

**AFFIDAVIT**  
(O.R.C. 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

BERNICE R. BARGE, being duly cautioned and sworn, deposes and says that:

1] She is the age of majority and is a resident of 6607 Klosterman Circle, Celina, Mercer County, Ohio.

2] She is the surviving spouse of Ralph C. Barge, who died November 23, 2001, a resident of Celina, Mercer County, Ohio. A certified copy of the death certificate of Ralph C. Barge aka Ralph Charles Barge is attached hereto.

3] There is a Survivorship Deed dated July 3, 1991, presented for record on July 5, 1991 at 3:06 p.m., and recorded on July 8, 1991, in Mercer County, Ohio, in Deed Volume 316, Page 936, Mercer County Recorder's Records of Deeds, which conveyed to Ralph C. Barge and Bernice R. Barge, for their joint lives, remainder to the survivor of them, the following described real estate:

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

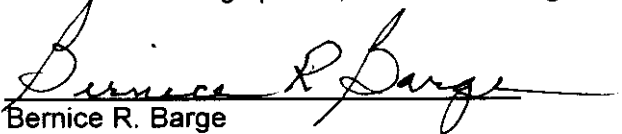
Situated in the Southwest Quarter of Section Twenty (20), Township Six (6) South, Range Three (3) East, Franklin Township, Mercer County, Ohio.

Being Lot Number Eleven (11) of Hillside Phase I, as the same appears upon the recorded plat thereof, and subject to all easements, conditions, restrictions and right of ways of record. Said Plat is recorded in the Mercer County Recorder's Plat Cabinet 1, Pages 114 and 115.

Tax Parcel #9-062100.0111

4] That the estate of Ralph C. Barge, was administered in the Mercer County Probate Court under case number 011263 and that an Ohio Estate Tax Return was filed in the Mercer County Probate Court which set forth the deceased interest in the above described real estate.

5] That by virtue of the death of Ralph C. Barge, Affiant is the fee simple owner of the above described real estate and the Mercer County Auditor and the Mercer County Recorder are requested to record the transfer of the decedent's interest to the surviving spouse, Bernice R. Barge.

  
Bernice R. Barge

SWORN TO BEFORE ME and subscribed in my presence this 14 day of June, 2002.

  
Notary Public for the State of Ohio  
My Commission expires:

BRENDA KAISER  
Notary Public - State of Ohio  
My Commission Expires October 5, 2003  
Recorded in Mercer County

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

JUN 14 2002

MERCER COUNTY  
TAX MAP DEPARTMENT

SEAL

TRANSFERRED

JUN 14 2002

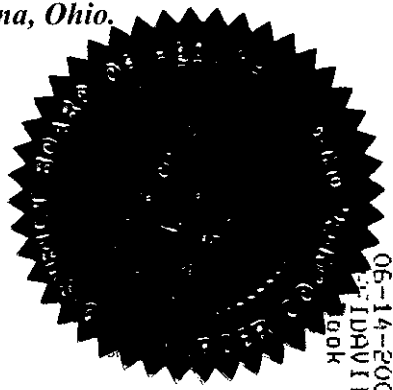
MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

  
TAX MAP DEPT.  
REVIEWED

Tax map # 9-20-376-016

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.  
16-14-02  
Deputy Aud. Date

*Shirley Williams*  
Date \_\_\_\_\_ Local Registrar, District #54



20020005043  
KNRPMK  
FILE

DO NOT WRITE IN  
MARGIN  
RESERVED FOR ODH  
DATA CODING

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

20020005043  
Filed for Record in  
MERCER COUNTY, OHIO  
JANARA K BARBER  
06-14-2002 02:50 PM  
JIDAVIT 143 Page 2352 - 2353

1 Decedent's Name (First, Middle, LAST) <b>Ralph Charles BARGE</b>		2 Sex <b>Male</b>	3 Date Of Death (Month, Day, Year) <b>Nov 23, 2001</b>
4 Social Security Number [REDACTED]	5a Age-Last Birthday (Years) <b>71</b>	5b Under 1 Year Months _____ Days _____	5c Under 1 Day Hours _____ Minutes _____
6 Was Decedent Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7 Date of Birth (Month, Day, Year) <b>Mar 8, 1930</b>	7 Birthplace (City and State or Foreign Country) <b>Yorkshire OH</b>
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) _____		12a Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) <b>Manufacturers Rep</b>	
9b Facility Name (If Not Institution, Give Street And Number) <b>6607 Klosterman Circle</b>		9c City, Village, Twp. or Location of Death <b>Celina</b>	9d County of Death <b>Mercer</b>
10 Marital Status-Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11 Surviving Spouse (If Wife, Give Maiden Name) <b>Bernice R Wenning</b>	
12b Kind Of Business/Industry <b>Electrical Supply</b>		13a Residence-State <b>OH</b>	
13b County <b>Mercer</b>		13c City, Town, Twp. or Location <b>Celina</b>	
13d Street and Number <b>6607 Klosterman Circle</b>		13e Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13f ZIP Code <b>45822</b>		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) <b>White</b>		16 Decedent's Education (Specify) <b>5+</b>	
17 Father's Name (First, Middle, Last) <b>Leonard Barge</b>		18 Mother's Name (First, Middle, Maiden Surname) <b>Jennifer Williams</b>	
19a Informant's Name (Type/Print) <b>Mrs. Bernice R Barge</b>		19b Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>6607 Klosterman Circle, Celina, OH 45822</b>	
20a Method of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>Van Wert Crematory</b>	
20c Location City or Town, State <b>Van Wert, OH 45891-239</b>		20d Date of Disposition <b>Nov 26, 2001</b>	
21a Name of Embalmer <b>N/A</b>		21b License Number <b>N/A</b>	
22a Signature of Funeral Director or Other Person <i>[Signature]</i>		22b License Number (of Licensee) <b>7618</b>	
23 Name and Address of Facility <b>N.J. Hogenkamp Sons, Inc. 715 East Main Coldwater, OH 45828-0120</b>		24 Registrar's Signature <i>[Signature]</i>	
25 Date Filed (Month, Day, Year) <b>Nov 26, 2001</b>		26a Signature of Person Issuing Permit <i>[Signature]</i>	
26b Dist No <b>54</b>		27 Date Permit Issued <b>11/23/2001</b>	
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 <b>4:35 a M</b>		28c Date pronounced Dead (Month, Day, Year) <b>November 23, 2001</b>	
28d Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28e Signature And Title of Certifier <i>[Signature]</i>	
28f License Number <b>4555</b>		28g Date Signed (Month, Day, Year) <b>11/23/01</b>	
29 Name And Address of Person who Completed Cause of Death (Type/Print) <b>Dr. Edward Hosbach 1830 Union Rd, Ft. Recovery, OH, 45846</b>			
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) <b>Bladder Cancer w/ Metastases</b>			
Sequentially list conditions, if any, leading to the immediate cause Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)			
b Due to (or as a Consequence of)			
c Due to (or as a Consequence of)			
d Due to (or as a Consequence of)			
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.			
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"/> Homicide		33a Date of Injury (Month, Day, Year)	
33b Time of Injury <b>M</b>		33c Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33d Describe How Injury Occurred		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)			

SEE INSTRUCTIONS  
ON REVERSE SIDE