

# 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

FROM Alban Title 330-343-5977

(FRI)AUG 12 2011 11:30/8T, 11:30/6w, 7981229081 P 1



## ALBAN TITLE

204 2nd St. NE • New Philadelphia, Ohio 44663  
Phone: (330) 343-5900 • Fax: (330) 343-5877 • www.albantitle.com

### TAX AND LEGAL REPORT

DATE: 8/12/2011

REQUESTED BY: Brooke Wallick @ Wallick Auctions

PROPERTY ADDRESS: 81651 Maffernce Road, Frosport

PRESENT OWNER: Snyder, James T.

VOL: 180

PAGE: 343

TRANSFER: 6/16/2009

PARCEL NO: 22-0000146.001

REAL ESTATE TAXES ARE CURRENTLY LISTED ON THE 2010 TAX  
DUPLICATE IN THE NAME OF JAMES T. SNYDER.

PARCEL NO: 22-0000146.001

DESC: 6 - 11 - 23 - NW 12.797A

#### VALUATIONS:

LAND:	1,520
BUILDINGS:	
TOTAL:	1,520
HOMESTEAD:	
CAUV:	

Special Assessments:

Map No.:

#### TAXES:

GENERAL TAXES:	44.63
REDUCTION:	-13.11
10% ROLLBACK:	-2.95
2 1/2 % REDUCTION:	
HOMESTEAD CREDIT:	
TOTAL PER 1/2 YEAR:	26.57
UNPAID REAL:	
CURRENT SA:	6.00
ADJUSTMENTS:	
PENALTY:	
PRIOR DEL R.E:	
TOTAL DUE:	32.57

Taxes for the first half year 2010 are PAID.  
Taxes for the second half year 2010 are PAID.

Prepared By: Courtney L. Spring

This information, including any log 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.





FROM Alban Title 930-643-5877

(FRI)AUG 12 2011 11:00/ST.11:00/No.7381226081 P 4

manufactured home receipts

Value 10,350 Year MPG 1989

SNYDER JAMES

-nothing due-

Make SPROCK

Aq 11/14/95 Ser# S03915384  
Us 11/14/95 Title 3400021234  
Tx

ht

total due ==> .00

SNYDER JAMES  
P O BOX 165  
BONCH CITY

22-0085 \$1651 ~~MALDEN~~ MO  
\*homestead ex\*

CH 44608

44608

pad

tax method LRR

fl:

Mt: prior dec-in 1st-ht 1st-pa 2nd-ht 2nd-pa instst

charge

credit

due

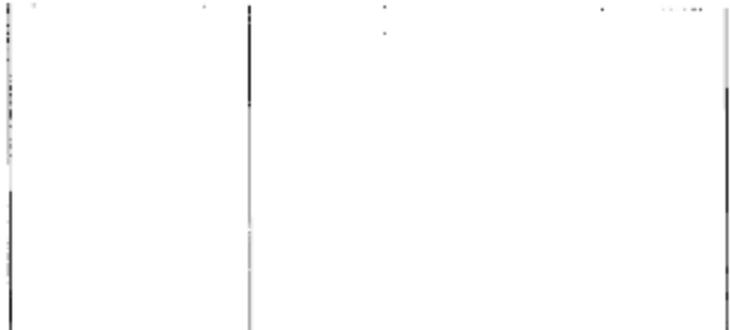
REG/REL:

charge

credit

due

payments most recently received (this tax year):



Account 22-0085 LRM Tax Method

Delete Code

Owner SNYDER JAMES 2007 Value Disc 3530

Location1	01051 MILLERES RD	Like RS?	Y	1st YR	2007
Location2		Site	330000176001	Acq	CASH
Court/Pad		Section No		BSP No	
Dist	700	Appraised Val	10350		
Required DT	111395	Special Code 1			
Use DT	111395	Furnished?	N		
Year MFG	1989	Owner Occupied?	Y		
Make	SPRUCE				
Model	RIDGE	Fl:		Status:	
Serial No	30331388Y				
Title No	300002123A	Mail-to:	SNYDER JAMES		
Reg No			PO Box 158		
Reloc Notice			BRUSH CITY		
Reloc Date				OK 45200000	
Phone No		Last Updated	50002	By	
		Mail Sort:	44408		

FROM Alben Title 800-343-8877

(FRI)AUG 12 2011 11:00/ST.11:00/No.7381228081 P 8  
22-9095 EFFECTIVE DATE: 11/14/95

v a l u e		t a x		h o m e s t e a d		
market value	10350	gross	212.58	owner?	Y	
depreciation		reduct	71.96	next	Y	
depreciated market		subtot	140.62	date	04/08	
	X 358	10%	14.06			
assessed value	3620	2.5%	3.52	hx val	3620	
full tax rate	58.72	homstd	123.04	re val		
reduction factor	.38487	net	.00	parcel	220000146001 own?	
	original	add/rem	adjusted	add/rem	adjusted	add/rem
prior						
dec int						
gross tax	212.58					
reduction	71.96					
subtotal	140.62					
colbk-10%	14.06					
colbk-2.5	3.52					
homestead	123.04					10
n e t						09
						08
						07
						06
add/rem notes:						years disp:
LAW TAX METHOD						

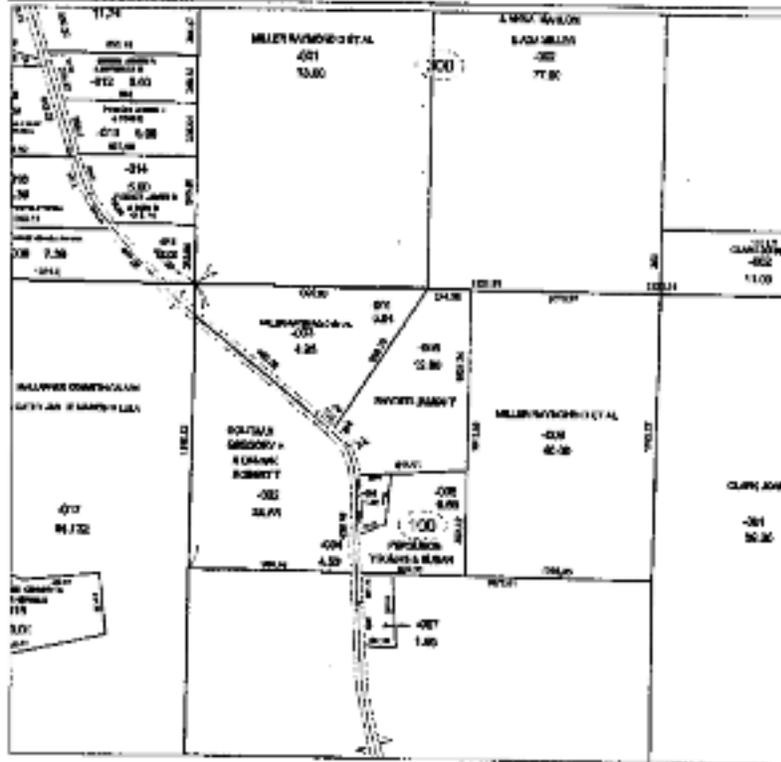


### Harrison County GIS - Public Access System

Parcel Records Printout; Date: August, 11 2011

Data current as of 08/25/11

This information was prepared for Harrison County in accordance with Section 211.2 (b) of the Ohio Revised Code. Harrison County assumes no legal responsibility for the information contained on this printout. Users taking action on this information are advised to consult the Harrison County Map Department.



HARRISON COUNTY  
AUDITOR'S OFFICE  
TRANSFER NOT NECESSARY  
DATE 8-16-09 BY D.S.  
PENNY J. NORD, AUDITOR

Instrument: Book Page  
2009000113 30 280 343

2009000113  
Filed for Record in  
HARRISON COUNTY OHIO  
TOWN S. NOTAR: 4232008  
08-10-2009 #1 02147 #1  
SHEET 3/428  
OR Book 280 Page 343 - 244

2009000113  
OTHER LAND TITLE OFFICE

DEED APPROVED FOR RECORDED  
DATE 8-16-09 BY D.S.  
PENNY J. NORD, AUDITOR  
HARRISON COUNTY REGISTER

QUIT-CLAIM DEED

(See Section 2022.01 Ohio Revised Code)

JAMES T. SNYDER, Unmarried, of Stark County, Ohio, for valuable consideration paid, grants to JAMES T. SNYDER, UNMARRIED, whose tax-paring address is 61051 Mellrose Road, Freeport, OHIO 43073; the following real property:

Situated in the County of Harrison, in the State of Ohio and in the Township of Nottingham.

Being a part of the northwest quarter of section 23, Nottingham Township, T-11 N, R-5 W, Harrison County, OHIO, also being a part (12.130 acres of parcel 5) and a part (0.224 acres and 0.443 acres of parcel 6) of O.R. Vol. 79, page 736.

Described as follows:

Commencing at a 2 inch diameter iron pipe with a 3 inch square metal top found marking the northwest corner of the northwest corner of the northwest quarter of section 23,

Thence S 84 deg 37' 05" E 1320.83 feet along the section line to a stone found the TRUE POINT OF BEGINNING.

Thence the following nine (9) courses:

1. S 84 deg 37' 05" E 244.38 feet along the section line to an iron pin set;
2. S 05 deg 54' 08" W 1021.24 feet to an iron pin set;
3. N 00 deg 07' 22" W 818.91 feet to a R.R. spike set in the center of C.R. 21 (Mellrose Rd), witnessed by an iron pin set S 08 deg 07' 22" E 21.93 feet;
4. N 02 deg 51' 48" E 54.33 feet along the centerline of C.R. 21 to a R.R. spike found;
5. N 04 deg 02' 20" W 32.57 feet along the centerline of C.R. 21 to a R.R. spike found;
6. N 00 deg 02' 24" W 82.15 feet along the centerline of C.R. 21 to a R.R. spike found;
7. N 28 deg 00' 20" W 96.42 feet along the centerline of C.R. 21 to a R.R. spike found;
8. N 43 deg 21' 51" W 60.00 feet along the centerline of C.R. 21 to a R.R. spike set, witnessed by an iron pin set N 38 deg 40' 23" E 18.11 feet;
9. N 58 deg 40' 23" E 322.23 feet to the TRUE POINT OF BEGINNING.

This parcel contains 12.797 acres, but subject to all highways and easements or record. Said 12.797 acres being 12.130 acres of a 61.053 acre tract and .224 and .443 acres of a 4.850 acre tract.

All iron pins set are 5/8 inch rebar with a plastic I.D. cap marked "Baker 6038". Bearings are from O.R. Vol. 79, page 736.

This plat and description was prepared from an actual field survey made by Jennie D. Dent, PB 7755, November 8, 2000.

BY CERTIFICATE,  
JENNIFER D. DENT,  
C.O., L.P.S.  
REGISTERED LAND  
SURVEYOR, No.  
03, FEB. 04  
607 FARMINGTON, OHIO  
43021

Instrument 20708002143 98 Book Page 180 344

This deed is executed to illustrate the Transfer On Death provision contained in Prior Deed, Recorded in Volume 175, Page 375, Harrison County Official Records.

Parcel Number 22-0000148.001

Prior Instrument Reference: Volume 175, Page 374, Harrison County Official Records.

This deed was prepared at the request of the parties with no title search performed to ascertain any applicable liens, leases, easements or matters of public record encumbering the ita hereto. Subject to all taxes, assessments, rights of way, restrictions and conveyances of public record in Harrison County.

EXECUTED and acknowledged this 15 day of June 2008.

*James T. Bryder*  
James T. Bryder

STATE OF OHIO, HARRISON COUNTY, ss:

The foregoing instrument was acknowledged before me this 15 day of June 2008 by James T. Bryder, unmarried.

*Mary E. Shannon*  
Notary Public

(and)



The instrument prepared by  
Alben & Son, Inc.  
New Philadelphia, Ohio

MARY E. SHANNON  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES 01/31/10

POSTNET  
23456789 & 1011  
OH, U.S.A.  
978456789012  
14 56789, 012  
03, 008 991  
www.alben.com, 419  
330



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: 81651 Mallon ave

Owners Name(s): Freemont  
James A Snyder

Date: 8-4, 2011

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 checked="" type="checkbox"/> Private Water Service | <input type="checkbox"/> Cistern      | <input type="checkbox"/> Other _____ |
| <input 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: JAS Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Purchaser's Initials: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Page 1 of 4)

Property Address 81651 Malinee

**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/backups, 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 type="checkbox"/>	<input checked="" type="checkbox"/>
2) Plumbing (pipes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is water softener leased?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Central heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9) Security System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Central Air conditioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is security system leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 JTS Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Purchaser's Initials \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address 81651 Malvern

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: \_\_\_\_\_

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) Ureca-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 attentions 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 a 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 JTS Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Purchaser's Initials \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address 21651 Holladay

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: \_\_\_\_\_  
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: 81651 MALLARNEE

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

Seller(s): SNYDER

### 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. WATKIN and real estate brokerage FISSENA MATTHEWS 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/LESSEE \_\_\_\_\_ DATE \_\_\_\_\_

SELLER/LANDLORD \_\_\_\_\_ DATE \_\_\_\_\_

[Signature]  
BUYER/LESSEE

SELLER/LANDLORD \_\_\_\_\_ DATE \_\_\_\_\_

---

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

Don R. Wallick Auctions, Inc.  
965 N. Wooster Avenue  
Strasburg, Ohio 44680  
Info@WallickAuctions.com  
<http://www.WallickAuctions.com>



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