| **The RE 95** | C/R/S | FAI-US33-2.64 |
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| REV. JAN 2007  | Parcel | 037-O |
|  | PID | 77555 |
|  |  |  |
| The purpose of the RE 95 is to identify improvements in the take area, to classify these improvements as real property or personal property and to identify who owns these improvements. Improvements classified as real property are valued in the appraisal process and ODOT will purchase these improvements. Items classified as personal property are moved in the relocation process. |
|  |
| Address of Property | 6920 Pickerington Rd, Carroll, OH 43112 |
| Name of PersonOccupying the Property |       |
| Fee Owner’s Name: | RON L. JOHNSTON and JUDITH L. STELLA |
| Brief Description ofProperty Type: |       |
|  |
|  | Description of Improvements in Take Area: |  | Classification(Real or Personal Property) |  | Ownership(Fee/Tenant) |
| 1. |       |  | Choose an item. |  | Choose an item. |
| 2. |       |  | Choose an item. |  | Choose an item. |
| 3. |       |  | Choose an item. |  | Choose an item. |
| 4. |       |  | Choose an item. |  | Choose an item. |
| 5. |       |  | Choose an item. |  | Choose an item. |
| 6. |       |  | Choose an item. |  | Choose an item. |
| 7. |       |  | Choose an item. |  | Choose an item. |
| 8. |       |  | Choose an item. |  | Choose an item. |
| 9. |       |  | Choose an item. |  | Choose an item. |
| 10. |       |  | Choose an item. |  | Choose an item. |
| 11. |       |  | Choose an item. |  | Choose an item. |
| 12. |       |  | Choose an item. |  | Choose an item. |
| Attach an Addendum if more space is needed for inventory. |

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|  The parties signing this form understand that all items classified as real property must be present on the property when ODOT takes possession. The amount paid to the owner will be reduced by the value of any items that are not present on the property when ODOT takes possession. |
|  **Fee Owner:** |  | Signature |  |  |  |
|  |  | Name Printed: |  |       |  |
|  |  | Date: |  |       |  |
|  |  |  |  |  |  |
|  **Tenant/Occupant:** |  | Signature: |  |  |  |
|  |  | Name Printed: |  |       |  |
|  |  | Date: |  |       |  |
|  |  |  |  |  |  |
|  **Agent for ODOT:** |  | Signature: |  |  |  |
|  |  | Name Printed: |  |       |  |
|  |  | Date: |  |       |  |
|  |  |  |  |  |  |
| **Comment area (if needed):** |
|       |