

Tax year 2022 BOR no. 2022-266
 County CLARK Date received _____

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 Pkway, #200, Louisville, KY 40222	
2. Complainant if not owner	Northeastern Local School Dist. Bd. of Edn.	1414 Bowman Road Springfield, OH 45502	
3. Complainant's agent	Robert M. Morrow, Esq.	612 Park Street, Ste 300, Columbus OH 43215	
4. Telephone number of contact person	614-573-3015		
5. Email address of complainant	bmorrow@parkstreetlg.com		
6. Complainant's relationship to property, if not owner	School District		
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
2200300021401002	2150 Montego Drive, Springfield, OH 45503		
2200300021402002	Montego Drive, Springfield, Ohio 45503		
8. Principal use of property	Nursing Home		
9. 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
2200300021401002	8,871,320	8,871,320	-0-
2200300021402002	6,696,040	6,696,040	-0-
10. The requested change in value is justified for the following reasons: School District supports auditor's value.			

11. 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 11" on back.
12. 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.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____ .
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. 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.

FILED
CLARK COUNTY AUDITOR

Continued on next page

APR 24 2023

JOHN S. FEDERER
AUDITOR

16. 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.

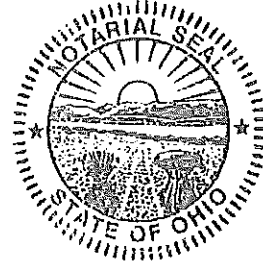
I declare under penalties or perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 4-24-23 Complainant or agent Robert M. Morrow Title (if agency) Attorney

Robert M. Morrow
Signature

Sworn to and signed in my presence, this 24th day of April year 2023

Notary *Tracie A. Hunter*
Signature



Tracie A Hunter
Notary Public, State of Ohio
My Commission Expires
May 15, 2023