

Joint and Survivorship Affidavit

STATE OF OHIO, COUNTY OF MERCER, SS:

Mildred K. Knoth, 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 319 East North Street, Coldwater, Mercer County, Ohio.

3. I am the wife of Henry Joseph Knoth, who died a resident of Mercer County on August 28, 2002. A certified copy of the death certificate of Henry Joseph Knoth is attached hereto.

4. Henry Joseph Knoth and I acquired fee simple title, with rights of survivorship, to certain real estate by virtue of a Joint and Survivorship Deed dated May 13, 2002, filed for record on May 14, 2002 at 10:45 a.m., and recorded in Volume OR142, Page 1091, Mercer County Official Records.

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

Situated in County of Mercer, State of Ohio and in the Village of Coldwater, and bounded and described as follows:

Being Lot Number One Hundred Sixty-nine (169) of the incorporated Village of Coldwater, Ohio, as the same is shown on the recorded plat of said Village.

Tax ID #05-054100.0000 *Map H 8-27-356-004*

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.

Mildred K. Knoth
Mildred K. Knoth

Sworn to before me and subscribed in my presence by **Mildred K. Knoth** on this 2nd day of April, 2003.

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

APR 03 2003

MERCER COUNTY
TAX MAP DEPARTMENT

Thomas M. Lette
Notary Public



THOMAS M. LETTE
Notary Public - State of Ohio
My Commission Expires February 28, 2006
Recorded in Mercer County

TRANSFERRED

APR 03 2003

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

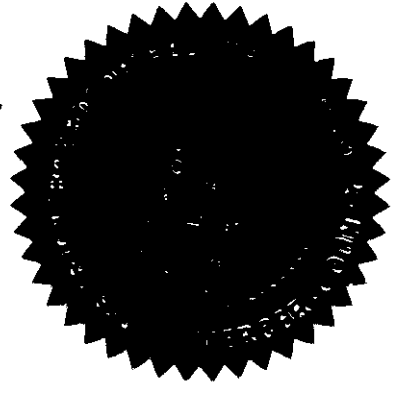
Exemption paragraph, ~~conveyance fee~~ ES
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319, 202 Mark Giesige Mercer
County Auditor.
KP 4-3-03
Deputy Aud. Date

SEP 9 - 2002

DATE

LOCAL REGISTRAR, DISTRICT #54

Shirley Williams



DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 1510

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

State File No.

a. _____
b. _____
c. _____
d. _____
e. _____

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

1. Decedent's Name (First, Middle, Last) Henry Joseph KNOTH		2. Sex Male	3. Date Of Death (Month, Day, Year) Aug 28, 2002
4. Social Security Number [REDACTED]	5a. Age-Last Birthday (Years) 98	5b. Under 1 Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____
6. 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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____	
9b. Facility Name (If Not Institution, Give Street And Number) Gardens at St. Henry		9c. City, Village, Twp., or Location of Death St. Henry	
9d. County of Death Mercer		7. Birthplace (City and State or Foreign Country) St. Peter, OH	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Mildred Jutte	
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 319 E North St
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 (Specify Only Highest Grade Completed) 1/2	

PARENTS

INFORMANT

17. Father's Name (First, Middle, Last) Chris Knoth		18. Mother's Name (First, Middle, Maiden Surname) Agnes Gaerke	
19a. Informant's Name (Type/Print) Mrs. Mildred Knoth		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 319 E North St, Coldwater, OH 45828	

DISPOSITION

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		21a. Name of Embalmer Brian J. Hogenkamp	
21b. License Number 8083A		22. Signature of Funeral Director or Other Person <i>Brian J. Hogenkamp</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	

REGISTRAR

24. Registrar's Signature <i>Shirley Williams</i>		25. Date Filed (Month, Day, Year) Sept 9, 2002	
26a. Signature of Person Issuing Permit <i>B. J. Hogenkamp</i>		26b. Dist. No. 54	
26c. Date Permit Issued 8/31/2002		27. Date Permit Issued	

CERTIFIER

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 11:21 p.m.	
28c. Date pronounced Dead (Month, Day, Year) August 28, 2002		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. Signature And Title of Certifier <i>Philip Masser</i>		28f. License Number 35-04-9039M	
28g. Date Signed (Month, Day, Year) 9/13/02		29. Name And Address of Person who Completed Cause of Death (Type/Print) Dr. Philip Masser 724 East Wayne Street, Celina, OH 45822	

CAUSE OF DEATH

SEE INSTRUCTIONS ON REVERSE SIDE

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.		Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) → Acute Myocardial Infarction		Instant	
Sequentially list conditions, if any, leading to the immediate cause. Arteriosclerotic Heart Disease		Years	
Enter Underlying Cause Last (Disease or Injury that initiated events resulting in death)			
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Congestive Heart Failure, Chronic Anemia, Gastrointestinal Bleeding, Hypertension		31a. 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		31b. Were Autopsy Findings Available Prior To Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33a. Date of Injury (Month, Day, Year)		33b. Time of Injury M	
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)	

200300003200
Filed for Record in
Mercer County, Ohio
TAMARA K BARGER
04-03-2003 08:37 AM
HFD/DAVIT 16.00
OR Book 161 Page 1825

200300003200
ROESTERS
FILE