

**AFFIDAVIT**  
(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

Sylvia D. Wolters, of 6580 Brookside Drive, Celina, OH 45822, being first duly sworn, deposes and says that she is the surviving spouse of Mark H. Wolters, who died on July 18, 1999, at Celina, Ohio; that at the time of his death, this affiant and Mark H. Wolters were wife and husband and all the owners of the following described real estate:

*Deed* Situated in the Township of Franklin, County of Mercer, and State of Ohio, and bounded and described as follows:

Being all of Lot Number Fifty-two (52) of the Subdivision of Lots 33 and 34 in Brookside Estates, Franklin Township, Mercer County, Ohio, as shown on the recorded plat thereof, Plat Cabinet 1, Pages 173, 174, 175, 220, and 221, Recorder's Office, Mercer County, Ohio, subject to all easements, restrictions, conditions, and limitations imposed thereon;

and that the deed indicating their ownership is recorded at Official Record Volume 14, Page 270, Mercer County Recorder's Office.

By virtue of the death of Mark H. Wolters, the undersigned is the surviving owner in fee simple of the above described property.

The Estate of Mark H. Wolters is being administered in the Probate Court of Mercer County, Ohio, under Case #991151. All debts, claims, and charges against the estate including any Ohio estate taxes will be fully paid during the administration of said estate.

An Ohio estate nontaxable return of decedent's property will be filed in the Mercer County Probate Court.

A copy of the death certificate is attached hereto.

Further this affiant saith not.

Tax I.D. No. 09-119300.5600

*Sylvia D. Wolters*  
Sylvia D. Wolters

*Sworn* I, \_\_\_\_\_, do hereby swear to, before me and subscribed in my presence by Sylvia D. Wolters this \_\_\_\_\_ day of December, 1999.

DAVID WM. BRUNS, Attorney at Law  
Notary Public, State of Ohio  
My Commission Expires No Expiration Date  
Section 147.03 R.C.

*David W. Bruns*  
Notary Public - State of Ohio

Instrument prepared by:  
David Wm. Bruns  
Attorney at Law  
123 West Main Street  
Coldwater, OH 45828  
Phone: 419-678-4317  
Attorney Reg. #0002539

DEC 07 1999

MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

DEC 07 1999

MERCER COUNTY  
TAX MAP DEPARTMENT

TAX MAP #: 09-29-104-009

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

*5/11*  
12-7-99  
Deputy Audit. Data

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

JUL 22 1999

Shirley Williams

DATE

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. 165

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) <b>Mark Herman WOLTERS</b>		2. Sex <b>Male</b>	3. Date Of Death (Month, Day, Year) <b>July 18, 1999</b>
4. Social Security Number <b>[REDACTED]</b>	5a. Age-Last Birthday (Years) <b>53</b>	5b. Under 1 Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____
6. Date of Birth (Month, Day, Year) <b>Mar 21, 1946</b>		7. Birthplace (City and State or Foreign Country) <b>Maria Stein OH</b>	
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 type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____			
9b. Facility Name (If Not Institution, Give Street And Number) <b>6580 Brookside Dr</b>		9c. City, Village, Twp., or Location of Death <b>Celina</b>	
9d. County of Death <b>Mercer</b>		10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
11. Surviving Spouse, If Wife Give Maiden Name <b>Sylvia Bertsch</b>		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) <b>Management</b>	
12b. Kind Of Business/Industry <b>Cargo Carrier</b>		13a. Residence-State <b>OH</b>	
13b. County <b>Mercer</b>		13c. City, Town, Twp., or Location <b>Celina</b>	
13d. Street and Number <b>6580 Brookside Dr</b>		13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13f. ZIP Code <b>45822</b>		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) <b>White</b>		16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) <b>2</b>	
17. Father's Name (First, Middle, Last) <b>Alphonse Wolters</b>		18. Mother's Name (First, Middle, Maiden Surname) <b>Clara Heitkamp</b>	
19a. Informant's Name (Type, Print) <b>Mrs. Sylvia Wolters</b>		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>6580 Brookside Dr, Celina, OH 45822</b>	
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) <b>St. Elizabeth Cemetery</b>	
20c. Location City or Town, State <b>Coldwater, OH</b>		20d. Date of Disposition <b>July 21, 1999</b>	
21a. Name of Embalmer <b>B. Jay Hogenkamp</b>		21b. License Number <b>6324A</b>	
22a. Signature of Funeral Director or Other Person <b>[Signature]</b>		22b. License Number (of Licensee) <b>7618</b>	
23. Name and Address of Facility <b>N.J. Hogenkamp Sons, Inc. 715 East Main Coldwater, OH 45828-0066</b>		24. Registrar's Signature <b>[Signature]</b>	
25. Date Filed (Month, Day, Year) <b>July 22, 1999</b>		26a. Signature of Person Issuing Permit <b>[Signature]</b>	
26b. Dist. No. <b>54</b>		27. Date Permit Issued <b>7/21/99</b>	
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 <b>5:30 pm M</b>		28c. Date pronounced Dead (Month, Day, Year) <b>July 18, 1999</b>	
28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28e. Signature And Title of Certifier <b>[Signature]</b>	
28f. License Number <b>34-00-3569-5</b>		28g. Date Signed (Month, Day, Year) <b>7/21/99</b>	
29. Name And Address of Person who Completed Cause of Death (Type, Print) <b>THOMAS SANTANZLEO 1107 W. MAIN CELINA, OH</b>			
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) → <b>RESPIRATORY FAILURE</b> Sequentially list conditions if any, leading to the immediate cause Enter Underlying Cause Last (Disease or injury that initiated events resulting in death) <b>ACUTE MYOCARDIAL INFARCTION CA</b> <b>POISONING FENITRACETIC CA</b>			
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) <b>M</b>	
33b. Time of Injury <b>M</b>		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)		33g. Location (Street and Number or Rural Route Number, City or Town, State)	

SEE INSTRUCTIONS  
ON REVERSE SIDE

199900008067  
Filed for Record in  
MERCER COUNTY, OHIO  
ANDREA L SCHROYER  
On 12-07-1999 At 11:38 am.  
AFFIDAVIT 14.00  
OR Book 99 Page 945 - 946

199900008067  
BRUNS  
FILE