

GENERAL WARRANTY DEED

ETHEL JAMIESON, an unmarried adult, ROBERT JAMIESON and CHONG SUN JAMIESON, husband and wife, and ROGER and CAROLYN E. JAMIESON, husband and wife, GRANTORS, of Van Wert County, Ohio,

for valuable consideration paid, grant(s) with general warranty covenants, to JASON E. HIGH, an unmarried adult, GRANTEE,

whose tax-mailing address is
12711 Frysinger Road, Rockford, Ohio 45882

the following REAL PROPERTY: Situated in the County of Mercer, in the State of Ohio and in the Township of Dublin to-wit:

Commencing for the same at the Southeast corner of the North Half of the North Half of the Southeast Quarter of Section Three (3), Township Four (4), Range Two (2) East; thence running West from the Southeast corner of said land Twenty (20) rods; thence North Sixteen (16) rods; thence East Twenty (20) rods; thence South Sixteen (16) rods, to the place of beginning, containing Two (2) acres of land, more or less.

Tax ID # 7-004700.0000

Tax Map # 2-3-400-002

Prior Instrument Reference: Volume 196 Page 73, Mercer County Records

IN WITNESS WHEREOF, the said ETHEL JAMIESON, ROGER and CAROLYN E. JAMIESON, GRANTORS, who hereby release all their right and expectancy of Dower in the said premises, have hereunto set their hands this 26th day of February, 2002.

Signed and acknowledged in presence of:

Ethel Jamieson
ETHEL JAMIESON
Roger Jamieson
ROGER JAMIESON
Carolyn E. Jamieson
CAROLYN E. JAMIESON

State of Ohio

County of Van Wert ss.

BE IT REMEMBERED, That on this 26th day of February, 2002, before me, the subscriber, a Notary Public, in and for said state, personally came, ETHEL JAMIESON, an unmarried adult, and ROGER and CAROLYN E. JAMIESON, husband and wife, the Grantors in the foregoing deed, and acknowledged the signing thereof to be thier voluntary act and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Ann M. Nagel
Notary Public



ANN M. NAGEL
Notary Public, State of Ohio
My Commission Expires Nov. 1, 2004

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUN 18 2002

TRANSFERRED

JUN 18 2002

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

MERCER COUNTY
TAX MAP DEPARTMENT

Exemption paragraph, conveyance Fee 32.50
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319, 202 Mark Giesige Mercer
County Auditor.

KP 6-18-02
Deputy Aud. Date

DECEASED—NAME First Middle Last		SEX	DATE OF DEATH (Month, Day, Year)		
1. PAUL REVERE JAMIESON		2. Male	3. March 19, 1974		
RACE (White, negro, american indian, etc. (Specify))	AGE—Last birthday (years)	UNDER 1 YEAR Mos. Days	UNDER 1 DAY Hours Min.	DATE OF BIRTH (Month, Day, Year)	COUNTY OF DEATH
4. White	5a. 63	5b.	5c.	6. Sept. 5, 1910	7a. Van Wert
CITY, VILLAGE, OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify yes or no)	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		
7b. Van Wert		7c. yes	7d. Van Wert County Hospital		
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)
8. Ohio	9. U S A		10. Married		11. Ethel McDorman
SOCIAL SECURITY NUMBER		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			
12a. 270-01-7927		12b. No			
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13a. Laborer			13b. Factory		
RESIDENCE—STATE	COUNTY	CITY, VILLAGE OR LOCATION		INSIDE CITY LIMITS (Specify yes or no)	STREET AND NUMBER
14a. Ohio	14b. Mercer	14c. Rockford		14d. No	14e. Rt 2
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15. William S McAfee		16.			
INFORMANT—NAME		MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip)			
17a. Mrs. Ethel Jamieson		17b. Rt 2 Rockford, Ohio 45882			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Myocardial Infarction					Sudden
DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD					10 yrs
DUE TO, OR AS A CONSEQUENCE OF: (c) Diabetes Mellitus					
PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I (a))					AUTOPSY (Yes or no)
Dis syndrome L-1, 2-3					19a. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)		DATE OF INJURY (Month, Day, Year)	HOUR	HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)	
20a.		20b.	20c. M.	20d.	
INJURY AT WORK (Specify yes or no)		PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	LOCATION (Street or R.F.D. no., city or village, state, zip)		
20e.		20f.	20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE		TO	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)
21a. DECEASED FROM 12-23-56		21b. 3-16-74	21c. 1 3 74	21d. Didnot	21e. 7:30 A.
CERTIFICATION—CORONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated.					Hour of death
22a.					M. 22b.
CERTIFIER—NAME (Type or print)		SIGNATURE		Degree or title	DATE SIGNED
23a. M. J. Osborn, D.O.		23b. s/ M. J. Osborn		D.O.	23c. 3-21-74
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR VILLAGE	STATE ZIP
23d. 101-103 Simpson St.		Willshire,		Ohio	45898
BURIAL, CREMATION (Specify)	DATE	NAME OF CEMETERY OR CREMATORY		LOCATION (City, village, or county) (State)	
24a. Burial	24b. Mar. 21, 1974	24c. Tomlison Cem.		24d. Rockford, Ohio	
NAME OF EMBALMER		(LIC. NO.)	FUNERAL DIRECTOR'S SIGNATURE		(LIC. NO.)
25. Carl M. Ripley		5092 A	26. s/ Lucille Ketcham Ripley		3668
FUNERAL FIRM AND ADDRESS		(STREET NO.)	(CITY)	(STATE)	(ZIP)
27. Ketcham's		111 W. First	Rockford,	Ohio	45882
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	DATE PERMIT ISSUED	SIGNATURE OF PERSON ISSUING PERMIT		DIST. NO.
28. 3-25-74	29. s/ Catherine Reidenbach	30. 3/21/74	31. s/ Lucille Ripley		5400

I, Catherine Reidenbach, Registrar of the City and County of Van Wert, State of Ohio, do hereby certify the above to be a true and correct copy of the Death Record of Paul Revere Jamieson on file in the City and County of Van Wert, State of Ohio, Health Department, Vol. No. 123 Registration No. 65

CERTIFIED THIS 25 day of March, 1974

SEAL

Catherine Reidenbach
Registrar of Vital Statistics

IN WITNESS WHEREOF, the said ROBERT JAMIESON and CHONG SUN JAMIESON, GRANTORS, who hereby release all their right and expectancy of Dower in the said premises, have hereunto set their hands this 27 day of February, 2002.

Signed and acknowledged in presence of:

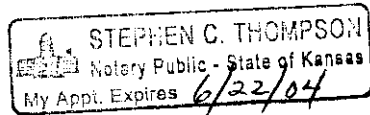
Robert Jamieson
ROBERT JAMIESON
Chong S Jamieson
CHONG SUN JAMIESON

State of Kansas

County of Salina ss.

BE IT REMEMBERED, That on this 27th day of February, 2002, before me, the subscriber, a Notary Public, in and for said state, personally came, ROBERT JAMIESON and CHONG SUN JAMIESON, husband and wife, the Grantors in the foregoing deed, and acknowledged the signing thereof to be thier voluntary act and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.



Stephen C. Thompson
Notary Public

This instrument was prepared by:

Kevin H. Taylor, Attorney at Law
YOUNG, TAYLOR & YARGER
120 West Main St.
Van Wert, OH 45891
Phone (419)238-1166

200200005127
Filed for Record in
MERCER COUNTY, OHIO
TAMARA K BARGER
06-18-2002 02:12 PM.
WARTY DEED 18.00
OR Book 144 Page 23 - 25

200200005127
ATI TITLE AGENCY OF OHIO INC
4365 HARRISON AVE
CINCINNATI, OH 45211