

Patricia K. Davies
Morrow County Auditor
48 East High Street Room #7
Mount Gilead, OH 43338
419.946.4060

Date: _____

MRW-

RE: Forfeited Land - Continuing Sale

Parcel Number: _____

Owners Name: _____

I hereby wish to bid on the above said parcel number as listed on the Morrow County Auditor's Website

My bid for this parcel is _____ . **See Below: for additional fees required to pay.

I, _____ (your name) am NOT the owner of record of above Forfeited Land, Parcel above, or a member of the following class of parties connected to the above owner.

A member of that person's "immediate family" (defined as a spouse who resides in the same household, and children); a person with a power of attorney appointed by that owner who subsequently transfers the parcel to that owner; a sole proprietorship owned by that owner or a member of his immediate family owns or controls directly more than 50%.

Also, I hereby solemnly swear that I, the above said individual, am not delinquent in any property taxes in the State of Ohio, and understand if there is information collected that states otherwise, all monies placed as a deposit will be forfeited and the property placed on the next Auditor's Sale.

Signed: _____ (Must be signed in front of Notary)

Printed Name: _____ (List exactly as you want the deed to be titled)

_____ co owner, if applicable

_____ Mailing Address

_____ City, State, Zip Code

_____ Phone Number

Sworn to before me and subscribed by the said (your name) _____

in my presence this _____ day of _____, 20_____.

You are required to pay the following fees in addition to the bid price:
\$0.50 transfer fee/parcel. \$34.00
minimum Recording fees. \$45.00
Deep prep fees

Notary Public

My Commission Expires