

JOINT AND SURVIVORSHIP AFFIDAVIT

STATE OF OHIO, COUNTY OF MERCER, SS:

Donna J. Walls, 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 7260 U.S. Route 33, Celina, Mercer County, Ohio.

3. I am the wife of Dewane W. Walls, who died a resident of Mercer County on October 14, 2002. A certified copy of the death certificate of Dewane W. Walls is attached hereto.

4. Dewane W. Walls and I acquired fee simple title, with rights of survivorship, to certain real estate by virtue of a general warranty deed dated February 11, 2002, filed for record on February 13, 2002 at 2:07 p.m., and recorded in Volume OR138, Page 1737, Mercer County Official Records.

5. The real estate affected by this affidavit is more particularly described as follows:

Situated in Section 9, Town 5 South, Range 3 East, Center Township, Mercer County, Ohio, to wit:

Commencing at the center line of U.S. Route #33 at a point where it intersects the half section line which runs north and south through Section 9, Town 5 South, Range 3 East, situated in the southwest quarter of the northeast quarter of said Section 9; thence south 30 rods and 30 feet along said half section line; thence east 12 rods; thence north 21 rods and 30 feet; thence in a northwesterly direction along the said center line of U.S. Route #33 17 rods to the place of beginning, containing two (2) acres, more or less.

Tax ID #06-016600.0000 *Map # 6-9-200-005*

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.

7. Further affiant sayeth not.

Donna J. Walls
Donna J. Walls

Sworn to before me and subscribed in my presence by Donna W. Walls on this 12th day of February, 2003.

TRANSFERRED

FEB 13 2003

**MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO
DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES**

FEB 13 2003

**MERCER COUNTY
TAX MAP DEPARTMENT**

Judy A. Koesters
Notary Public

**JUDY A. KOESTERS, Atty. At Law
NOTARY PUBLIC, STATE OF OHIO
My Commission Has No Expiration Date
Section 147.03 O.R.C.**

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

DJB *2-13-03*
Deputy Aud. Date

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

SEAL

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

SEE INSTRUCTIONS ON REVERSE SIDE

HEA-2117
5152 06 Rev. 2/97

Reg. Dist. No. 06
Primary Reg. Dist. No. 0601
Registrar's No. 335

| | | | |
|--|--|---|--|
| 1. Decedent's Name (First, Middle, Last) Dewane WALLS | | 2. Sex Male | 3. Date of Death (Month, Day, Year) October 14, 2002 |
| 4. Social Security Number [REDACTED] | 5a. Age Last Birthday (Years) 79 | 5b. Under One Year Months _____ Days _____ | 5c. Under 1 Day Hours _____ Minutes _____ |
| 6. Date of Birth (Month, Day, Year) August 20, 1923 | | 7. Birthplace (City, County and State or Foreign Country) Van Wert, Ohio | |
| 8. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9a. Place of Death (Check Only One) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> XX Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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) Jt. Twp. Memorial Hospital | | 9c. City, Village, Twp., or Location of Death St. Marys | |
| 9d. County of Death Auglaize | | 10. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Married | |
| 11. Surviving Spouse (If Wife, Give Maiden Name) Donna Coutts | | 12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Laborer | |
| 12b. Kind of Business/Industry Factory | | 13a. Residence-State Ohio | |
| 13b. County Mercer | | 13c. City, Town, Twp., or Location Celina | |
| 13d. Street and Number 7260 US 33 | | 13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 13f. Zip Code 45822 | | 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) Elementary (1-12) _____ Secondary (10-12) 12 College (14 or 5+) _____ | |
| 17. Father's Name (First, Middle, Last) Luther Walls | | 18. Mother's Name (First, Middle, Maiden Surname) Gertrude Fackler | |
| 19a. Informant's Name (Type/Print) Donna Walls | | 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 7260 US 33, Celina, Ohio 45822 | |
| 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 _____ | | 20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) Riverside Cemetery | |
| 20c. Location City or Town, State Rockford, Ohio | | 20d. Date of Disposition October 16, 2002 | |
| 21a. Name of Embalmer (First, Middle, Last) Michael D. Lehman | | 21b. License Number 6629-A | |
| 22a. Signature of Funeral Director or Other Person <i>Michael D. Lehman</i> | | 22b. License Number (if Licensed) 5759 | |
| 23. Name and Address of Facility (Include City, State and ZIP code) Lehman Funeral Home 901 Myers Road Celina, Ohio 45822 | | 24. Registrar's Signature <i>Tamara Wifard</i> | |
| 25. Date Filed (Month, Day, Year) October 15, 2002 | | 26a. Signature of Person Issuing Permit <i>[Signature]</i> | |
| 26b. Dist. No. [REDACTED] | | 27. Date Permit Issued [REDACTED] | |
| 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 12:25 AM | | 28c. Date Pronounced Dead (Month, Day, Year) October 14, 2002 | |
| 28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 28e. Signature and Title of Certifier <i>Wayne R. Hudson MD</i> | |
| 28f. License Number 6421 | | 28g. Date Signed (Month, Day, Year) 10/14/02 | |
| 29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) Wayne R. Hudson D.O. 1103 E. Spring St., St. Marys, OH 45885 | | | |
| 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) → <i>Coronary Thrombosis</i> Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or injury that initiated events resulting in death) a. Due to (or as a Consequence of) _____ 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 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 <input type="checkbox"/> Could Not be Determined | |
| 33a. Date of Injury (Month, Day, Year) [REDACTED] | | 33b. Time of Injury M | |
| 33c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 33d. Describe How Injury Occurred [REDACTED] | |
| 33e. Place of Injury - At home, Farm, Street, Factory, Office Building, etc. (Specify) [REDACTED] | | 33f. Location (Street and Number or Rural Route Number, City or Town, State) 200300001482 | |

Filed for Record in
MERCER COUNTY, OHIO
TAMARA K BARGER
02-13-2003 10:17 am.
AFFIDAVIT 16.00
OR Book 158 Page 901 - 902

SEAL

THIS IS TO CERTIFY THAT THIS IS A COPY OF
THE ORIGINAL CERTIFICATE AS RECEIVED AND
PRESERVED IN THE VITAL STATISTICS DIVISION
OF THE AUGLAIZE COUNTY HEALTH DEPT.
DATE: *October 15, 2002*
REGISTRAR: *Tamara Wifard*
SEAL:

200300001482
KOESTERS
FILE