

**Portage County Auditor
Sale of Forfeited Land
[Affidavit To Purchase Forfeited Land]**

STATE OF OHIO)
) SS.
COUNTY OF PORTAGE)

I, _____, being first duly sworn according to law, deposes and says as follows:

1. I am at least eighteen (18) years of age, have personal knowledge of the facts set forth in this affidavit and am competent to testify to the same.
2. I do not owe delinquent taxes on any real property in the State of Ohio.
3. I own property at the following Ohio locations, listed below:

	<u>Number and Street Name</u>	<u>City</u>	<u>County</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

(If you own additional property, please attach a separate sheet.)

4. I have reviewed the list of real property that will be offered at the Auditor's Sale.
5. As to the owner(s) of record on the list of real property offered for sale, I affirm that:
 - a. I am not a member of the owner's immediate family; and
 - b. I am not a member of the following class of parties connected to that owner;
 - i. a person with a power of attorney appointed by that owner, and
 - ii. a sole proprietorship owned by that owner or member of that owner's immediate family, or a partnership, trust, business trust, corporation, or association in which the owner or a member of the owner's immediate family owns or controls directly or indirectly more than fifty percent thereof.
6. I further hereby attest that I have been provided a copy of the Portage County Auditor Forfeited Land Sale Auction Rules and Policy, and I have read it before signing my signature below, and I understand and agree to its terms and conditions.

7. I am interested in purchasing the parcels that I have circled below:

8. I do not own any of the real property on which I will be placing a bid.

9. If I am the successful bidder at the Auction, please enter the following information on the Auditor's Deed:

a. Name to be placed on Deed: _____
(Print name exactly as you want printed on the deed)

b. Marital Status of Person on Deed: _____
(Married, Single, Divorced, Widowed)

c. Enter the mailing address for the tax bills:

Street Address City State Zip Code

10. My telephone number is _____.

FURTHER AFFIANT SAYETH NAUGHT.

Signature

Print Name
Affiant

SWORN TO OR AFFIRMED BEFORE ME
and subscribed in my presence this _____ day of _____, 2023.

Notary Public, State of Ohio

Commission Expiration Date