

Exemption paragraph, conveyance fee En
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319.202 Mark Giesige Mercer
County Auditor. vol 51 pg 788
4/22/98
Deputy/Aud. Date

STATE OF OHIO, COUNTY OF MERCER, SS:

AFFIDAVIT

Now comes Alberta Weitzel, who being duly sworn to, states as follows:

1. Affiant's husband, Albert H. Weitzel, died testate on March 11, 1998, a resident of Mercer County, Ohio.
2. A certified copy of the death certificate is attached hereto.
3. The decedent and affiant were the grantees in a certain survivorship deed dated July 25, 1988, and recorded in the Mercer County Records of Deeds, Volume 307, Page 129, filed for record on July 25, 1988, with respect to the property legally described as follows:

Situated in the Township of Gibson, County of Mercer and State of Ohio, bounded and described as follows:

TRACT ONE:

The east one-half of the east one-half of the southeast quarter of Section 36; Town 15, Range 1 East, containing forty (40) acres, more or less; and the east one-half of the west one-half of the east one-half of the southeast quarter of Section 36, Town 15, Range 1 East, containing twenty (20) acres, more or less.

TRACT TWO:

Situated in Zenz City (now known as Sharpsburg), County of Mercer and State of Ohio, bounded and described as follows:

Being known as Lot Number Nineteen (19) of the Recorded Plat of Zenz City, Ohio, as shown upon the recorded plat of said City, in the Records of Mercer County, Ohio.

4. The address of affiant is 2449 Sharpsburg Rd, Ft. Recovery, Ohio 45846.
5. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Mercer County Recorder's Office.

Alberta Weitzel
Alberta Weitzel

Sworn to and subscribed before me and in my presence this 20th day of April, 1998.

KAREN G FLEMING
Notary Public-State of Ohio
My Commission Expires 2/10/02

Karen G Fleming
Notary Public

TRANSFERRED

This instrument prepared by Meikle, Tesno & Luth, Attorneys,
100 N. Main Street, Celina, OH 45822

APR 22 1998

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

APR 22 1998

MERCER COUNTY
TAX MAP DEPARTMENT

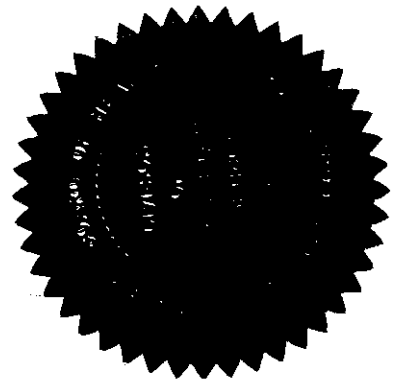
TAX MAP #: 026-3600-00-010.00

MAR 25 1998

Shirley Williams

DATE

LOCAL REGISTRAR, DISTRICT #54



DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 56

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

a. _____
b. _____
c. _____
d. _____
e. _____

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

1. Decedent's Name (First, Middle, LAST) ALBERT HENRY WEITZEL				2. Sex MALE		3. Date of Death (Month, Day, Year) March 11, 1998	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 85		5b. Under One Year Months Days Hours Minutes		6. Date of Birth (Month, Day, Year) March 2, 1913	
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				9a. Place of Death (Check Only One) Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. Facility Name (If Not Institution, Give Street and Number) Community Hospital				9c. City, Village, Twp., or Location of Death Coldwater, Ohio		9d. County of Death Mercer	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Alberta Nieport		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Farming		12b. Kind of Business/Industry Agriculture	
13a. Residence-State Ohio		13b. County Mercer		13c. City, Town, Twp., or Location Ft. Recovery		13d. Street and Number 2449 Sharpsburg Road	
13e. Inside City Limits? No <input type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP Code 45846		14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) White	
				16. Decedent's Education (Specify Only Highest Grade Completed) Unk.		16. Decedent's Education (Specify Only Highest Grade Completed) College (1-4 or 5+)	

PARENTS

17. Father's Name (First, Middle, Last) Philip Weitzel		18. Mother's Name (First, Middle, Maiden Surname) Elizabeth Schmitz	
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INFORMANT

19a. Informant's Name (Type/Print) Alberta Weitzel		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 2449 Sharpsburg Rd. Ft. Recovery, O. 45846	
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DISPOSITION

20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) St. Paul Cemetery		20c. Location City or Town, State Sharpsburg, Ohio	
20d. Date of Disposition March 14, 1998		21a. Name of Embalmer Brian Hogenkamp		21b. License Number 8083-A	

REGISTRAR

22a. Signature of Funeral Director or Other Person [Signature]		22b. License Number (of Licensee) 6341		23. Name and Address of Facility N. J. Hogenkamp Sons Inc. 221 East Main St. St. Henry, Ohio 45883	
24. Registrar's Signature Shirley Williams		25. Date Filed (Month, Day, Year) Mar 16, 1998			

CERTIFIER

26a. Signature of Person Issuing Permit [Signature]		26b. Dist. No. 54		27. Date Permit Issued 3/16/98	
28a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated. <input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.					

CAUSE OF DEATH

28b. Time of Death 6:22 PM		28c. Date Pronounced Dead (Month, Day, Year) 03-11-98		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. Signature and Title of Certifier Mark Brown		28f. License Number 34-00-5329		28g. Date Signed (Month, Day, Year) 3-13-98	
29. Name and Address of Person who Completed Cause of Death (Type/Print) MARK BROWN, D.O. 161 S. Walnut St. St. Henry Ohio 45883					

30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.				Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) → Cerebrovascular Accident				4 days	
Sequentially list conditions, if any, leading to the immediate cause a. Due to (or as a Consequence of) Arrhythmia Therapy				1 week	
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death) b. Due to (or as a Consequence of) Deep Vein Thrombosis				1 week	
				9800002911 MTL FILE	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Aspiration Pneumonia, Pneumonia's Disease Atrial fibrillation, Congestive Heart Failure				31a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined <input type="checkbox"/> Homicide		33a. Date of Injury (Month, Day, Year)		33b. Time of Injury M		33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33d. Describe How Injury Occurred 9800002911 Filed for Record in MERCE COUNTY, OHIO ANDREA L SCHRÖYER On 04-22-1998 At 02:40 pm. AFFIDAVIT 14.00 Vol. 51 Pg. 788 - 789	
		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)				33f. Location (Street and Number or Rural Route Number, City or Town, State)			