

JOINT AND SURVIVORSHIP AFFIDAVIT

STATE OF OHIO, COUNTY OF MERCER, SS:

Earl H. Klosterman, 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 301 N. Cedar Street, Coldwater, Mercer County, Ohio.
3. I am the surviving spouse of Rachel J. Klosterman, who died a resident of Mercer County on November 29, 2001. Her estate is being administered in Case No. 02-1008, Mercer County Probate Court. A certified copy of the death certificate of Rachel J. Klosterman is attached hereto.
4. Rachel J. Klosterman and I acquired fee simple title, with rights of survivorship, to two (2) parcels of real estate by virtue of a deed dated December 30, 1991, filed for record on January 27, 1992 at 2:25 p.m., and recorded in Volume 319, Page 781, Mercer County Deed Records.
5. The real estate affected by this affidavit is situated in the County of Mercer, State Ohio and in the Village of Coldwater:

Parcel 1: Being Lot Number Seven Hundred Seventy-two (772) in Selhorst 5th Addition to the Incorporated Village of Coldwater, Ohio, as shown on the recorded plat, subject to all easements and restrictions of record.

Tax ID #05-116100.0000

Prior Deed Reference: Volume 319, Page 781 and Volume 298, Page 570, Mercer County Deed Records.

Parcel 2: Being Twenty-eight and Seventy-five hundredths (28.75) feet of uniform width off of the North end of Old Lot Number Thirteen (13) or new Lot Number One Hundred Forty-seven (147) in HAUBERT'S ADDITION to the Village of Coldwater, Ohio, as the same appears upon the recorded plat thereof.

Tax ID #05-051900.0000

Prior Deed Reference: Volume 319, Page 781 and Volume 285, Page 806, Mercer County Deed Records.

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 parcels of real estate.

7. Further affiant sayeth not.

Earl H. Klosterman
Earl H. Klosterman

Sworn to before me and subscribed in my presence by **Earl H. Klosterman** on this 30th day of December, 2001.

Judy A. Koesters
Notary Public JUDY A. KOESTERS, Atty. At Law
NOTARY PUBLIC, STATE OF OHIO
My Commission Has No Expiration Date
1-28-02 1-27-03 O.R.C.

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

TRANSFERRED

JAN 9 2002

MARK GIESIGE

Exemption paragraph, conveyance fee
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319, 202 Mark Giesige Mercer
County Auditor

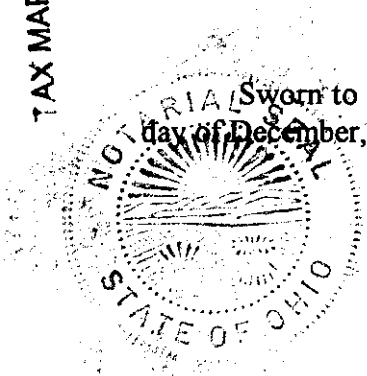
5/14/1-9-02
Notary and Date

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JAN 09 2002

MERCER COUNTY
TAX MAP DEPARTMENT

8-28-451-006
TAX MAP #: 8-34-107-005



DEC 6 - 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. 250

1. Decedent's Name (First, Middle, Last) Rachel Judith KLOSTERMAN		2. Sex Female		3. Date Of Death (Month, Day, Year) Nov 29, 2001	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 59		5b. Under 1 Year Months Days	
5c. Under 1 Day Hours Minutes		6. Date of Birth (Month, Day, Year) Mar 10, 1942		7. Birthplace (City and State or Foreign Country) Celina OH	
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) 301 N Cedar ST		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) Earl Klosterman		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Teacher	
12b. Kind Of Business/Industry Education		13a. Residence-State OH		13b. County Mercer	
13c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. City, Town, Twp., or Location Coldwater		13e. Street and Number 301 N Cedar ST	
13f. ZIP Code 45828		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 Elementary/Secondary (8-12) College (13-16) Postgraduate 4		17. Father's Name (First, Middle, Last) George Billerman			
18. Mother's Name (First, Middle, Maiden Surname) Lillian Grieshop				19a. Informant's Name (Type/Print) Mr. Earl Klosterman	
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 301 N Cedar ST, 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 Dec 3, 2001				21a. Name of Embalmer B. Jay Hogenkamp	
21b. License Number 6324A				22a. Signature of Funeral Director or Other Person [Signature]	
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 [Signature]				25. Date Filed (Month, Day, Year) Dec 6, 2001	
26a. Signature of Person Issuing Permit [Signature]				26b. Dist No 54	
26c. Date Permit Issued 12/3/2001				27. Date of Death 11/29/01	
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 4:57 a.m.		28c. Date pronounced Dead (Month, Day, Year) November 29, 2001		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. Signature And Title of Certifier [Signature]		28f. License Number 35055465		28g. Date Signed (Month, Day, Year) 11/29/01	
29. Name And Address of Person who Completed Cause of Death (Type/Print) Dr. Timothy A. Heinrichs 407 S. 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) Colon Carcinoma c Metastases					
Sequentially list conditions if any, leading to the immediate cause Enter Underlying Cause Last (Disease or injury that initiated events resulting in death) 200200000361 Filed for Record in MERCER COUNTY, OHIO TAMARA K. BARGER 01-09-2002 04:05 pm. DEF 100111 OR Book 136 Page 1999					
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Was an autopsy performed? <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 FILE		33e. Place of Injury - All Home, Farm, Street, Factory, Office Building, etc. (Specify) MOESTERS	