

Tax year 2022 BOR no. 2022-266
 County Clark Date received 4/4/23

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of property	Trilogy Healthcare of Springfield LLC	303 N Hurstbourne Pkwy, #200, Louisville, KY 40222	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person	Paulie Shively 502-213-7587 Paulie.Shively@TrilogyHS.com		
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill	Address of property		
220-03-00021-401-002	2150 Montego Drive, Springfield, OH 45503		
220-03-00021-402-002	Montego Drive, Springfield, OH 45503		
7. Principal use of property <u>Nursing Home</u>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
220-03-00021-401-002	\$4,250,000	\$8,871,320	(\$4,621,320)
220-03-00021-402-002	\$4,250,000	\$6,696,040	(\$2,446,040)
9. The requested change in value is justified for the following reasons: The assessed market value exceeds the property's actual market value.			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____

and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

CLARK COUNTY AUDITOR
 APR - 4 2023 *postmarked 3/30/23*

JOHN S. FEDERER
AUDITOR

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

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

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

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

Date 3/30/2023 Complainant or agent (printed) Paulie Shively Title (if agent) SVP-TAX

Complainant or agent (signature) *Paulie Shively*

Sworn to and signed in my presence, this 29TH day of MARCH 2023
(Date) (Month) (Year)

Notary *Cynthia D. Brown*





TRIOLOGY

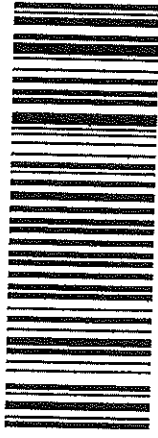
HEALTH SERVICES, LLC

303 N. Hurstbourne Pkwy.

Suite 200

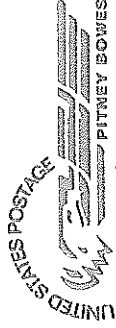
Louisville, KY 40222-5158

CERTIFIED MAIL™



7013 0600 0000 2910 9200

CLARK COUNTY AUCTIONEER
31 N. Limestone St.
AB Graham Building
Springfield, OH 45501



02 1P
0000891465 MAR 30 2023
MAILED FROM ZIP CODE 40222

PITNEY BOWES \$004.750

NAME _____
1ST NOTICE _____
2ND NOTICE _____
RETURN _____

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