

JOINT AND SURVIVORSHIP AFFIDAVIT

STATE OF OHIO, COUNTY OF MERCER, SS:

Thelma L. Weis, being first duly cautioned and sworn, deposes and states as follows:

1. I have knowledge of the facts set forth herein and am competent to testify concerning same in open court.
2. My residence address is 814 Cecelia Drive, Coldwater, Mercer County, Ohio.
3. I am the surviving spouse of Norbert J. Weis, who died a resident of Mercer County on October 27, 2001. His estate is being administered in Case No. 011241, Mercer County Probate Court. A certified copy of the death certificate of Norbert J. Weis is attached hereto.
4. Norbert J. Weis and I acquired fee simple title, with rights of survivorship, to certain real estate by virtue of a deed dated February 19, 1993, filed for record on February 19, 1993 at 2:19 p.m., and filed for record in Volume 323, Page 465, Mercer County Deed Records.
5. The real estate affected by this affidavit is situated in the County of Mercer, State of Ohio and in the Village of Coldwater:

Being Lot #1397 in Eastview First Addition to the Village of Coldwater, Ohio, as shown on the recorded plat of said addition in Plat Cabinet 1, Page 177, Recorder's Office, Mercer county, Ohio.

Said conveyance is subject to all restrictions, conditions, and provisions shown on said plat and also in the Miscellaneous Volume 9, Page 105 and 106, all in the Recorder's Office, Mercer County, Ohio, which are incorporated herein by reference, the same as if fully rewritten herein, and subject to the zoning restrictions of the Village of Coldwater, Ohio.

Tax ID #05-180500.0000

6. This affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Affiant is the sole record owner of, and vested with the entire fee simple interest in and to, the above-described real estate.

TRANSFERRED

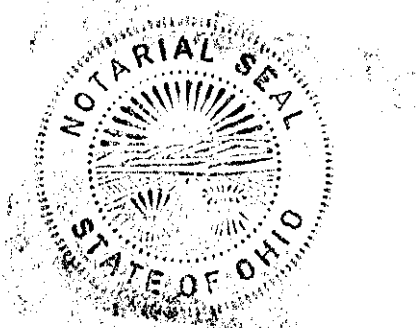
7. Further affiant sayeth not.

DEC 20 2001

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

Thelma L. Weis
Thelma L. Weis

Sworn to before me and subscribed in my presence by Thelma L. Weis on this 19th day of December, 2001.



Judy A. Koesters
Notary Public
JUDY A. KOESTERS, Atty. At Law
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires No Expiration Date
Section 147.03 O.R.C.

Instrument Prepared By:
Judy A. Koesters
Attorney at Law
201 East Vine Street
Coldwater, Ohio 45828
(419) 678-2378
j&s/pro/mr

DEFINITION
SU
FOR TAX

DEC 20 2001

TO
MERCER COUNTY
RECORDS

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.
KP 12-20-01
Deputy Aud. Date

TAX MAP #: 8-27-462-010

I hereby certify that this is a true copy of the original certificate as registered in the Division of Vital Statistics, Mercer County Health Department, Celina, Ohio.

OCT 31 2001

Date

Local Registrar, District #54

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

DO NOT WRITE IN
MARGIN
RESERVED FOR ODH
DATA CODING

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 219

a _____
b _____
c _____
d _____
e _____

DECEDENT

IF DEATH OCCURRED
IN INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION →

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

HEA 2717
5152 06 Rev 5/94

1. Decedent's Name (First, Middle, Last) Norbert Joseph WEIS		2. Sex Male	3. Date Of Death (Month, Day, Year) Oct 27, 2001
4. Social Security Number [REDACTED]	5a. Age-Last Birthday (Years) 79	5b. Under 1 Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____
6. Date of Birth (Month, Day, Year) Mar 31, 1922 OH		7. Birthplace (City and State or Foreign Country) Coldwater	
8. Was Decedent Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Place of Death (Check Only One) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify): _____			
9b. Facility Name (If Not Institution, Give Street And Number) 814 Cecelia DR		9c. City, Village, Twp., or Location of Death Coldwater	
9d. County of Death Mercer		10. Marital Status (Married, Never Married, Widowed, Divorced) (Specify) Married	
11. Surviving Spouse (If Wife, Give Maiden Name) Thelma Biggs		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Factory	
12b. Kind Of Business/Industry Manufacturing		13a. Residence-State OH	
13b. County Mercer		13c. City, Town, Twp., or Location Coldwater	
13d. Street and Number 814 Cecelia DR		13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13f. ZIP Code 45828		14. Was Decedent of Hispanic Origin? (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Race (American Indian, Black, White, etc.) (Specify) White		16. Decedent's Education (Specify) Elementary/Secondary/High School/College/Postgraduate 10	
17. Father's Name (First, Middle, Last) Joseph Weis		18. Mother's Name (First, Middle, Maiden Surname) Emma Reigelsperger	
19a. Informant's Name (Type/Print) Mrs. Thelma Weis		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 814 Cecelia DR, Coldwater, OH 45828	
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. Elizabeth Cemetery	
20c. Location (City or Town, State) Coldwater, OH		20d. Date of Disposition Oct 30, 2001	
20e. Name of Embalmer Brian J. Hogenkamp		21b. License Number 8083A	
22a. Signature of Funeral Director or Other Person <i>[Signature]</i>		22b. License Number (of Licensee) 7618	
23. Name and Address of Facility N.J. Hogenkamp Sons, Inc. 715 East Main Coldwater, OH 45828-0120		24. Registrar's Signature <i>[Signature]</i>	
25. Date Filed (Month, Day, Year) Oct 31, 2001		26a. Signature of Person Issuing Permit <i>[Signature]</i>	
26b. Dist No.		27. Date Permit Issued	
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.			
28b. Time of Death 6:45 am		28c. Date pronounced Dead (Month, Day, Year) October 27, 2001	
28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28e. Signature and Title of Certifier <i>[Signature]</i> Dr. John J. Naveau	
28f. License Number 46330		28g. Date Signed (Month, Day, Year) 10/31/01	
29. Name And Address of Person who Completed Cause of Death (Type/Print) Dr. John J. Naveau 407 South Oak St., Coldwater, OH 45828			
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. Immediate Cause (Final disease or condition resulting in death) Metastatic Carcinoma of Colon Sequitally list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or Injury that initiated events resulting in death) Carcinoma of Prostate			
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			
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) M	
33b. Time of Injury M		33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33d. Describe How Injury Occurred 200100009597		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify) Filed For Record in MERCER COUNTY, OHIO	
33f. Location TAMARA K. BANGER		33g. Date 12-20-2001 03:50 pm.	

AFFIDAVIT 14.00
OR Book 135 Page 1627 - 1628

Instrument
200100009597 OR
Book Page
135 1628

200100009597
KDESTERS
FILE