

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

Auction



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:

4930 Second Street NW

Somerdale, Ohio

Owner's Name(s):

Date: _____, 20____

Owner is not occupying the property. If owner is occupying the property, since what date: 11/5/08

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 Owners: (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 DRW Date _____ / _____ / _____

Purchaser's Initials _____ / _____ / _____

Property Address 4930 Second Street NW, Somerdale

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

- Public Sewer Private Sewer Septic Tank
 Leach Field Aeration Tank Filtration Bed
 Unknown 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: NEEDS ROOF & GUTTER REPAIR

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/backups, or leaking pipes, plumbing fixtures, or appliances? Yes No

If "Yes", please describe and indicate any repairs completed: FLAT ROOF LEAKED, BUT HAS BEEN REPAIRED BY M.E.B. MILLERSBURG

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 correct 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	11) Built in appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Lawn sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) Other mechanical systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 _____/_____/_____ Date _____/_____/_____

Property Address 4930 Second Street NW, Somerdale

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: TREATED BY MOORES, AND TESTED YEARLY

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 checked="" type="checkbox"/>	<input type="checkbox"/>
2) Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Urea-Formaldehyde Foam Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Radon Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. If "Yes", indicate level of gas if known _____			
5) Other toxic or hazardous substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 _____ / Date _____ / _____

Property Address 4930 Second Street NW, Somerdale

L) **BOUNDARY LINES/ENCROACHMENTS/SHARED DRIVEWAY/PARTY WALLS:** Do you know of any of the following conditions affecting the property? 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: X. [Signature] DATE: 08.16.10

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: _____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (initial)

(k) Purchaser has received copies of all information listed above.

(l) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(m) Purchaser has (check (i) or (ii) below):

(i) received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(n) Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

<u>James A. Obermiller</u> Seller	<u>8-16-10</u> Date	_____ Seller	_____ Date
_____ Purchaser	_____ Date	_____ Purchaser	_____ Date
<u>[Signature]</u> Agent	<u>8-14-10</u> Date	_____ Agent	_____ 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: 4930 SECOND ST. NW SOMERDALE, OHIO

Buyer(s): _____

Seller(s): JAMES OBERMILLER

I. TRANSACTION INVOLVING TWO AGENTS IN TWO DIFFERENT BROKERAGES

The buyer will be represented by _____, and _____

The seller will be represented by _____, and _____

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. Wallace / Jason McCarty of real estate brokerage PM & MCM 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(S) NAME _____ DATE _____

Don R. Wallace 9-21-10 P.O.A. DATE

BUYER(S) SIGNATURE _____ DATE _____

SELLER(S) SIGNATURE _____ DATE _____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

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(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

(ii) Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below):

(ii) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (Initials)

(c) Purchaser has received copies of all information listed above.

(d) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (Initials)

(f) *DeW* Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

X

Seller	Date	Seller	Date
Purchaser	Date	Purchaser	Date
Agent	Date	Agent	Date



PHONE: 330.364.6424 ★ FAX: 330.364.1763 ★ www.amtitle.com

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TAX & LEGAL REPORT

REQUESTED BY: Don BROKER: Wallick Auctions DATE: 7/2/10

PROPERTY ADDRESS: 4930 Second St. NW - Somerdale, OH

LISTED ON CURRENT DEED AS: James J. and Mary E. Obermiller

DEED VOLUME: 1326 PAGE: 0357 DATE TRANSFERED: 03/08/2010

LEGAL DESCRIPTION: WHOLE 67 68 69 70

MAP NUMBER: 1.03

PERMANENT PARCEL NO: 16-00549-000

PREVIOUS SALE AMOUNT:

CURRENT ASSESSED VALUATIONS

LAND	\$ 3,100	GROSS TAXES	\$738.84
BUILDING	\$23,240	TAX REDUCTION	-\$167.75
TOTAL	\$26,340	10% ROLLBACK	-\$ 57.11
		HOMESTEAD CREDIT	-\$166.00
		2.5% REDUCTION	-\$ 14.28
		CAUV VALUE	-\$
		10% PENALTY	\$
		TAXES PER HALF	\$333.70
		MWCD ASSESSMENT	\$ 6.00
		SPECIAL ASSESSMENTS	\$
		TOTAL PER HALF	\$339.70

REAL ESTATE TAXES FOR THE FIRST HALF YEAR 2009 ARE PAID. ~~REAL ESTATE TAXES FOR SECOND HALF YEAR 2009 ARE DUE AND PAYABLE.~~ THEREAFTER ARE A LIEN, NOT YET DUE OR PAYABLE.

LOT SIZE ATTACHED

THIS INFORMATION, INCLUDING ANY LOT DIMENSIONS SHOWN, IS DERIVED SOLELY FROM PUBLIC RECORDS. THIS INFORMATION CANNOT BE GUARANTEED WITHOUT A FULL TITLE EXAMINATION AND A CURRENT SURVEY TO VERIFY ACCURACY.

Serving 13 Counties
231 North Walnut Street • Dover, Ohio 44622 1200

MR LARRY LINDBERG

TUSCARAWAS COUNTY AUDITOR

Currently Viewing

Number: **16-00549-000** Address: **4930 SECOND ST NW** Owner: **JAMES J OBERMILLER** Legal: **WHOLE 67 68 69 70**

Summary Tax Totals History Payee's History

Property

Tax District: **90 FAIRFIELD TWP-TUSC VALLEY SD**
 Class: **510-SINGLE FAMILY OWNER OCCUPIED**

Neighborhood:

Subdivisions:

Lot #: CD Year: Map #:

Deed

Acres:

Volume: **1000** Page: **267**

Ref: **004682010** Price:

Values

	Applied	Assessed
Land:	8,800	3,100
Improvements:	69,470	25,340
Total:	78,270	28,340
CAFR:		
Homestead:	70,560	26,240

Ownership Info

Name: **OBERMILLER JAMES J
 OBERMILLER MARY E**
 Address: **500 8302
 EDGEMOORE DR 4876**

Payee's Information - Last Modified 03/06/2010

Name: **OBERMILLER JAMES J**
 Address: **500 8302
 EDGEMOORE DR 4876**

Tax Rates

White: **0.00** Effective: **4.186320**

Charges

	Price	1st Half	Sub-Total	2nd Half	Total
Tax:	0.00	329.76	329.76	329.76	659.52
Specialty:	0.00	0.00	0.00	0.00	0.00
Total:	0.00	329.76	329.76	329.76	659.52
Paid:	0.00	329.76	329.76	0.00	329.76
Due:	0.00	0.00	0.00	329.76	329.76
Balance:					0.00

MR LARRY LINDBERG

TUSCARAWAS COUNTY ELECTOR

Current Viewing

Number: **16-00549-000** Address: **4930 SECOND ST NW** Owner: **JAMES J OBERMILLER** Legal: **WHOLE 67 88 89 70**

Summary Tax Taxable History Payment History

Current Charges

	Pror	1st Half	2nd Half	Total
REAL PROPERTY TAX	0.00	0.00	0.00	0.00
Taxes	0.00	303.70	323.70	627.40
GROSS	0.01	138.84	138.84	277.68
CREDIT	0.70	-187.78	-187.78	-375.56
ROLLBACK	0.00	-27.11	-27.11	-54.22
HOMESTEAD	0.00	-185.00	-185.00	-370.00
3.0%	0.00	-14.28	-14.28	-28.56
PUNISH	0.00	0.00	0.00	0.00
INTEREST	0.00	0.00	0.00	0.00
ADJUSTMENT	0.00	0.00	0.00	0.00
PAY	0.00	303.70	323.70	627.40
00002010	0.00	303.70	303.70	607.40
SURPLUS	0.00	0.00	0.00	0.00
CHANGING MAJOR	0.00	0.00	0.00	0.00
Taxes	0.00	0.00	0.00	0.00
PENALTY	0.00	0.00	0.00	0.00
INTEREST	0.00	0.00	0.00	0.00
ADJUSTMENT	0.00	0.00	0.00	0.00
PAY	0.00	0.00	0.00	0.00
00290010	0.00	0.00	0.00	0.00
SURPLUS	0.00	0.00	0.00	0.00

Charge Totals

	Pror	1st Half	2nd Half	Total
TAXES	0.00	0.00	0.00	0.00
SPECIALS	0.00	0.00	0.00	0.00
ROLLBACK	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00	0.00

4930 2nd St., NW
16-00549.000



EVERCLEAR
DALE LENDOV

P.O. BOX 703
DOVER, OH 44622
Phone 330 243-0303

INVOICE

INVOICE #
DATE: SEPTEMBER 16, 2010

TO:
DONNA B.
MCINTURF REALTY
NEW PHILA, OH 44663

FOR:
4930 ECONO ST.
WELL / SEPTIC INSPECTION

DESCRIPTION	AMOUNT
WELL & SEPTIC OBSERVATION & BACTERIA LAB TEST	170.00
TOTAL	170.00

Make all checks payable to: **EVERCLEAR**

Payment is due within 30 days.

Thank you for your business!

EVERCLEAR WATER SPECIALISTS
P.O. BOX 703
DOVER, OH 44622
(330) 243-0303

WELL AND PUMP SYSTEM REPORT

ORDERED BY: McInturf Realty CONTACT: Donna REF #:

WELL TEST PERFORMED BY: Dale Lendon / Everclear Water Specialists

HOMEOWNERS NAME

Obermiller
4930 Second St
Sommerdale, OH

INSPECTION LOCATION

DATE: 9-1-10

Well Flow Rates

A flow rate and recovery test was taken. The test rate used was at a flow rate of 5 gpm for a period of 60 minutes. The total gallon count was 300 gallons. The well did not pump out and is adequate to supply the home.

Pump System Evaluation

At the time of our inspection, all components of the well pump system were in good working order. Our tests included but were not limited to inspecting pump head pressure, adequate motor run time evaluation, drawdown test, and overall performance of the system.

Bacteria and other water tests

A bacteria test was taken at the tap. The sampling point was sterilized and the sample was collected in an EPA provided sterile bottle. EPA sampling procedures were followed to obtain the sample. The test results showed the water to be negative for coliform and negative for E. coli bacteria. The bacteria passed.

Other lab tests

Summary

According to our observation, the system is in good working order.

Note: The purpose of this test is to report the present "as is" and visible condition of the system and it's related components. Water quantity and quality can change at any time; therefore, no warranty shall be expressed or implied for any part of the water system or water source evaluated.

Dale Lendon
9/1/10

Inspector

Date

EVERCLEAR WATER SPECIALISTS
P.O. BOX 700
DOVER, OH 44622
(330) 243-0303

SEPTIC SYSTEM DYE TEST REPORT

ORDERED BY: McInturf Realty CONTACT: Donna REF #:

DYE TEST PERFORMED BY: Dale London / Everclear Water Specialists

HOMEOWNERS NAME

Obermiller
4930 Second St
Sommerdale, OH

INSPECTION LOCATION

DATE: 9-1-10

Our company conducted a dye test and septic performance observation. Water was run to the septic at a flow rate of 5 gallons per minute for a period of 60 minutes. The total gallons pushed through the system were 300 gallons. The ground surface was observed before, during, and after the test. There was no change in ground moisture and no dye surfacing. There was no slow drainage or effluent back-up. The septic was not located and excavated. The location and condition of the underground tank and leaching field is unknown.

According to our observation, the system passed a minimal performance dye test or push test.

Most septic manufacturers recommend having septic tanks pumped every 1 to 3 years depending on usage as part of routine maintenance. The addition of Rid-X or equivalent bacteria into the system annually will increase the life of the system.

Note: Our goal is to provide our clients with a cost effective protocol which exercises system capabilities with sufficient rigor to provide reasonable assurance that inadequately treated effluent is not surfacing.

A dye test is a relatively low cost non-invasive method for testing of private sewage systems. This is a limited performance based test. This test does not provide a guarantee of the present or future performance of the system. A dye test is not a full evaluation of a sewage treatment system; however, it provides valuable information regarding the present performance of the system. A septic dye test is ideally suited for evaluation of septic systems for real estate sales purposes since the test does not result in damage to the property and it provides minimal disruption of the occupant's use of the home during the test. More comprehensive testing and evaluations are possible and may be desirable if greater assurance is needed.

Limitations of a dye test. A dye test cannot identify all types of wastewater treatment system failures. By itself a dye test is not indicative of the overall condition of the system. Snow, ice, vegetation, and leaf cover can hide surfacing effluent. Because the components of the system are buried, no guarantee can be made regarding the location or condition of private sewage treatment system components unless specific additional tests such as opening the septic tank, pumping the septic tank and excavation are ordered. These tests are not part of the sewage treatment system dye test that we perform.

Dale London

9-1-10

Inspector

Date



Division of Drinking and Ground Waters

Central Office
50 W. Town St.
Columbus Ohio 43215
(614) 728-4772 FAX (614) 728-4163



MICROBIOLOGICAL
SAMPLE SUBMISSION REPORT (SSR)

Northwest District Office
147 North Dawbird Road
Bentley, Ohio 43015
440-335-2467 FAX (419) 335-2468

Southwest District Office
401 East Feltz Street
Denver, Ohio 45422-2911
(614) 235-6197 FAX (614) 235-6268

Northeast District Office
2100 Oak Avenue East
Troy, Ohio 45371
(513) 251-1202 FAX (513) 251-1163

Southeast District Office
2190 Pross Street
Lima, Ohio 41129
(716) 914-8528 FAX (419) 382-6186

PUBLIC WATER SYSTEM INFORMATION:

PWS ID: OH _____
PWS Name: _____
Address: _____
City, State, Zip: _____
County: _____

LABORATORY INFORMATION:
Reporting Lab Name: Rena & Hager Laboratory
Reporting Lab Certification No.: 893
Lab Sample Number: 54159B

SAMPLE INFORMATION:

Sample Type:
 -- Routine (compliance)
 -- Repeat (confirm positive sample compliance)
Original Routine Positive Sample # _____
 -- Special (not for compliance)
Sample Collection Date: 8-29-10
Sample Collection Time: 7:00
Sample Collector Name: J. Lendin
Sample Collector Phone: _____
Street Address and Tap Location:
4930 2ND ST JOURNAL

Comments:

EMAIL TO DAIS
ASAP
PAIO

Free Chlorine Residual: _____
Total Chlorine Residual: _____

Sample Results:

Analyte	Absent/Negative	Present/Positive	Analysis start date/time	Analysis end date/time	Analytical Lab ID#	Analysis #	Method Used
Total Coliform (110)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.30.10	8.31.10		305	
E. Coli (701)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:30	1:30			
Fecal Coliform (213)	<input type="checkbox"/>	<input type="checkbox"/>					

Data Quality Results:

- Instrument Failure
 -- Lab not certified
 -- Requester cancelled
 -- Other (Comments)
 -- Water System requested
 -- Lab Error

**Auctioneers: Don R. Wallick
Brennan R. Wallick
Ryan W. Wallick**

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Strasburg, Ohio 44680
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