AFFIDAVIT

In the County of Greene,
State of Ohio: SS:

Now comes________________________________, after first being duly cautioned and sworn, and makes the following statements for the purpose of obtaining a refund of prepaid real estate taxes from the Greene County Auditor's office.:

1. That he/she is the ______Owner, former owner/taxpayer
   ______Administrator of taxpayers' estate
   ______Executor of taxpayers' estate

2. ________That he/she is no longer the owner of the property identified below and that said property was transferred on as evidenced by the attached copy of the Auditor's conveyance form.

OR

________That taxpayer died on ________________________ as evidenced by the attached death certificate. Affiant is the administrator/executor of taxpayers estate as evidenced by the attached Probate Court letters.

OR

________As authorized/required by law.
Attach copy of court order.

3. ________That this request for a refund is made before/after the date of the mailing of a tax bill and escrow statement to the taxpayer and terminates the agreement dated ______________.

Date Requested: ____________________________________
Parcel Number:____________________________________
Name of Owner:____________________________________
Address:____________________________________
____

Signature:____________________________________

State of Ohio
Greene County, SS:

Before me a Notary Public in and for the County of Greene, State of Ohio, and subscribed in my presence on the _____day of __________,_______.

Notary Public________________________________

* *

Treasurer's Use – Data to be recorder in reference to refund check

Date	Number	Payee	Amount
________	________	____________________	____________