

FEB 18 2025

Tax year 2024 BOR no. 2024-017  
County Clark Date received 2/18/2025

DTE 2  
Rev. 12/22

HILLARY HAMILTON

**Complaint Against the Assessment of Real Property Other than Market Value**

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

☒ Original complaint ☐ Counter complaint  
Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1) Owner of property	<u>John David Stoltz</u>	<u>11305 Marguart Rd New Carlisle OH 45344</u>
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	<u>937 360-6810</u>	
5) Email address of complainant	<u>Jennlees2@gmail.com</u>	
6) Complainant's relationship to property, if not owner		
If more than one parcel number is included, see "Multiple Parcels" on back		
7) Parcel number from tax bill	# Acres, if applicable	Address of property
<u>250-01-00026-000-007</u>	<u>20.00</u>	<u>11305 Marguart Rd New Carlisle OH 45344</u>
<u>250-01-00025-000-001</u>	<u>70.75</u>	<u>11305 Marguart Rd New Carlisle OH 45344</u>

8) Indicate the reason for this complaint:

☐ The classification of property under RC 5713.041.  
☐ The classification of property under RC 319.302.  
☒ The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.  
☐ The valuation of property on the agricultural land tax list.  
☐ Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).  
☐ Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.  
☐ The denial of the partial exemption of a qualifying child care center under RC 323.16.

9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

10) The requested change is justified for the following reasons: We are not requesting any change in valuation of the property. Asking for consideration, given failure to fill out CAUV form for 2024

11) 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 penalty 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 2-18-2025 Complainant or agent David Stoltz Signature OWNER Title (if agent)  
Sworn to and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_  
Notary \_\_\_\_\_ Signature

February 17, 2025

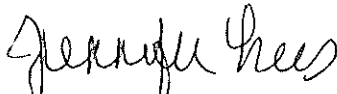
Hello,

I am writing this regarding my father, John D. Stoltz and the 11305 Marquart Road property. My brother, John and I, have recently discovered that our father is having increased difficulty being able to manage his finances and personal accounts, sort and attend to his mail, to ensure all items have been addressed.

Over the last few years, he has suffered the loss of his brother and his father, went through a divorce, and battled through cancer treatment. Over the last year we have been noticing he is having some slight memory concerns and now needs reminders or someone to assist with task completion, organization and offer him more support. He had completed CAUV form for previous years up until 2024 March deadline. We will ensure moving forward the form is completed timely.

My contact information has been provided below and listed on CAUV form for 2025.

Thank you for your time.

A handwritten signature in cursive script that reads "Jennifer Lees".

Jennifer Lees

937-360-6810

## Initial Application for the Valuation of Land at Its Current Agricultural Use

File with the county auditor prior to the first Monday in March. Include a \$25 filing fee.

1. Owner's name STOLTZ JOHN DAVID TRUSTEE Phone 937-360-86810 E-mail jennalces1@gmail.com  
2. Owner's mailing address 8808 TROY RD NEW CARLISLE OH 45344

3.

Parcel number	Acres	Parcel number	Acres
250-01-00025-000-001	20.00		
250-01-00026-000-007	70.75		

4. If the TOTAL acreage being used exclusively for commercial agriculture purposes is **less than ten acres**, show the total gross income from agricultural products. If the TOTAL acreage is **ten or more acres**, specify the number of acres and land use for the last three years.

Year	Farmed Acres	Use of Land (Crop)	Units/Acre	Price/Unit	Gross Income
Last year	63.64	soybeans			
2 years ago	63.64	corn			
3 years ago	63.64	soybeans			

5. List the acreage in each crop or land use for the current year. The entire acreage above must be accounted for below.

Anticipated land use for the current year:	Acres
Commodity crops – corn/soybeans/wheat/oats	63.64
Hay – baled at least twice a year	—
Permanent pasture – used for commercial animal husbandry	15.16
Noncommercial woodland – contiguous to 10 (ten) acres of farmed land	11.31
Commercial timber	—
Other crops – nursery stock/vegetables/flowers	—
Homesite(s) – minimum 1 (one) acre per house	2.00
Roads/waste/pond	0.440
Conservation program – CRP/CREP/etc. (provide the contract and map)	—
Conservation practices limited to 25% or less of total acreage (provide map)	—
Other use, e.g. agritourism, biofuel production	—
Total acres – must match acres above	90.75

6. Is this land farmed by someone other than the owner? no (yes/no) If yes, provide contact information (name and phone number) \_\_\_\_\_

I declare under penalties of perjury that I have examined this application and, to the best of my knowledge and belief, it is true, correct and complete. I authorize the county auditor to inspect this property and I agree to provide documentation of income, if requested, to verify the accuracy of this application.

Signature of owner: [Signature] Date: 2-18-2025

### County Auditor's Use Only

**Receipt for Payment of Fee:** I hereby certify that the owner paid the filing fee of \$25 on the date this application was filed.

County auditor	Date filed with county auditor
Name on tax list	Taxing district Parcel number Number of acres