

MAR - 6 2026

Complaint Against the Valuation of Real Property

HILLARY R. WILSON
AUDITOR
Read instructions 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.

T3021-25	Name		Street address, City, State, ZIP code	
1. Owner of property	NW Dayspring LP		Brett D. Spaulding, CPA Carespring Health Care Management 390 Wards Corner Road Loveland, OH 45140	
2. Complainant if not owner	N/A			
3. Complainant's agent	Steven R. Gill Sleggs, Danzinger & Gill Co., LPA		820 W. Superior Ave., 7 th Floor Cleveland, OH 44113	
4. Telephone number and email address of contact person (216) 771-8990 jfisher@sdglegal.net				
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		
180-10-00012-000-058		8001 Dayton-Springfield Rd		
		Mad River		
7. Principal use of property commercial				
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	
180-10-00012-000-058	10,000,000	11,404,680	-1,404,680	
9. The requested change in value is justified for the following reasons: Recent sale(s) of comparable properties. Physical, economic, functional depreciation or obsolescence. Economic valuation based on gross or net income.				

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. N/A

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

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

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.

- N/A
- 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 3-2-2026 Complainant or agent (printed) Steven R. Gill Title (if agent) Attorney

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 2nd day of March 2026
(Date) (Month) (Year)

Notary [Signature]



JENNIFER FISCHER
Notary Public, State of Ohio
My Commission Expires:
October 13, 2030

COMMERCIAL PROPERTY RECORD CARD

CLARK COUNTY

Situs : 8001 DAYTON-SPRINGFIELD RD Map ID: 180-10-00012-000-058

LUC: 412-NURSING HOMES & PRIVATE HC

Card: 1 of 1

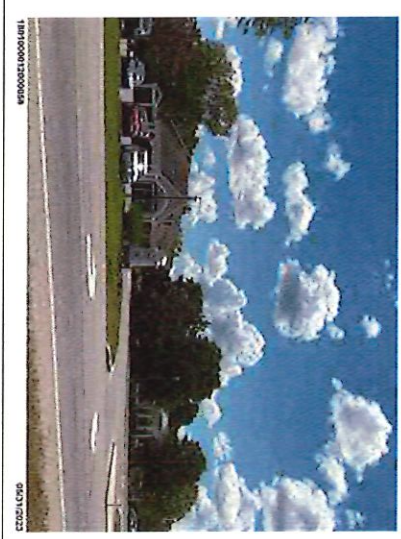
Tax Year: 2025

Printed: 03/09/26

CURRENT OWNER	GENERAL INFORMATION
NW DAYSPRING LP	Routing No. DSW4-G2 004-00 Class C-Commercial Living Units Neighborhood 180C0000 Alternate Id District Zoning CAUV
Field Review Flag:	

Property Notes
 TY23 MONTESSORI SCHOOL USES 1 ROOM NVC Note Codes:
 TY19 - ADDED # UNITS AND FENCE
 TY15 SPL .89 AC TO 058R F3-Fema Flood Zone 76%-100%

Land Information					
Type	Rate	Size	Influence Factors	Infl %	Value
6-Primary Site AC	56000	7.5000	0-Flooding	-10	378,000
9-Right Of Way AC	0	.2300			
Total Acres: 7.73					
Legal Acres: 7.73					



Assessment Information					
	Assessed	Appraised	Cost	Income	Market
Land	132,300	378,000	378,000	0	0
Building	3,859,340	11,026,680	11,026,680	0	0
Total	3,991,640	11,404,680	11,404,680	0	0

Manual Override Reason
 Base Date of Value
 Value Flag 1-COST APPROACH Effective Date of Value

Entrance Information			
Date	ID	Entry Code	Source
04/23/25	STP	10-Adv	3-Other
03/01/23	PN	1-Entrance (Inspection) Gained	4-Employee
05/07/18	JPH	2-Information At Door	3-Other
07/11/12	DWP	2-Information At Door	3-Other
11/29/06	JB		

Permit Information				
Date Issued	Number	Price	Note	Status
03/10/22	22-0070B		OCC CHANG	Closed Permit
06/02/08	08-0168		REMODEL	Closed Permit
02/25/08	08-039		REMODEL	Closed Permit
02/08/06	0053		REMODEL	Closed Permit

Sales/Ownership History		
Transfer Date	Price	Validity
09/24/18	14,710,000	
03/13/07	19,600,000	0-Valid Sale
02/13/97		

Deed Reference		
Deed Reference	Deed Type	Grantor
		N H P OHIO LLC DAYSPRING HEALTH CARE CENTER LTD

Property Factors	
Topo: 4-Rolling	
Utilities: 1-All Public	
Street/Road: 1-Paved	
Traffic: 3-Heavy	
Location:	
Spot Loc:	

Legal Description	
Parcel TieBack:	Add. TieBack:
Range - Township - Section: 08 - 03 - 11	
Legal Descriptions:	
W PT N E & N W QRS SEC 11 S W PT N E QR SEC 12	
12	

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CLARK COUNTY

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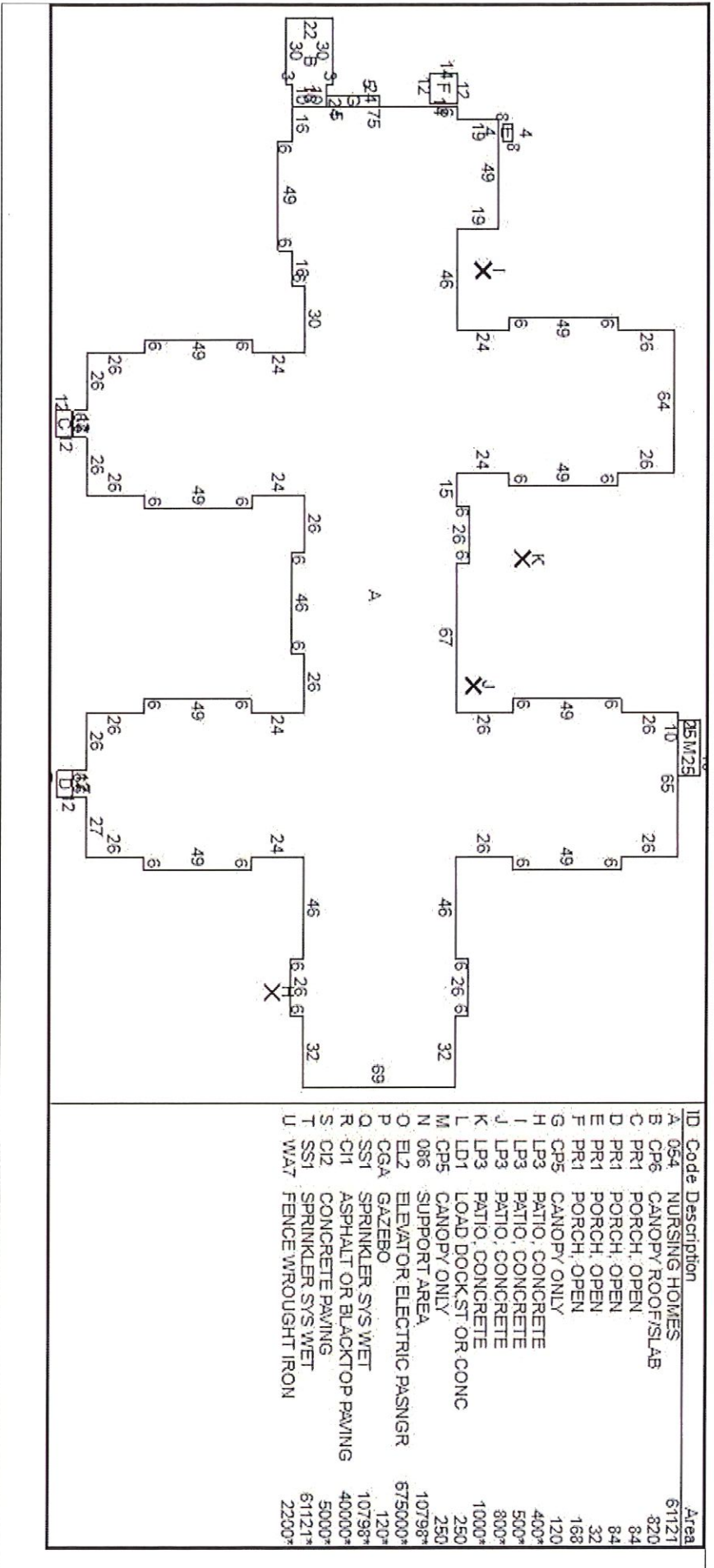
Parcel Id: 180-10-00012-000-058

LUC: 412-NURSING HOMES & PRIVATE HC

Card: 1 of 1

Tax Year: 2025

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Additional Property Photos



1801000012000058 11/30/2023



1801000012000058 08/14/2017



1801000012000058 08/14/2017

COMMERCIAL PROPERTY RECORD CARD

CLARK COUNTY

Situs : 8001 DAYTON-SPRINGFIELD RD Parcel Id: 180-10-00012-000-058 LUC: 412-NURSING HOMES & PRIVATE HK Card: 1 of 1 Tax Year: 2025 Printed: 03/09/26

Income Detail (Includes all Buildings on Parcel)

Use Mod Grp Type	Inc Mod Description	Model Description	Units	Net Area	Income Rate	Econ Adjust	Potential Gross Income	Vac Model	Vac Adj	Additional Income	Effective Gross Income	Expense Model %	Expense Adj %	Expense Adj	Other Expenses	Total Expenses	Net Operating Income
00 S	000	00-None	0	71,919	0.00					0							

Apartment Detail - Building 1 of 1

Line	Use Type	Per Bldg	Beds	Baths	Other	Units	Rent	Income
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Building Cost Detail - Building 1 of 1

Total Gross Building Area	61,121
Replace, Cost New Less Depr	10,984,290
Percent Complete	100
Number of Identical Units	
Economic Condition Factor	
Final Building Value	10,984,290
NBHD Fact	1,0000
Value per SF	179.71

Notes - Building 1 of 1

Income Summary (Includes all Building on Parcel)

Misc & Gross Building Values	
Misc Building No	
Gross Building:	
Misc Adjusted Value	
Total Net Income	0.025200
Capitalization Rate	
Sub total	
Residual Land Value	
Final Income Value	
Total Gross Rent Area	-10,798
Total Gross Building Area	61,121