Apartment No. of units \_\_\_\_\_  
 Manufactured (mobile) home  Farm buildings  Other **commercial hotel**  
 If land is vacant, what is intended use? \_\_\_\_\_

6. Conditions of sale (check all that apply)  Grantor is relative  Part interest transfer  Land contract  
 Trade  Life estate  Leased fee  Leasehold  Mineral rights reserved  Gift  
 Grantor is mortgagee  Other **fee simple**

7. a) New mortgage amount (if any) .....	\$	6,375,000.00
b) Balance assumed (if any) .....	\$	0.00
c) Cash (if any) .....	\$	1,825,000.00
d) Total consideration (add lines 7a, 7b and 7c) .....	\$	8,200,000.00
e) Portion, if any, of total consideration paid for items other than real property assets/equip. ....	\$	600,000.00
f) Consideration for real property on which fee is to be paid (7d minus 7e) .....	\$	7,600,000.00
g) Name of mortgagee	<b>First State Bank</b>	
h) Type of mortgage <input type="checkbox"/> Conv. <input type="checkbox"/> F.H.A. <input type="checkbox"/> V.A. <input checked="" type="checkbox"/> Other	<b>commercial</b>	
i) If gift, in whole or part, estimated market value of real property .....	\$	

8. Has the grantor indicated that this property is entitled to receive the senior citizen, disabled person or surviving spouse homestead exemption for the preceding or current tax year?  Yes  No If yes, complete form DTE-101.

9. Has the grantor indicated that this property qualified for current agricultural use valuation for the preceding or current tax year?  Yes  No If yes, complete form DTE-102.

10. Application for owner-occupancy (2.5% on qualified taxes) reduction. (Notice: Failure to complete this application prohibits the owner from receiving this reduction until another proper and timely application is filed.) Will this property be grantee's principal residence by Jan. 1 of next year?  Yes  No If yes, is the property a multi-unit dwelling?  Yes  No

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

Signature of grantee or representative: *[Signature]* Date: **7/31/24**

Number	<b>454</b>
No. of Parcels	<b>1</b>
DTE Code No.	<b>410</b>
Neigh. Code	
No. of Acres	
Land Value	<b>76160</b>
Bldg. Value	<b>765770</b>
Total Value	<b>841930</b>
DTE Use Only	
DTE Use Only	
DTE Use Only	
Consideration	<b>760000</b>
DTE Use Only	
Valid sale	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
eReceipt #	<b>24337584</b>
Receipt Number	

**TRANSFER FEE: 0.50** Receipt for Payment of Conveyance Fee

The conveyance fee required by Ohio Revised Code section (R.C.) 319.54(G)(3) and, if applicable, the fee required by R.C. 322, in the total amount of \$ **26600.00** has been paid by **REPI/GRAZTEE** and received by the **CLINTON** county auditor.

County auditor: **Terence G Habermehl** Date: **8/15/2024** RLS

VERIFIED GRANTEE SIGNATURE VIA OHIO SECRETARY OF STATE WEBSITE