

# 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 @ _____ % . . . . .	\$ _____