Clear Form

Tax year _____2023_____   BOR no. ___2023-070___   DTE 1
Rev. 12/22
County _Clark_____   Date received ___4/11/2024___

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	Hilton Capital Group, LLC	5710 Wooster Pike, Suite 320, Cincinnati, OH 45227
2. Complainant if not owner		
3. Complainant's agent	Amber M. Richter, Esq.	7908 Cincinnati Dayton Rd., Suite A, West Chester, OH 45069

4. Telephone number and email address of contact person   arichter@richterlaw.us, (513) 653-3554 w/copy to: kevin@hilton-global.com, 513-325-7665

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
2400300019403019	2400 Mechanicsburg Rd, Springfield, OH 45503

7. Principal use of property   Rental

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
2400300019403019	$250,000.00	$400,310.00	-$150,310.00

9. The requested change in value is justified for the following reasons:

Based on recent sale and based on comparable sales of properties with reasonable adjustments for condition of subject property. Note: Sale Price listed on line 10 included other property other than the real estate. We intend to provide information relating to the other property which was included, together with supporting evidence as to the value of the other property.

10. Was property sold within the last three years? ☑ Yes ☐ No ☐ Unknown If yes, show date of sale _3/2/2024_

and sale price $ _535,000.00_ ; 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

FILED
CLARK COUNTY AUDITOR

APR 11 2024

HILLARY HAMILTON
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 __03/29/2024__ Complainant or agent (printed) __Amber M. Richter,__ Title (if agent) __Attorney__

Complainant or agent (signature) _____

Sworn to and signed in my presence, this ___30___ day of___March 2024___
                                              (Date)   (Month)   (Year)

Notary _____

TARA ROUTSON
Notary Public, State of Ohio
My Commission Expires:
July 29, 2025