

AFFIDAVIT AS TO DEATH OF LIFE TENANT

State of Ohio)
) ss
County of Mercer)

David J. Hemmelgarn, being first duly sworn, states:

I.

Affiant resides at 5395 Ft. Recovery-Minster Road, St. Henry, Ohio 45883, and is the Son of Frank B. Hemmelgarn, who died on November 27, 1996, a resident of the Village of Coldwater, County of Mercer, Ohio

II.

Said Frank B. Hemmelgarn was the tenant for life in the following described real estate, under a Certificate of Transfer in the Estate of Leona E. Hemmelgarn (Mercer County Probate Court Case No. 21043-83) to David J. Hemmelgarn, granting a life estate to Frank B. Hemmelgarn with the remainder to the said David J. Hemmelgarn, dated January 24, 1984 and presented for recording in Deed Book 292, page 277 in the office of the Recorder of Mercer County on January 20, 1984:

Situate in the Township of Granville, County of Mercer, State of Ohio.

The Southeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-five (25), Township Seven (7) South, Range Two (2) East, containing Forty (40) acres, more or less except Three (3) acres in the Southeast corner deeded by Christopher Schunck and wife to John B Purcell by Deed dated April 2, 1858, and recorded in Book 1, Page 551, Deed Records of Mercer County, Ohio and about Two (2) acres, more or less, in the Northwest corner being that part which has formerly been attached to the Town of Cranberry, Mercer County, Ohio, containing Thirty-five and 75/100 (35.75) acres, more or less.

LESS AND EXCEPT THE FOLLOWING: Being part of the Southeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-five (25), Town Seven (7) South, Range Two (2) East and more particularly described as follows, to wit:

Beginning at a point that is Four Hundred (400) feet North of the Southeast corner of the Southwest Quarter (1/4) of Section Twenty-five (25) aforesaid, as the place of beginning. (Said point of beginning being One Hundred Two (102) feet North of the North boundary line of a Three (3) acre tract of the St. Francis Catholic Church, such Church real estate deeded to John B. Purcell by Deed dated April 2, 1858, and recorded in Book 1, Page 551, Deed Records of Mercer County, Ohio); thence North One Hundred Two (102) feet to a point; thence West Two Hundred Sixteen (216) feet to a point; thence South One Hundred Two (102) feet to a point; thence East Two Hundred Sixteen (216) feet to the place of beginning.

ALSO LESS AND EXCEPT THE FOLLOWING: Being a part of the Southeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-five (25), Town Seven (7) South, Range Two (2) East, and described as follows:

Beginning at a point that is Four Hundred (400) feet North of the Southeast corner of the Southwest Quarter (1/4) of Section 25 aforesaid as the place of beginning (said point of beginning being One Hundred Two (102) feet North of the North boundary line of a Three (3) acre tract of the St. Francis Catholic Church); thence West Two Hundred Sixteen (216) feet to a point; thence South One Hundred Two (102) feet to a point; thence East Two Hundred Sixteen (216) feet to the Half Section line; thence North on the Half Section Line One Hundred Two (102) feet to the place of beginning and containing One-half (1/2) acre of land, more or less.

ALSO LESS AND EXCEPT THE FOLLOWING: Being a tract in the Southeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-five (25), Town Seven (7) South, Range Two (2) East, commencing at the Southeast corner of said Quarter (1/4) Section; thence due West Seven Hundred Thirty-Nine and Forty-five Hundredths (739.45) feet along the Section line to an iron pin for the point of beginning for this description; thence continuing due West One Hundred Twenty-five (125.00) feet along the Section line and centerline of Ft. Recovery-Minster Road to an iron pin; thence North 1 degree 00' East Three Hundred Fifty (350) feet to a point; thence due East One Hundred Twenty-five (125.00) feet to a point; thence South 1 degree 00' West Three Hundred Fifty (350.00) feet to the point of beginning containing 1.004 acres of land.

**HOWELL
& ABRAMS**
ATTORNEYS AT LAW
117 South Main Street
Suite B
Celina, Ohio 45822
419-586-6165

TRANSFERRED

FEB 6 1997

**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.

2/6/97
Deputy Aud. Date

Said tract being subject to highways and any other easement or restriction of record.

The above description is based on a survey by Alvin J. Spraley, Registered Surveyor No. 5016 on November 17, 1979.

Containing after said exceptions 33.746 acres of land, more or less.

III.

By reason of the death of said Frank B. Hemmelgarn, the remainder interest of David J. Hemmelgarn has risen to present enjoyment. A copy of the certificate of Frank B. Hemmelgarn's death is attached hereto as Exhibit "A".

IV.

This Affidavit is executed to enable the Auditor of Mercer County to transfer the ownership of said real property upon the Auditor's Tax List into the name of the present owner, and out of the name of the deceased life tenant, pursuant to RC 319.20.

Witnesses:

Paul E. Howell
Paul E. Howell

David J. Hemmelgarn
David J. Hemmelgarn

Robert A. Abrams
Robert A. Abrams

Sworn to before me and subscribed in my presence this 1st day of February, 1997.

Paul E. Howell
Notary Public

PAUL E. HOWELL
Attorney-at-Law

My Commission has no Expiration
O.R.C. 147.03

Instrument Prepared By:

Paul E. Howell
Attorney at Law
117 S. Main Street, Suite B
Celina, Ohio 45822
(419) 586-6165

APPROVED

FEB 06 1997

MERCER COUNTY
TAX MAP DEPARTMENT

BY

ENG. MAP #: 071-2500-00-010.00(7)

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& ABRAMS**
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EXHIBIT A
I hereby certify that this is a true copy of the original certificate as registered in the Division of Vital Statistics of the Mercer County Health Department, Celina, Ohio.

DEC 4 - 1996

DATE

Shirley Williams

LOCAL REGISTRAR, DISTRICT #54



VOL 23 PAGE 437

DO NOT WRITE IN MARGIN
RESERVED FOR OOH DATA CODING

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 262

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

State File No.

1. Decedent's Name (First, Middle, Last) FRANK B. HEMMELGARN		2. Sex MALE		3. Date of Death (Month, Day, Year) NOV. 27, 1996	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 92		5b. Under One Year Months _____ Days _____	
6. Date of Birth (Month, Day, Year) 11/10/04		7. Birthplace (City and State or Foreign Country) St. Henry, O.			
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. 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 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, Ohio		9d. County of Death Mercer	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Widowed		11. Surviving Spouse (If Wife, Give Maiden Name) [REDACTED]		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Farming	
12b. Kind of Business/Industry Agriculture		13a. Residence-State Ohio		13b. County Mercer	
13c. City, Town, Twp., or Location St. Henry		13d. Street and Number 1551 Cranberry Road		13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13f. ZIP Code 45883		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) Unk.		17. Father's Name (First, Middle, Last) John Hemmelgarn		18. Mother's Name (First, Middle, Maiden Surname) Bernadine	
19a. Informant's Name (Type, Print) David Hemmelgarn		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 5395 Ft. Recovery-Minster Rd. St. Henry, O			
20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) St. Francis Cemetery		20c. Location (City or Town, State) Cranberry Prairie, O	
20d. Date of Disposition Dec. 2, 1996		21a. Name of Embalmer Brian Hogenkamp		21b. License Number 8083-A	
22a. Signature of Funeral Director or Other Person <i>[Signature]</i>		22b. License Number (for Licensee) 6341		23. Name and Address of Facility N. J. Hogenkamp Sons Inc. 221 East Main St. St. Henry, Ohio 45883	
24. Registrar's Signature <i>[Signature]</i>		25. Date Filed (Month, Day, Year) Dec 4, 1996		26. District No. 5400	
26a. Signature of Person Issuing Permit <i>[Signature]</i>		27. Date Permit Issued 11/29/96			
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 1:15 PM		28c. Date pronounced Dead (Month, Day, Year) 11/27/96		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 08272		28g. Date Signed (Month, Day, Year) 11/29/96	
29. Name and Address of Person who Completed Cause of Death (Type/Print) J. B. Schwieterman MD 8381 SR 119 Maria Stein					
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) Bacteremia					
Sequently list conditions, if any, leading to the immediate cause. Urinary Tract Infection					
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death) Prostatic Transitional Cell Cancer of Bladder					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension CVD					
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) [REDACTED]		33b. Time of Injury M	
33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33d. Describe How Injury Occurred 9700000621		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify) [REDACTED]	
33f. Location (City or Town, State) MERCER COUNTY, OHIO		33g. Location (City or Town, State) ANDREA I. SCHROVER			

HEA 2717
5152.06 Rev. 5/94

9700000621
HOWELL & ABRAMS
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On 02-06-1997 At 11:24 am.
AFFIDAVIT
Vol. 23 Pg. 434 - 437