

AFFIDAVIT

State of Ohio, County of Mercer, SS:

Bernard Aloysius Schmitz, being first duly sworn according to law, states as follows:

1. Affiant Bernard Aloysius Schmitz resides at 311 South Market Street, Coldwater, Mercer County, Ohio 45828.
2. Affiant is a brother of Florentine Esther Gehle (AKA Florentine E. Gehle).
3. Florentine Esther Gehle (AKA Florentine E. Gehle) died on November 23, 2004; a certified copy of the death certificate is attached hereto and made a part hereof..
4. At the time of her death, Florentine Esther Gehle resided at 311 South Market Street, Coldwater, Mercer County, Ohio.
5. The Estate of Florentine Esther Gehle is being administered in the Probate Court of Mercer County, Ohio, under Case #20051011.
6. The purpose of this affidavit is to extinguish the life estate of Florentine Esther Gehle, aka Florentine E. Gehle, as reserved in the deed recorded at Official Record Book 29, Page 348, Mercer County Recorder's Office.

Being Lot # 116, Village of Coldwater, Mercer County, Ohio.

Further affiant sayeth naught.

David W. Bruns

Witness David Wm. Bruns

Janice M. Schroer

Witness Janice M. Schroer

Bernard Aloysius Schmitz
Bernard Aloysius Schmitz

DESCRIPTION
SUFFICIENT
FOR TAX-MAPPING PURPOSES

Sworn to before me and subscribed in my presence by Bernard Aloysius Schmitz this
11 day of February, 2005.

MERCER COUNTY
TAX MAP DEPARTMENT

JANICE MARIE SCHWIETERMAN, Notary Public
in and for the State of Ohio
My Commission Expires May 3, 2007

Janice Marie Schwieterman-Schroer
Notary Public - State of Ohio

SEAL

TRANSFERRED

FEB 11 2005

MARCEL GOSIG
COUNTY AUDITOR
MERCER COUNTY, OHIO

Instrument prepared by:

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

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

150 2-11-05
Deputy Aud. Date

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, Cel Ohio.

NOV 24 2004

DATE

LOCAL REGISTRAR, DISTRICT #54

Instrument 200500000922 OR Book Page 185 2081

200500000922
Filed for Record in
MERCER COUNTY, OHIO
TAMARA K BARGER
02-11-2005 At 03:34 pm.
AFFIDAVIT 32.00
OR Book Page 185 2081
Page 2080 - 2081
OR 195

Reg. Dist. No. 54
Primary Reg. Dist. No. S400
Registrar's No. 250

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

DO NOT WRITE IN
MARGIN
RESERVED FOR OOH
DATA CODING

1. Decedent's Name (First, Middle, Last) Florentine Esther GEHLE						2. Sex Female		3. Date Of Death (Month, Day, Year) November 23, 2004		
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 93		5b. Under One Year Months Days		5c. Under 1 Day Hours Minutes		6. Date of Birth (Month, Day, Year) July 30, 1911		
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 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) Widowed		11. Surviving Spouse (If Wife, Give Maiden Name)		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired.) Homemaker			12b. Kind Of Business/Industry Home			
13a. Residence-State Ohio		13b. County Mercer		13c. City, Town, Twp., or Location Coldwater			13d. Street and Number 311 S Market 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) Elementary/Secondary (0-12) UNK College (1-4 or 5+)	

17. Father's Name (First, Middle, Last) John Schmitz		18. Mother's Name (First, Middle, Maiden Surname) Mary Anna Gugenbiller	
--	--	---	--

19a. Informant's Name (Type/Print) Bernard Schmitz		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 311 S Market ST, 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 November 27, 2004		21a. Name of Embalmer (First, Middle, Last) Brian J. Hogenkamp		21b. License Number 8083A	

22a. Signature of Funeral Director or Other Person <i>[Signature]</i>		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 <i>[Signature]</i>		25. Date Filed (Month, Day, Year) November 24, 2004			

26a. Signature of Person Issuing Permit <i>[Signature]</i>		26b. Dist. No. 54		27. Date Permit Issued Nov 23, 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 12:32 AM		28c. Date pronounced Dead (Month, Day, Year) 11/23/04		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 68272		28g. Date Signed (Month, Day, Year) 11/23/04	

29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State, and ZIP code) H D Schwinterman MD 8381 SR119 Maria Stein, Oh 45860					
---	--	--	--	--	--

30. Part I. Enter the disease, 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 blackink.		Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) → CHF		1 year	
Sequentially list conditions, if any, leading to the immediate cause. Chronic Renal Failure		1 year +	
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death) CVA		1 year +	
d. Due to (or as a Consequence of): FILE			

Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Dementia - Chronic gastritis sto Rt Mastectomy for Cancer				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 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)		33b. Time of Injury M		33c. Injury at Work? <input type="checkbox"/> Yes <input 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)					

SEE INSTRUCTIONS
ON REVERSE SIDE