

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



THE TUSCARAWAS COUNTY TITLE COMPANY

208 Fair Avenue N.E. - P. O. Box 548
New Philadelphia OH 44883
Phone: (330) 964-6450 Fax: (330) 343-2878
Email: tustitle@tustitle.net

TAX AND LEGAL REPORT

DATE: May 14, 2013

REQUESTED BY: Don Wallick Wallick Auctions

PROPERTY ADDRESS: 6366 Browndale St., S.W. Naverre Ohio

PRESENT OWNER: Melvin F. Paxton

INSTRUMENT NO: 20110103000098 TRANSFER: January 3, 2011

PARCEL NO.: 8701243

REAL ESTATE TAXES ARE CURRENTLY LISTED ON THE 2011 TAX DUPLICATE IN THE NAME OF

Melvin F. Paxton

PARCEL NO.: 8701243

DESC. 3 PGE 1.14A

TOWNSHIP NAME AND NUMBER: 67-Sugarcreek Twp

VALUATIONS:

LAND: 8410
BUILDING: 0
TOTAL: 8410
AUV:

TAXES:

GENERAL TAXES: \$
TAX REDUCTION: \$
10% ROLLOVER: \$
2 1/2% REDUCTION \$
HOMESTEAD CREDIT \$
TOTAL PER 1/2 YEAR \$ 12.58
UNPAID REAL \$
CURRENT SA: \$ 8.00
PENALTY: \$
PRIOR DEL: \$
TOTAL DUE: \$ 0

Special Assessments: MWCD

Taxes for the first half year 2012 are paid

Taxes for the second half year 2012 are determined but not yet due.

BY: Jessica Murphy

PRIOR FILE NO.

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



PROBATE COURT OF STARK COUNTY, OHIO
DIXIE PARK, JUDGE

ESTATE OF EUGENE R. PORTER DECEASED

CASE NO. 2074-2107-93

CERTIFICATE OF TRANSFER

FILED

NO. 1

JAN - 5 2011

(Check one of the following)

Decedent died testate.

REGISTRY OF PROBATE
STARK COUNTY PROBATE COURT

Decedent died intestate.

Consented to the sale of the real property described in the certificate. The proceeds to be received from the sale of the real property shall be as follows:

Name	His Share	Percentage share of estate (if decedent)
<u>EUGENE R. PORTER</u>	<u>6325 BRUNDALE S.W. DE WARE OHIO 44822</u>	<u>100%</u>

KIM R. PEREZ
Stark County Auditor
FEE 15

JAN 09 2011

TRANSFERRED TO
TRANSFER WITH NECESSARY
DEPUTY

69-01049-72 Jan 1-08-11-11-11

(Complete if applicable) The real property described in the certificate is subject to a charge of:

In favor of the estate of the decedent, in the amount of _____

In favor of the balance of the proceeds to be paid to the estate of the decedent, in the amount of _____

CASE NO. 219766

The legal description of the real estate in the real property subject to this order is (see also sheet if necessary)

SEE EXHIBIT A



Reference Number:

Case No. 67-01293

ISSUANCE

This Order of Transfer is issued this day of JAN - 8 2011

Roger Paul

Clark County - Probate Judge

CERTIFICATION

I certify that this document is a true copy of the legal description of Transfer No. recorded on

JAN - 8 2011 and that by means hereof it is a part of the official records of this Court.

Date: JAN - 8 2011

Roger Paul

Clark County - Probate Judge

[Signature]



Exhibit A

Know All Men By These Presents

That I, **Walter F. Smith**, of the County of **Franklin**, State of **Ohio**, do hereby certify that the following is a true and correct copy of the original of the same as the same appears in the records of the County of **Franklin**, State of **Ohio**, to-wit: **Deed** of **Walter F. Smith** to **Walter F. Smith** of the County of **Franklin**, State of **Ohio**, bearing date of **the 15th day of May 1917**, and recorded in the records of the County of **Franklin**, State of **Ohio**, in **Volume 10, Page 155**.

Witness my hand and seal of office this **15th** day of **May** 1920, at **Columbus**, Ohio.

Walter F. Smith, Sheriff of the County of **Franklin**, State of **Ohio**.

Notarially attested and certified to by me, the undersigned, on this **15th** day of **May** 1920, at **Columbus**, Ohio.

Witness my hand and seal of office this **15th** day of **May** 1920, at **Columbus**, Ohio.

Notarially attested and certified to by me, the undersigned, on this **15th** day of **May** 1920, at **Columbus**, Ohio.

IN COMPLIANCE WITH 2822 STATUTE

JUN 5 1920

124 12749

Walter F. Smith
Notary Public for Ohio
MAY 7 1920
COLUMBUS, OHIO



Program Information
 Agency: **ALCOHOL, STATE POLICE**
 Title: **STATE POLICE**
 Position: **STATE POLICE**
 Location: **STATE POLICE**
 Date: **01/01/2000**

Personal Information
 Name: **STATE POLICE**
 SSN: **STATE POLICE**
 Date of Birth: **STATE POLICE**
 Sex: **STATE POLICE**
 Marital Status: **STATE POLICE**
 Address: **STATE POLICE**
 City: **STATE POLICE**
 State: **STATE POLICE**
 Zip: **STATE POLICE**

Employment Information
 Department: **STATE POLICE**
 Position: **STATE POLICE**
 Grade: **STATE POLICE**
 Salary: **STATE POLICE**
 Start Date: **STATE POLICE**
 End Date: **STATE POLICE**
 Status: **STATE POLICE**
 Reason for Leaving: **STATE POLICE**
 Date of Last Pay: **STATE POLICE**

Financial Information
 Social Security: **STATE POLICE**
 Medicare: **STATE POLICE**
 Federal Income Tax: **STATE POLICE**
 State Income Tax: **STATE POLICE**
 Local Income Tax: **STATE POLICE**
 Other Deductions: **STATE POLICE**
 Total Deductions: **STATE POLICE**
 Net Pay: **STATE POLICE**
 Gross Pay: **STATE POLICE**
 Total Pay: **STATE POLICE**

Program Information
 Agency: **ALCOHOL, STATE POLICE**
 Title: **STATE POLICE**
 Position: **STATE POLICE**
 Location: **STATE POLICE**
 Date: **01/01/2000**

Personal Information
 Name: **STATE POLICE**
 SSN: **STATE POLICE**
 Date of Birth: **STATE POLICE**
 Sex: **STATE POLICE**
 Marital Status: **STATE POLICE**
 Address: **STATE POLICE**
 City: **STATE POLICE**
 State: **STATE POLICE**
 Zip: **STATE POLICE**

Employment Information
 Department: **STATE POLICE**
 Position: **STATE POLICE**
 Grade: **STATE POLICE**
 Salary: **STATE POLICE**
 Start Date: **STATE POLICE**
 End Date: **STATE POLICE**
 Status: **STATE POLICE**
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 Other Deductions: **STATE POLICE**
 Total Deductions: **STATE POLICE**
 Net Pay: **STATE POLICE**
 Gross Pay: **STATE POLICE**
 Total Pay: **STATE POLICE**

BY THE INFORMATION CONTAINED HEREIN, THE STATE POLICE IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

ALLEN HENOLD, SHERIFF, COUNTY, MICHIGAN													
DATE	TIME	TYPE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	REMARKS	DATE	TIME	TYPE	DESCRIPTION	AMOUNT
12	12	1	12	1	12	1	12						
13	13	1	13	1	13	1	13						
14	14	1	14	1	14	1	14						
15	15	1	15	1	15	1	15						
16	16	1	16	1	16	1	16						
17	17	1	17	1	17	1	17						
18	18	1	18	1	18	1	18						
19	19	1	19	1	19	1	19						
20	20	1	20	1	20	1	20						
21	21	1	21	1	21	1	21						
22	22	1	22	1	22	1	22						
23	23	1	23	1	23	1	23						
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25	25	1	25	1	25	1	25						
26	26	1	26	1	26	1	26						
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30	30	1	30	1	30	1	30						
31	31	1	31	1	31	1	31						
32	32	1	32	1	32	1	32						
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35	35	1	35	1	35	1	35						
36	36	1	36	1	36	1	36						
37	37	1	37	1	37	1	37						
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94	94	1	94	1	94	1	94						
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96	96	1	96	1	96	1	96						
97	97	1	97	1	97	1	97						
98	98	1	98	1	98	1	98						
99	99	1	99	1	99	1	99						
100	100	1	100	1	100	1	100						

For additional details and reports please call or write to the Sheriff's Office at the address above.



Sewage System Evaluation Certificate of Review

Stark County Health Department

9951 Conoverdale Cir NW
Canton, OH 44718
Phone 330-493-9904 Fax
330-493-9920
www.starkhealth.org

Address: 6365 BROWDALE AVE SW Parcel: 6701243
 City: NAVARRE Zip: 44682 Township: SUGARCREEK TOWNSHIP
 Company: Speedie Septic and Sewer Inspector: Andrew Cregan Inspection Date: 4/19/2013

- Satisfactory** The inspection report was reviewed by the Stark County Health Department. Based on the information provided, no further action is necessary. All interested parties should take note of the comments listed.
- Unacceptable, Nuisance** It was determined that there is a problem with the sewage treatment system, and a repair/replacement/alteration is necessary, which **REQUIRES A PERMIT.**
- Incomplete Inspection** This inspection can not be certified until the required items listed below are completed.
- Unacceptable, Plumbing** It was determined that a plumbing problem exists which is required to be upgraded. This correction **MAY** require a **PLUMBING PERMIT.** A registered plumber should be consulted to determine whether a permit is needed and the proper way to correct the problem. Proof of correction must be submitted to the Stark County Health Department.
- Sewer is Available** It was determined that sanitary sewer is available to the property and the home must be connected. A sanitary sewer connection permit must be obtained from the Sanitary Engineer (or other appropriate sewer entity).
- Further Review** The Stark County Health Department recommends further review of the property to determine the status of the treatment system.

Recommendations should be corrected to avoid negative impact on the sewage treatment system.

Comments:

The average life expectancy of a septic system is 20-25 years.
 Home is vacant. Therefore, the septic system has not been in full use and may not show signs of defect, if any, until further use.
 Change in occupancy, water usage, or the required rerouting of plumbing can affect future performance of the system.
 Further review needed to determine if the tanks are water tight. Inspector noted effluent level was not up to the outlet of the tank during hydraulic loading. If tank(s) are not water tight they must be replaced. Confirm that gray water is routed properly to the septic system. Recommend replacing deteriorated distribution box.

Initial Review By: Jason Smith **Initial Review Date** 4/26/2013 Review # 1963

Final approval cannot be granted until all required corrections, if any, have been made. If corrections were necessary, attach permit or receipts.

Comments on Corrections

Final Approval By **Final Approval Date**

This Final Approval signifies that your system was satisfactory at the time and date of inspection

DUPLICATE

Stark County General Health District
DEPARTMENT OF SANITATION
PLUMBING DIVISION

No. **B 24693**

Owner: _____
Fee \$: _____
All Permits Void One Year From
Date of Issue. NOTE: Call for
Inspection Before 8:30 A. M.

CAUTION: Sewer and Floor
Drains Are Not Permitted to
Discharge to Sewage System. TWO
PUMP PUMPS REQUIRED.

SEPTIC TANK PERMIT

PERMIT IS HEREBY GRANTED to _____
to install at 6365 Brown Lake Rd. Leitchfield Twp.

SEPTIC TANK and DISPOSAL

ALL PLUMBING AND SEWAGE DISPOSAL SHALL COMPLY WITH STARK COUNTY REGULATIONS. PERMITS
MUST BE OBTAINED FROM STARK COUNTY HEALTH DEPARTMENT BEFORE INSTALLATION.

TREATMENT SYSTEM 2 1/2 ton - 2 septic tanks & then to 1,500 sq ft
leach basin & hole in lot

ALL WORK TO BE DONE IN ACCORDANCE WITH STATE AND STARK COUNTY HEALTH REQUIREMENTS.
ANY CONNECTION TO A HIGHWAY DITCH, STORM SEWER OR FARM DRAIN SHALL BE AT OWNER'S RISK.

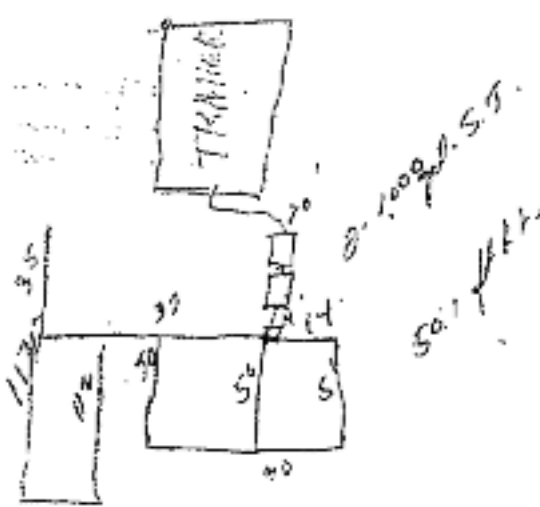
IN WITNESS WHEREOF, I have hereunto set my hand this 19 day of April, 1970

STARK COUNTY GENERAL HEALTH DISTRICT
APPROVED: DATE 4/2/70
By: [Signature]

This permit issued only on the basis that within
3 months after sanitary sewer becomes accessible
to these premises, this permit is void, and these
premises shall be connected to the sanitary sewer.

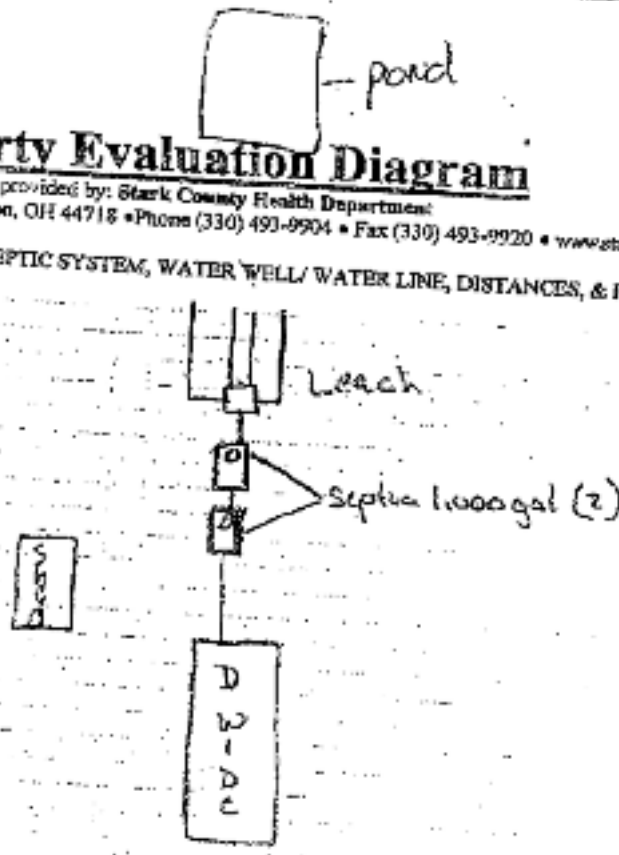


Brown Lake Rd



Property Evaluation Diagram

Form provided by: Stark County Health Department
 3951 Convergence Circle NW • Canton, OH 44718 • Phone (330) 493-9904 • Fax (330) 493-9920 • www.starkhealth.org
 INCLUDE: NORTH ARROW, HOME, SEPTIC SYSTEM, WATER WELL/ WATER LINE, DISTANCES, & HARDSCAPES



D
 R
 ✓
 C

DISTANCES:
 PRIMARY TREATMENT TO FOUNDATION 12'
 PRIMARY TREATMENT TO DISPERSAL 12'
 PRIMARY TREATMENT TO WATER SOURCE 75'
 PRIMARY TREATMENT TO PROPERTY LINE 75'
 DISPERSAL TO FOUNDATION 26'
 DISPERSAL TO WATER SOURCE 100'
 DISPERSAL TO PROPERTY LINE 75'

DISTANCES (IF APPLICABLE):
 WATER SOURCE TO FOUNDATION N/A
 WATER SOURCE TO PROPERTY LINE 90'

OTHER DISTANCES (DRIVEWAY, POND, I/R, ETC.):

MARK N/A IF NOT APPLICABLE
DISTANCES (WHEN 100' OR LESS):
 DISPERSAL TO NEIGHBORING WELL
 PRIMARY TREATMENT TO NEIGHBORING WELL

Sewage System Evaluation

Form provided by: Stark County Health Department
3951 Convenience Circle NW • Canton, OH 44718 • Phone (330) 493-9904 • Fax (330) 493-9926 • www.starkhealth.org

PROPERTY ADDRESS: 6365 Brownsdale S.W. TOWNSHIP: Sigourney

BASED ON AVAILABLE INFORMATION, THE HOME SEWAGE TREATMENT SYSTEM:

- APPEARS TO BE FUNCTIONING PROPERLY AT THE DATE AND TIME OF INSPECTION.
- IS **NOT** FUNCTIONING PROPERLY AT THE TIME OF INSPECTION AND MUST BE REPAIRED, REPLACED.
- DOES **NOT** APPEAR TO BE FUNCTIONING PROPERLY AND NEEDS FURTHER EVALUATION.
- IS FUNCTIONING PROPERLY, HOWEVER, SEE COMMENTS BELOW:

- AVERAGE LIFE EXPECTANCY OF A SEPTIC SYSTEM IS 20-25 YEARS.
- HOME IS VACANT. THEREFORE, THE SEPTIC SYSTEM HAS NOT BEEN IN FULL USE AND MAY NOT SHOW SIGNS OF DEFECT, IF ANY, UNTIL IN FULL USE.
- RECOMMEND TANK (S) TO BE PUMPED, IF NO WRITTEN RECORD IN LAST THREE (3) YEARS
- ALL OR SOME OF THE SYSTEM COMPONENTS ARE UNKNOWN
- CHANGE IN OCCUPANCY, WATER USAGE, OR THE REQUIRED REROUTING OF PLUMBING CAN AFFECT FUTURE PERFORMANCE OF THE SYSTEM.
- SYSTEM DESIGNED TO BE ALTERNATED/INVERTED. THIS MUST BE DONE REGULARLY.
- ADD RISERS TO SEPTIC TANK (S) TO FACILITATE PUMPING AND SERVICING.
- FOOTER WATER DOES NOT APPEAR TO BE ENTERING SYSTEM, HOWEVER, LEAKING SUMP CROCKS AND/OR BROKEN FOOTER TILES CANNOT BE DETERMINED BY VISUAL INSPECTION.
- A SERVICE CONTRACT IS REQUIRED FOR THIS SEWAGE TREATMENT SYSTEM.

OTHER COMMENTS: You can visually identify lead pipes in yard and check effluent level which was dry however there has been vacuum.

INSPECTOR'S SIGNATURE: _____ PRINT: Andrew G. Greer
INSPECTION DATE(S): 4/19/13

THIS EVALUATION ONLY APPLIES TO THE DATE AND TIME THE EVALUATION IS MADE, AND IS BASED ON A VISUAL INSPECTION ONLY. KNOWLEDGE OF THE INDIVIDUAL COMPONENTS MAY BE LIMITED. THIS EVALUATION DOES NOT GUARANTEE THE FUTURE PERFORMANCE OF THE SEWAGE TREATMENT SYSTEM.

HEALTH DEPARTMENT RECOMMENDATIONS CAN BE FOUND ON
SEWAGE SYSTEM EVALUATION CERTIFICATE OF REVIEW

Sewage System Evaluation

Form provided by: Stark County Health Department
3951 Conventions Circle NW • Canton, OH 44718 • Phone (330) 493-9904 • Fax (330) 493-9920 • www.starkhealth.org

PROPERTY ADDRESS: 6365 Brawndale S.W. TOWNSHIP: MAARCKREEK

INSPECTION

WAS SYSTEM DYE TESTED? Y N) COLOR OF DYE USED: Fluorescent Green

DIVERSION BOX— CONDITION: (SATISFACTORY / DETERIORATING / INHIBITING FLOW / COLLAPSING / NOT OBSERVED)

DISTRIBUTION BOX— CONDITION: (SATISFACTORY DETERIORATING INHIBITING FLOW / COLLAPSING / NOT OBSERVED)

OUTLET TEE/BAFFLE INSPECTED? Y N) No, structure

SYSTEM PROBED? Y N) DEPTH OF COVER OVER TANK _____ LEACH TRENCH/BED DEPTH _____

EFFLUENT LEVEL IN TRENCHES INSPECTED? Y N / N/A / UNABLE TO LOCATE) - IF N/A STATE WHY IN COMMENTS

CIRCLE ONE: DRY MOIST / SATURATED / SURFACING-BLEEDING) - NOTE ANY ABNORMALITY IN COMMENTS

DISTANCE IN INCHES FROM TOP OF LID TO WATER LEVEL: (PRE-HYDRAULIC / POST-HYDRAULIC)

WATER LEVEL IN: TANK (#1) (10 IN / 10 IN)

_____ N/A TANK (#2) (12 IN / 10 IN)

_____ N/A AEROBIC TREATMENT DEVICE (_____ IN / _____ IN)

_____ N/A LEACH WELL (#1) (_____ IN / _____ IN); LEACH WELL (#2) (_____ IN / _____ IN)

VOLUME OF WATER USED DURING HYDRAULIC LOADING?

FLOW RATE: 6 GPM RUN TIME: 30 MIN 180 GALLONS

OBSERVABLE EFFLUENT DISCHARGE: _____ CLEAR _____ BLACK _____ CLOUDY _____ ODOR _____ NONE

LOCATION OF DISCHARGE, IF ANY? _____

BLACK WATER ROUTED INTO SEPTIC? Y N) GRAY WATER ROUTED INTO SEPTIC? (Y / N) ?

WATER SOFTENER PRESENT? (Y / N) SOFTENER DISCHARGE LOCATION: (SEPTIC SYSTEM / EXTERIOR)

FOOTER DISCHARGE LOCATION: (SEPTIC SYSTEM / EXTERIOR) N/A

DO GRAY WATER & FOOTER DRAIN SHARE THE SAME SUMP? (Y / N)

SYSTEM IS DIFFICULT TO EVALUATE BECAUSE: _____ INACCESSIBLE _____ DENSE OVERGROWTH
_____ RAINFALL _____ SNOW COVERED OTHER (see comments) _____ N/A

COMMENTS CONCERNING SYSTEM: Home was vacated since Nov of 2012. When we began hydraulic loading water level was below level of outlet pipe. It took about 10-15 min to get level up to outlet to then flow to D-Box. D-Box is showing signs of deterioration however it is functioning satisfactorily



Sewage System Evaluation

Form provided by: Stark County Health Department
1951 Conventions Circle NW • Canton, OH 44718 • Phone (330) 493-9904 • Fax (330) 493-9920 • www.starkhealth.org

INSPECTION WAS CONDUCTED BY: Andrew Cargan SERVICE PROVIDER #: 40
 PROPERTY ADDRESS: 6365 Beechdale St SW PARCEL #: 6701243
 CITY: Nalanda ZIP: 44662 TOWNSHIP: Sugar Creek
 OWNER: Linda Baltzen OWNER'S PHONE: 330 879-5263
 BUYER: _____ BUYER'S PHONE: _____
 PERSON RESPONSIBLE FOR ACCESS & TITLE: Linda Baltzen
 PHONE: 330 879-5263 CELL: 330 309-4451 FAX: _____
 EMAIL RESULTS TO: Speedie@aol.com
 (or) MAIL TO: _____ ADDRESS: _____
 (or) FAX TO: Andy Cargan FAX NUMBER: 330 878-6042

INFO

IS HOME CONNECTED TO SANITARY SEWER? (Y/N) (N) SEWER AVAILABLE? (Y/N) _____
 PRIVATE HOME SEWAGE TREATMENT SYSTEM RECORDS AVAILABLE? (Y) (N) (If yes, attach)
 AGE OF HOME: 43 YRS AGE OF SYSTEM: 43 YRS LINK NUMBER OF BEDROOMS: 2
 AGE INFO FROM: _____ OWNER HEALTH DEPT _____ AUDITOR _____ OTHER (see comments)
 RECENT WEATHER CONDITIONS: Cloud
 AT TIME OF INSPECTION HOUSE WAS: _____ # OCCUPIED _____ INTERMITTENT USE VACANT
 IF VACANT, HOW LONG? Nov 14th 2012

COMPONENTS

PRIMARY TREATMENT: SEPTIC TANK _____ TRASH TRAP _____ OTHER VOLUME(S): 2 ea 1,000 gallon ea
 DATE TANK(S) LAST PUMPED: UNKNOWN INFO SOURCE: _____ PUMPER: _____
 SECONDARY TREATMENT: N/A _____ AERATOR _____ FILTER BED TYPE/VOLUME: _____
 IF AERATOR, SERVICE CONTRACT IS REQUIRED, PROVIDOR: _____
 DISPERSAL TYPE: LEACH LINES _____ LEACH WELL _____ LEACH BED _____ ET _____ FRENCH DRAIN _____ MOUND
 _____ DIRECT DISCHARGE _____ UNKNOWN _____ OTHER, see comments SIZE: 1500 (FT/SQ FT/GAL)
 OTHER DEVICES: _____ LIFT STATION _____ UPFLOW FILTER _____ PERIMETER/CURTAIN DRAIN _____ ZONE VALVE
 ACCESS TO: SEPTIC TANK(S) (Y/N/NA) DIVERSION BOX (Y/N/NA) _____
 DISTRIBUTION BOX(S) (Y/N/NA) LEACH WELL(S) (Y/N/NA) _____



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: 6365 Browndale Ave. Navarre, OH

Buyer(s): _____

Seller(s): Paxton Estate

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 Auctions and real estate brokerage Pissocra 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(S) _____ DATE _____

Don R. Wallick 5/8/13
REALTOR DATE

SELLER(S) _____ DATE _____

DATE _____ DATE _____

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

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