

Joint and Survivorship Affidavit

STATE OF OHIO, COUNTY OF MERCER, SS:

Robert L. Weitzel, 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 215 Eastview Drive, Coldwater, Mercer County, Ohio 45828.

3. I am the husband of Dorothy A. Weitzel who died a resident of Mercer County on September 13, 2004. A certified copy of the death certificate of Dorothy A. Weitzel is attached hereto.

4. Dorothy A. Weitzel and I acquired fee simple title, with rights of survivorship, to certain real estate by virtue of a survivorship deed dated January 3, 2001, filed for record on January 9, 2001 at 11:09 a.m., and recorded in Volume OR119, Page 2251 Mercer County Official Records.

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

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

Being Lot Number Eight Hundred and Sixty-three (863) in Restful Acres, Second Addition, as shown on the recorded plat of said Addition, in Plat book 9, Page 16, Recorder's Office, Mercer County, Ohio.

Tax ID #05-125500.0000

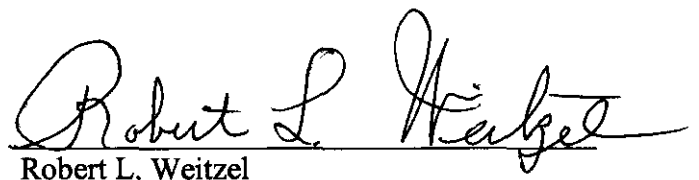
Tax map # 08-27-381-001

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. The above-described real estate is the only real estate in which the decedent had an ownership interest.

8. No estate tax return is required to be filed because the gross estate, which includes the above-described real estate, falls below the filing requirements set forth in Ohio Revised Code Section 5731.21(A)(3). Such real estate shall be free of any lien for estate taxes under Ohio Revised Code Section 5731.02 and 5731.19(A).

9. Further affiant sayeth not.


Robert L. Weitzel

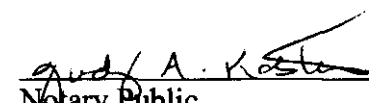
Sworn to before me and subscribed in my presence by **Robert L. Weitzel** on this 26th day of January, 2005.

SEAL

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

FEB 01 2005

MERCER COUNTY
DEPARTMENT


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

Instrument Prepared By: Judy A. Koesters, Attorney at Law, 201 E. Vine Street, Coldwater, Ohio 45828 (419) 678-2378 j&s4/pro/mr

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, Ohio.

SEP 17 2004

DATE

LOCAL REGISTRAR, DISTRICT #54

Instrument 200500000693 OR Book Page 195 1156

DO NOT WRITE IN
MARGIN
RESERVED FOR ODH
DATA CODING

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 193

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

State File No.

SEAL

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

IF DEATH OCCURRED
IN INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION →

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

f. _____

g. 5400

i. _____

J. _____

k. _____

l. _____

m. _____

n. _____

o. _____

p. _____

q. _____

r. _____

s. _____

t. _____

u. _____

SEE INSTRUCTIONS
ON REVERSE SIDEHEA 2717
5152.06 Rev. 2/97

1. Decedent's Name (First, Middle, LAST) Dorothy A. WEITZEL				2. Sex Female		3. Date Of Death (Month, Day, Year) September 13, 2004					
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 73		5b. Under One Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____		6. Date of Birth (Month, Day, Year) May 7, 1931		7. Birthplace (City, County and State of Foreign Country) Shelby County OH	
8. 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) _____							
10. Facility Name (If Not Institution, Give Street And Number) 215 Eastview Dr						11. City, Village, Twp., or Location of Death Coldwater			12. County of Death Mercer		
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Robert Weitzel		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired.) Nurse			12b. Kind Of Business/Industry Health Care				
13a. Residence-State Ohio		13b. County Mercer		13c. City, Town, Twp., or Location Coldwater			13d. Street and Number 215 Eastview Dr				
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.) White			15. Race-American Indian, Black, White, etc. (Specify)		16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4		
17. Father's Name (First, Middle, Last) Frank Seger						18. Mother's Name (First, Middle, Maiden Surname) Mary Zimmerman					
19a. Informant's Name (Type/Print) Robert Weitzel				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 215 Eastview Dr, Coldwater, Ohio, 45828-							
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 45828-0120			
20d. Date of Disposition September 16, 2004				21a. Name of Embalmer (First, Middle, Last) Scott A. Hogenkamp				21b. License Number 8415A			
22a. Signature of Funeral Director or Other Person [Signature]				22b. License Number (of Licensee) 7618				23. Name and Address of Facility (Include City, State and ZIP Code) N.J. Hogenkamp Sons, Inc. 715 East Main Coldwater, OH 45828-0120			
24. Registrar's Signature [Signature]				25. Date Filed (Month, Day, Year) September 17, 2004				26. Dist. No. 54			
26a. Signature of Person Issuing Permit [Signature]				26b. Dist. No. 54				27. Date Permit Issued Sept 15, 2004			
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 11:30 AM				28c. Date pronounced Dead (Month, Day, Year) September 17, 2004				28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28e. Signature And Title of Certifier [Signature] MD						28f. License Number 35055465		28g. Date Signed (Month, Day, Year) Sept. 15, 2004			
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State, and ZIP code)											
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) → Lung Carcinoma										Approximate Interval Between Onset and Death 2 years	
Sequentially list conditions, if any, leading to the immediate cause.											
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.											
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"/> Could Not be Determined <input type="checkbox"/> Homicide				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)					

Instrument Book Page
200500000693 OR 195 1157

200500000693
Filed for Record in
MERCER COUNTY, OHIO
TAMARA K BARGER
02-01-2005 At 03:42 pm.
AFFIDAVIT 32.00
OR Book 195 Page 1155 - 1157

200500000693
KOESTERS
FILE

TRANSFERRED

FEB 01 2005

MARK GRESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

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

88 2/01/05
Deputy Aud. Date