

# Don R. Wallick Auctions, Inc.

965 N. Wooster Avenue - Strasburg, Ohio 44680 - www.WallickAuctions.com

Toll Free: 1-866-348-9446 - Tel: 330-878-0075 - Fax: 330-878-7318



08-23-'10 13.08 FROM-

T-062 P0002/0011 F-235

PREMIER LAND TITLE CO.  
120 S. Main Street  
Cadiz, OH 43907  
Phone 740-942-8244 Fax 740-942-4289  
Email: [premier@eohio.net](mailto:premier@eohio.net)

## TAX AND LEGAL REPORT

REQUESTED BY: Wallick Auctions Date August 23, 2010

Property Address: 84000 McGonigal Road, Tipppecanoe, Ohio

PRESENT OWNER: Judith Gibson

REAL ESTATE TAXES ARE CURRENTLY LISTED ON THE 2009 TAX DUPLICATE  
IN THE NAME(S) OF:

Judith Gibson

PARCEL: 07-0000016.001 (4.98 acres)

### VALUATIONS:

LAND:	5,590	GENERAL TAXES:	\$1,144.10
BUILDING:	13,600	TAX REDUCTION:	\$383.02
TOTAL:	19,190	10% ROLLSBACK:	\$76.10
		2 1/2% REDUCTION:	\$11.82
		HOMESTEAD CREDIT:	\$303.64
		ADJUSTED GENERALS:	\$ .00
		SPECIAL ASSESSMENTS:	\$ .00
		TOTAL PER YEAR:	\$369.52
		DELINQUENCIES:	

Special Assessment: \$6.00 per 1/2 First half paid.

PARCEL: 07-0000016.002 (0.021)

### VALUATIONS:

LAND:	10	GENERAL TAXES:	\$0.60
BUILDING:	0	TAX REDUCTION:	\$0.20
TOTAL:	10	10% ROLLSBACK:	\$0.04
HOMESTEAD:		2 1/2% REDUCTION:	\$0.00
CAUV:		HOMESTEAD CREDIT:	\$0.00
		ADJUSTED GENERALS:	\$ .00
		SPECIAL ASSESSMENTS:	\$ .00
		TOTAL PER YEAR:	\$0.36
		DELINQUENCIES:	

Taxes for the full year 2009 are paid.

### PREMIER LAND TITLE COMPANY

BY: Mary Shannon

This information, including any lot dimensions shown, is derived solely from public records. While the information is usually reliable, it cannot be guaranteed without a full title examination and a current survey to verify its accuracy.



07-00016-001  
 REB 11  
 PARCEL

07-00016-001  
 MAP NUMBER  
 34

07-00016-001  
 PARCEL

7-0000016-001  
 GIBSON JUDITH A

2/26/09 2AF  
 6 - 12 - 32 4,98A  
 GIBSON HARRY E & JUDITH A

07-00016-001  
 REB 11  
 PARCEL

07-00016-001  
 MAP NUMBER  
 34

07-00016-001  
 PARCEL

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2/26/09 2AF  
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08-23-18 13:09 FRUIT

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08-23-18  
 CARD NUMBER

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 PAGE

08-23-18  
 BOOK

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 ADDRESS OF PROPERTY

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 40 59940

08-23-18  
 50 20980

08-23-18  
 84000 ACGONICAL RD

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LAND	IMPROVEMENTS	TOTAL
15970	37250	53220
4000	54830	58830
LAND	5470	
IMPROVEMENTS	11630	
TOTAL	17100	

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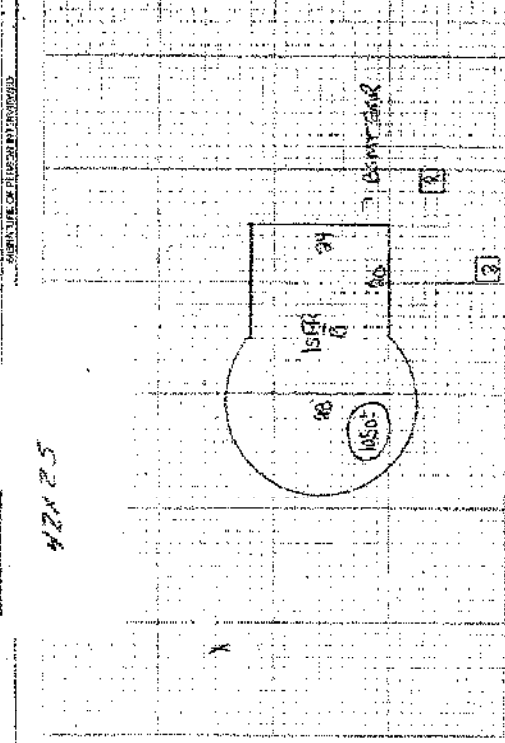
2005 BTA Deed

TYPE	DEPTH	TRF VALUE	TRF VALUE	TRF VALUE	TRF VALUE
F - FRONT LOT					
B - REAR LOT					
E - ERECTURE					
1 - PAVEMENT					
2 - DRIVEWAY					
3 - FENCE					
4 - WOODS					
5 - BRUSHLAND					
6 - BRUSHLAND					
7 - BRUSHLAND					
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98 - BRUSHLAND					
99 - BRUSHLAND					
100 - BRUSHLAND					

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3 - FENCE					
4 - WOODS					
5 - BRUSHLAND					
6 - BRUSHLAND					
7 - BRUSHLAND					
8 - BRUSHLAND					

BUILDING RECORDED

BUILDING ENTERED



CONSTRUCTION SPECIFICATIONS		BUILDING FACTORS	
GRADE	PERCENT	GRADE	PERCENT
100	100	100	100
TOTAL ALLOCATIONMENT		TOTAL ALLOCATIONMENT	
UNIT	AMOUNT	UNIT	AMOUNT
1850 sq.	16800	1850 sq.	16800
68 TFM	1680	68 TFM	1680
WALLS		WALLS	
BRICK		BRICK	
CONCRETE		CONCRETE	
ALUMINUM		ALUMINUM	
GLASS		GLASS	
WOOD		WOOD	
OTHER		OTHER	
ROOF		ROOF	
ASPH/FLT		ASPH/FLT	
FLAT		FLAT	
GABLE		GABLE	
OTHER		OTHER	
MECHANICAL		MECHANICAL	
HEATING		HEATING	
Cooling		Cooling	
Plumbing		Plumbing	
Electrical		Electrical	
Other		Other	
FINISHES		FINISHES	
FLOORING		FLOORING	
WALLS		WALLS	
Ceilings		Ceilings	
Other		Other	
TOTAL BASE		TOTAL BASE	
16800		16800	
TOTAL AMOUNT		TOTAL AMOUNT	
18480		18480	

SUMMARY OF BUILDINGS									
BUILDING NO.	DESCRIPTION	AREA	RATE	OPRS	AGE	NOV	DATE VALUE	REAL VALUE	TRUE VALUE
1	SHED	528	700	D	1980	10	369600	15	51600
2	SHED	210	700	D	1980	10	147000	15	10000
TOTAL TRUE VALUE BUILDINGS									
151600									

PATRICK MOORE, AUDITOR

INGER

D T B

REGISTER





STATE OF OHIO  
DEPARTMENT OF COMMERCE

11/6/08

RESIDENTIAL PROPERTY DISCLOSURE FORM

Pursuant to section 5302.30 of the Revised Code and rule 1301:5-6-10 of the Administrative Code.

TO BE COMPLETED BY OWNER (Please Print)

Property Address:

84000 Mcgonigal Road Tipp

Judith A. Gibson

Owners Name(s):

Date: 8/17/10, 20

Owner is  is not occupying the property. If owner is occupying the property, since what date: \_\_\_\_\_

**Purpose of Disclosure Form:** This is a statement of the condition of the property and of information concerning the property actually known by the owner as required by Ohio Revised Code Section 5302.30. Unless otherwise advised in writing by the owner, the owner, other than having lived at or owning the property, possesses no greater knowledge than that which could be obtained by a careful inspection of the property by a potential purchaser. Unless otherwise advised, owner has not conducted any inspection of generally inaccessible areas of the property. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR BY ANY AGENT OR SUBAGENT REPRESENTING THE OWNER OF THE PROPERTY. THIS STATEMENT IS NOT A SUBSTITUTE FOR ANY INSPECTIONS. POTENTIAL PURCHASERS ARE ENCOURAGED TO OBTAIN THEIR OWN PROFESSIONAL INSPECTION.

**Owner's Statement:** The representations contained on this form are made by the owner and are not the representations of the owner's agent or subagent. This form and the representations contained in it are provided by the owner exclusively to potential purchasers in a transfer made by the owner, and are not made to purchasers in any subsequent transfers. The information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law to be disclosed in the transfer of residential real estate. For example, although some questions are limited to the past five years material problems or defects that occurred over five years ago that have not been fully corrected are required to be disclosed.

**Instructions to Owner:** (1) Answer ALL questions. (2) Identify any material matters in the property that are actually known. (3) Attach additional pages with your signature if additional space is needed. (4) Complete this form yourself. (5) If some items do not apply to your property, write NA (not applicable). If the item to be disclosed is not within your actual knowledge, indicate Unknown.

THE FOLLOWING STATEMENTS OF THE OWNER ARE BASED ON OWNER'S ACTUAL KNOWLEDGE

A) WATER SUPPLY: The source of water supply to the property is (check appropriate boxes):

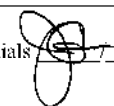
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Public Water Service    | <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Private Water Service   | <input type="checkbox"/> Cistern      | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Private Well | <input type="checkbox"/> Spring       |                                      |
| <input type="checkbox"/> Shared Well             | <input type="checkbox"/> Pond         |                                      |

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water?

Yes  No If "Yes", please describe: \_\_\_\_\_

Is the quantity of water sufficient for your household use? (NOTE: water usage will vary from household to household)  Yes  No

If owner knows of any leaks, backups or other material problems with the water supply system or quality or quantity of the water since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

Owner's Initials  Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Purchaser's Initials \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Property Address 84000 McGonish

**B) SEWER SYSTEM:** The nature of the sanitary sewer system servicing the property is (check appropriate boxes):

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Private Sewer | <input checked="" type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Leach Field  | <input type="checkbox"/> Aeration Tank | <input type="checkbox"/> Filtration Bed         |
| <input type="checkbox"/> Unknown      | <input type="checkbox"/> Other         |   |

If not a public or private sewer, date of last inspection: \_\_\_\_\_  
Do you know of any current leaks, backups or other material problems with the sewer system servicing the property?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

If owner knows of any leaks, backups or other material problems with the sewer system since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

Information on the operation and maintenance of the type of sewage system serving the property is available from the department of health or the board of health of the health district in which the property is located.

**C) ROOF:** Do you know of any current leaks or other material problems with the roof or rain gutters?  Yes  No

If "Yes", please describe: \_\_\_\_\_  
If owner knows of any leaks or other material problems with the roof or rain gutters since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

**D) WATER INTRUSION:** Do you know of any previous or current water leakage, water accumulation, excess moisture or other defects to the property, including but not limited to any area below grade, basement or crawl space?  Yes  No

If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_  
Do you know of any water or moisture related damage to floors, walls or ceilings as a result of flooding, moisture seepage, moisture condensation, ice damming, sewer overflow/backup, or leaking pipes, plumbing fixtures, or appliances?  Yes  No  
If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

Purchaser is advised that every home contains mold. Some people are more sensitive to mold than others. If concerned about this issue, purchaser is encouraged to have a mold inspection done by a qualified inspector. Have you ever had the property inspected for mold by a qualified inspector?  Yes  No  
If "Yes", please describe and indicate whether you have an inspection report and any remediation undertaken: \_\_\_\_\_

**E) STRUCTURAL COMPONENTS (FOUNDATION, BASEMENT/CRAWL SPACE, FLOORS, INTERIOR AND EXTERIOR WALLS):**

Do you know of any movement, shifting, deterioration, material cracks/settling (other than visible minor cracks or blemishes) or other material problems with the foundation, basement/crawl space, floors, or interior/exterior walls?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

If owner knows of any repairs, alterations or modifications to control the cause or effect of any problem identified above, since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_

Do you know of any previous or current fire or smoke damage to the property?  Yes  No  
If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

**F) MECHANICAL SYSTEMS:** Do you know of any current problems or defects with the following mechanical systems? If your property does not have the mechanical system, mark N/A (Not Applicable).

	YES	NO	N/A		YES	NO	N/A
1) Electrical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8) Water softener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Plumbing (pipes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is water softener leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Central heating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Central Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Is security system leased?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) Central vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Fireplace/chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) Built in appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Lawn sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) Other mechanical systems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe and indicate any repairs to the mechanical system since owning the property (but not longer than the past 5 years). \_\_\_\_\_

Owner's Initials [Signature] Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Purchaser's Initials \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Property Address 84000 McGowan

**G) WOOD BORING INSECTS/TERMITES:** Do you know of the presence of any wood boring insects/termites in or on the property or any existing damage to the property caused by wood boring insects/termites?  Yes  No  
If "Yes", please describe: Bees in garage

If owner knows of any inspection or treatment for wood boring insects/termites, since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_

**H) PRESENCE OF HAZARDOUS MATERIALS:** Do you know of the previous or current presence of any of the below identified hazardous materials on the property?

	Yes	No	Unknown
1) Lead-Based Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Urea-Formaldehyde Foam Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Radon Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes", indicate level of gas if known _____			
5) Other toxic or hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe and indicate any repairs, remediation or mitigation to the property: \_\_\_\_\_

**I) FLOOD PLAIN/LAKE ERIE COASTAL EROSION AREA:**

Is the property located in a designated flood plain?  Yes  No  Unknown

Is the property or any portion of the property included in a Lake Erie Coastal Erosion Area?  Yes  No  Unknown

**J) DRAINAGE/EROSION:** Do you know of any current flooding, drainage, settling or grading or erosion problems affecting the property?  Yes  No

If "Yes", please describe: \_\_\_\_\_

If owner knows of any repairs, modifications or alterations to the property or other attempts to control any flooding, drainage, settling, grading or erosion problems since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_

**K) ZONING/CODE VIOLATIONS/ASSESSMENTS/HOME OWNERS ASSOCIATION:** Do you know of any violations of building or housing codes, zoning ordinances affecting the property or any nonconforming uses of the property?  Yes  No

If "Yes", please describe: \_\_\_\_\_

Is the structure on the property designated by any governmental authority as a historic building or as being located in an historic district? (NOTE: such designation may limit changes or improvements that may be made to the property).  Yes  No  
If "Yes", please describe: \_\_\_\_\_

Do you know of any recent or proposed assessments, which could affect the property?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

Is the property subject to any rules or regulations of, or the payment of any fees or charges to, a Homeowners Association, Condominium Association or any other Community Association?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

Owner's Initials [Signature] Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Purchaser's Initials \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Property Address 84000 McGonigal

- L) **BOUNDARY LINES/ENCROACHMENTS/SHARED DRIVEWAY/PARTY WALLS:** Do you know of any of the following conditions affecting the property?
- |                           |                          |                                     |   |                          |                                     |
|---------------------------|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
|                           | Yes                      | No                                  |   | Yes                      | No                                  |
| 1) Boundary Agreement     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4) Shared Driveway                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Boundary Dispute       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5) Party Walls                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Recent Boundary Change | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6) Encroachments From or on Adjacent Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If the answer to any of the above questions is "Yes", please describe: \_\_\_\_\_

M) **UNDERGROUND STORAGE TANKS/WELLS:** Do you know of any underground storage tanks (existing or removed), oil or natural gas wells (plugged or unplugged), or abandoned water wells on the property?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

N) **OTHER KNOWN MATERIAL DEFECTS:** The following are other known material defects in or on the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For purposes of this section, material defects would include any non-observable physical condition existing on the property that could be dangerous to anyone occupying the property or any non-observable physical condition that could inhibit a person's use of the property.

Owner represents that the statements contained in this form are made in good faith based on his/her actual knowledge as of the date signed by the Owner. Owner is advised that the information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law or that may exist to preclude fraud, either by misrepresentation, concealment or nondisclosure in a transaction involving the transfer of residential real estate.

OWNER: [Signature] DATE: 8-17-10

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**RECEIPT AND ACKNOWLEDGEMENT OF POTENTIAL PURCHASERS**

Potential purchasers are advised that the owner has no obligation to update this form but may do so according to Revised Code Section 5302.30(G). Pursuant to Ohio Revised Code Section 5302.30(K), if this form is not provided to you prior to the time you enter into a purchase contract for the property, you may rescind the purchase contract by delivering a signed and dated document of rescission to Owner or Owner's agent, provided the document of rescission is delivered prior to all three of the following dates: 1) the date of closing; 2) 30 days after the Owner accepted your offer; and 3) within 3 business days following your receipt or your agent's receipt of this form or an amendment of this form.

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS DISCLOSURE FORM AND UNDERSTAND THAT THE STATEMENTS ARE MADE BASED ON THE OWNERS ACTUAL KNOWLEDGE AS OF THE DATE SIGNED BY THE OWNER.

Owner makes no representations with respect to any offsite conditions. Purchaser should exercise whatever due diligence purchaser deems necessary with respect to offsite issues that may affect purchaser's decision to purchase the property. Purchaser should exercise whatever due diligence purchaser deems necessary with respect to Ohio's Sex Offender Registration and Notification Law (commonly referred to as "Megan's Law"). This law requires the local Sheriff to provide written notice to neighbors if a sex offender resides or intends to reside in the area. The notice provided by the Sheriff is a public record and is open to inspection under Ohio's Public Records Law. If concerned about this issue, purchaser assumes responsibility to obtain information from the Sheriff's office regarding the notices they have provided pursuant to Megan's Law.

My/Our Signature below does not constitute approval of any disclosed condition as represented herein by the owner.

PURCHASER: \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASER: \_\_\_\_\_ DATE: \_\_\_\_\_



# AGENCY DISCLOSURE STATEMENT



The real estate agent who is providing you with this form is required to do so by Ohio law. You will not be bound to pay the agent or the agent's brokerage by merely signing this form. Instead, the purpose of this form is to confirm that you have been advised of the role of the agent(s) in the transaction proposed below. (For purposes of this form, the term "seller" includes a landlord and the term "buyer" includes a tenant.)

Property Address: 84000 McGonigal Road Tipp

Buyer(s): \_\_\_\_\_

Seller(s): Gibson

## I. TRANSACTION INVOLVING TWO AGENTS IN TWO DIFFERENT BROKERAGES

The buyer will be represented by \_\_\_\_\_, and \_\_\_\_\_  
AGENT(S) BROKERAGE

The seller will be represented by \_\_\_\_\_, and \_\_\_\_\_  
AGENT(S) BROKERAGE

## II. TRANSACTION INVOLVING TWO AGENTS IN THE SAME BROKERAGE

If two agents in the real estate brokerage \_\_\_\_\_ represent both the buyer and the seller, check the following relationship that will apply:

- Agent(s) \_\_\_\_\_ work(s) for the buyer and Agent(s) \_\_\_\_\_ work(s) for the seller. Unless personally involved in the transaction, the broker and managers will be "dual agents", which is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information.
- Every agent in the brokerage represents every "client" of the brokerage. Therefore, agents \_\_\_\_\_ and \_\_\_\_\_ will be working for both the buyer and seller as "dual agents". Dual agency is explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* \_\_\_\_\_

## III. TRANSACTION INVOLVING ONLY ONE REAL ESTATE AGENT

Agent(s) Don R. Wallick Auction and real estate brokerage Pissock & Mathias Realty will

- be "dual agents" representing both parties in this transaction in a neutral capacity. Dual agency is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* \_\_\_\_\_

represent only the (check one)  seller or  buyer in this transaction as a client. The other party is not represented and agrees to represent his/her own best interest. Any information provided the agent may be disclosed to the agent's client.

### CONSENT

I (we) consent to the above relationships as we enter into this real estate transaction. If there is a dual agency in this transaction, I (we) acknowledge reading the information regarding dual agency explained on the back of this form.

BUYER/TENANT \_\_\_\_\_ DATE \_\_\_\_\_ [Signature] SPR/ELANDLORD \_\_\_\_\_ DATE \_\_\_\_\_

BUYER/TENANT \_\_\_\_\_ DATE \_\_\_\_\_ [Signature] SELLER/LANDLORD \_\_\_\_\_ DATE \_\_\_\_\_

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**Auction Conducted By:**  
**Don R. Wallick Auctions, Inc.**  
**Auctioneers: Don R. Wallick**  
**Brennan R. Wallick**  
**Ryan W. Wallick**

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