

Instrument 200300004597 OR Book 164 Page 1877

AFFIDAVIT
(O.R.C. 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

ALEENE M. HART, being duly cautioned and sworn, deposes and says that:

1] She is the age of majority and is a resident of 424 E. South Street, P. O. Box 65, Coldwater, Mercer County, Ohio.

2] She is the surviving spouse of Wallace E. Hart, who died February 28, 2003, a resident of Coldwater, Mercer County, Ohio. A certified copy of the death certificate of Wallace E. Hart is attached hereto.

3] There is a Survivorship Deed dated October 16, 1996 and recorded on October 24, 1996 at 11:04 a.m., in Official Record Volume 17, Page 923, Mercer County Recorder's Records, which conveyed to Wallace E. Hart and Aleene M. Hart, husband and wife, for their joint lives, remainder to the survivor of them, the following described real estate:

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

Being the South half (1/2) of Out-lot Number Twenty-five (25) in the Village of Coldwater, as the same is numbered and delineated on the recorded plat thereof, of record in Plat Book 2, Page 91, in the Recorder's Office, Mercer County, Ohio.

Subject to all legal highways, easements and restrictions of record.

Tax Parcel #5-026700.0000

Tax map # 08-34-128-003

4] Wallace E. Hart's estate contained no probatable assets and thus there was no administration of his estate in Mercer County, Ohio, nor was the filing of an Ohio Estate Tax Return required.

5] That by virtue of the death of Wallace E. Hart, 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, Aleene M. Hart.

Aleene M. Hart
Aleene M. Hart

SWORN TO BEFORE ME and subscribed in my presence this 5 day of MAY, 2003.

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAY 07 2003

MERCER COUNTY
TAX MAP DEPARTMENT

Roy D. Peck
Notary Public for the State of Ohio
My Commission expires: 8/27/06

ROY D. PECK, NOTARY PUBLIC
State of Ohio - Mercer County
My Commission Expires August 27, 2006

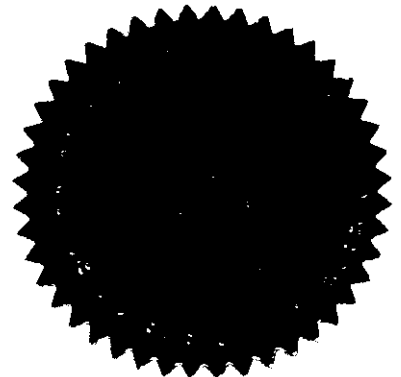
SEAL

This instrument prepared by: Knapke Law Office, 115 N. Walnut St., Celina, OH 45822

I hereby certify that this is a true copy of the original certificate as registered in the Division of Vital Statistics, Mercer County Health Department, Celina, OH.

MAR 03 2003
DATE

Denise Brown
LOCAL REGISTRAR, DISTRICT #54



DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 56

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) Wallace E. HART				2 Sex Male		3 Date Of Death (Month, Day, Year) Feb 28, 2003	
4 Social Security Number [REDACTED]		5a Age-Last Birthday (Years) 79		5b Under 1 Year Months _____ Days _____		5c Under 1 Day Hours _____ Minutes _____	
6 Date of Birth (Month, Day, Year) May 12, 1923				7 Birthplace (City and State or Foreign Country) MO			
8 Was Decedent Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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) Briarwood Manor Nursing Home				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) Aleene		12a Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Insurance Sales		12b Kind Of Business/Industry Insurance	
13a Residence-State OH		13b County Mercer		13c City, Town, Twp., or Location Coldwater		13d Street and Number 424 E South 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) 4				17 Decedent's Education (Specify) 4			

PARENTS

17 Father's Name (First, Middle, Last) Morris V. Hart		18 Mother's Name (First, Middle, Maiden Surname) Margaret Hulse	
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INFORMANT

19a Informant's Name (Type/Print) Mrs. Aleene Hart		19b Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 424 E South St, Coldwater, OH 45828	
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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	
20d Date of Disposition Mar 5, 2003		21a Name of Embalmer Brian J. Hogenkamp		21b License Number 8083A	

REGISTRAR

22a Signature of Funeral Director or Other Person <i>[Signature]</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	
24 Registrar's Signature <i>[Signature]</i>		25 Date Filed (Month, Day, Year) March 3, 2003		26b Dist No 54	
26a Signature of Person Issuing Permit <i>[Signature]</i>		27 Date Permit Issued 3/3/03			

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 11:20 p.m.		28c Date pronounced Dead (Month, Day, Year) February 28, 2003		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 46330		28g Date Signed (Month, Day, Year) 3/3/2003	

CAUSE OF DEATH

29 Name And Address of Person who Completed Cause of Death (Type/Print) John J. Naveau MD 407 S Oak St Celina OH 45822			
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) → Alzheimer's Disease		Approximate Interval Between Onset and Death 4 years	
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 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) M	
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 - All 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

Instrument 200300004597 OR 164 1879

Information Concerning the Burial of Deceased Members and Former Members of the Armed Forces of the United States

Funeral directors are required by law to furnish the following additional information for deceased members or former members of the Armed Forces

Name of deceased Wallace E. Hart Date of Death 02/28/2003

State of birth MO Date of Birth 05/12/1923

1 Branch of Service US Air Force 2 Date of Entry into Service

3 Type of Separation or Discharge from Service Honorary 4 Date of Separation/Discharge

Name of Cemetery St. Elizabeth Cemetery Date of Burial 03/05/2003

5 Location of Cemetery Location of Cemetery COUNTY Mercer CITY

Location of Cemetery Location of Cemetery TOWNSHIP VILLAGE

6 Name or Number of Section in Cemetery X

7 Number of Lot C 8 Number of Grave 13

Information relative to a deceased veteran may be secured from the Veteran's Discharge Papers.

Instructions -- Cause of Death

The Cause of Death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part I., the **immediate** cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The **underlying** cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. **ONLY ONE CAUSE OF DEATH SHOULD BE ENTERED ON A LINE.** Additional lines may be added if necessary. Provide the best estimates of the interval between the onset of each condition and death. Do not leave the interval blank, if unknown, so specify.

In Part II., enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in PART I.

EXAMPLE #1

30. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, 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) → **Fractured skull and internal bleeding** Approximate Interval Between Onset and Death

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

B. Due to (or as a consequence of): **Blunt impact to body and head**

C. Due to (or as a consequence of): **Traffic accident**

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? ☒ YES ☐ NO 31b. Were autopsy findings available prior to completion of cause of death? ☒ YES ☐ NO

32. Manner of Death ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

33a. Date of Injury (mm-dd-yy) **6-24-93** 33b. Time of Injury **11:30 P_M** 33c. Injury at work? ☐ Yes ☒ No

33d. Describe how injury occurred **Pedestrian crossing high-**

33e. Place of Injury-- At home, farm, street, factory, office building, etc. (specify) **way** 33f. Location (Street and Number or Rural Route Number, City or Town, State)

CAUSE OF DEATH

EXAMPLE #2

30. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, 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) → **Myocardial infarction** Approximate Interval Between Onset and Death

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

B. Due to (or as a consequence of): **Arteriosclerotic heart disease** **3 years**

C. Due to (or as a consequence of): **Arteriosclerosis** **20 years**

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

Diabetes Mellitus

31a. Was an autopsy performed? ☐ YES ☒ NO 31b. Were autopsy findings available prior to completion of cause of death? ☐ YES ☐ NO

32. Manner of Death ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

33a. Date of Injury (mm-dd-yy)

33b. Time of Injury **M** ☐ Yes ☐ 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)

CAUSE OF DEATH

200300004597 JV
Filed for Record in
MERCER COUNTY, OHIO
TAMARA K BARGER
05-07-2003 02:55 pm.
AFFIDAVIT 20.00
OR Book 164 Page 1877 - 1879A

200300004597
KNAPKE
FILE

TRANSFERRED

MAY 07 2003

**MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO**

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.

KP 5-7-03
Deputy Aud. Date