

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

REAL ESTATE APPRAISAL

Owner of Record _____ Date of Death _____

Property Address _____ Date of Inspection _____

City/State/Zip _____ Subdivision _____

Attorney _____ Phone _____

Appraiser _____ Phone _____

Franklin County Auditor's I.D. Map _____ Rt. _____ Dist. _____ Parcel _____

Auditor's Tax Valuation (True Value) Land: \$ _____ Building: \$ _____ Total: \$ _____

Copy of Auditors Tax Card Attached Yes _____ No _____ Photo Attached (optional) Yes _____ No _____

NEIGHBORHOOD DATA

Type	Trend	Subject to Area	Typical Age	Convenient to	Yes	No
Residential	Up	Superior	New	Schools		
Commercial	Steady	Comparable	10-20 yrs.	Shopping		
Apartment	Down	Inferior	20-45 yrs.	Churches		
Suburban			Older	Bus		
Value Range \$ _____ to \$ _____				X-Way		

LOT DATA

Lot Size:		Street Improvements		Utilities		Corner	Landscaping	Inside Fence
Paving	Curb	Gas	Electric	Minimum	Chainlink			
Alley	Sidewalk	Water	Well	Average	Garden			
Driveway		Sewer	Septic	Good	Ornament			

BUILDING DATA AND CONDITION*

Single Family _____ Multi Family _____ Apt. Units _____ Non-Residential/Units _____ Non Residential _____ No. # Units _____

Story	Rooms	Baths	Exterior:	Brick			Frame			Stucco			Alum.			Stone			Other		
				G	A	P	G	A	P	G	A	P	G	A	P	G	A	P			
Foundation			Kitchen																		
Basement			Bedrooms																		
Heating			Baths																		
Air Conditioning			Floors																		
Living Room			Porch																		
Dining Room			Decorating																		
Family Room			Garage																		
			Age:																		

* Key G = Good A = Average P = Poor

Remarks: _____

CORRELATED ESTIMATED MARKET VALUE FROM DATA ON REVERSE SIDE

AS OF _____ (Date of Death), _____ \$ _____

Appraisal Fee \$ _____ NOTE: Above value is 100% of the subject property, not necessarily the decedent's interest in the property. I certify that to the best of my knowledge and belief the facts and data herein are true and correct based on my personal inspection of the property and the facts as related to me by the fiduciary or his representative. I personally inspected the interior and exterior of the property and I have no present or future contemplated interest in the subject property.

Date: _____ Appraiser _____

CASE NO. _____

Market Comparable Analysis

Item	Subject Property	Comparable No. 1		Comparable No. 2		Comparable No. 3	
Address							
Proximity							
Sales Price		\$		\$		\$	
Date of Sale and Time Adjustment	Description	Description	+(-)\$ Adjustment	Description	+(-)\$ Adjustment	Description	+(-)\$ Adjustment
Location							
Site/View							
Age							
Condition							
Living Area Rm.	Total B-rms Baths	Total B-rms Baths		Total B-rms Baths		Total B-rms Baths	
Count and Total							
Gross Living Area	Sq. Ft.	Sq. Ft.		Sq. Ft.		Sq. Ft.	
Area							
Air Conditioning							
Garage/Carport Porches, Patio Pools Etc.							
Special Energy Efficient Items							
Indicated Value of Subject		<input type="checkbox"/> Plus <input type="checkbox"/> Minus		<input type="checkbox"/> Plus <input type="checkbox"/> Minus		<input type="checkbox"/> Plus <input type="checkbox"/> Minus	
Other		\$		\$		\$	
Net Adjust (Total)		\$		\$		\$	

General Comments _____

COST ANALYSIS

Basic Structure _____ sq. ft. @ \$ _____ per feet . . .	\$ _____
Garage or Auxillary Bldg(s) _____ sq. ft. @ \$ _____ per feet . . .	_____
Replacement cost new	_____
Less observed depreciation from all causes _____ %	_____
Present value of improvements	_____
Land (including site improvements)	_____
Indicated value by cost approach	\$ _____

INCOME ANALYSIS

Estimated annual rental	\$ _____
Less estimated operating expenses:	
Insurance \$ _____	Utilities \$ _____
Maintenance _____	Vacancy _____
Management _____	Reserve for replacements _____
Taxes _____	Other _____
Total estimated annual operating expenses	\$ _____
Estimated net annual income	_____
Indicated value by income approach capitalized @ _____ %	\$ _____