

**AFFIDAVIT**

State of Ohio, County of Mercer, SS:

Nancy A. Gillis, being first duly sworn according to law, states as follows:

1. Affiant Nancy A. Gillis resides at 729 West Walnut Street, Coldwater, Mercer County, Ohio.
2. Affiant is the daughter of Amelia A. Forsthoefel.
3. Amelia A. Forsthoefel died on November 16, 2004; a certified copy of her death certificate is attached hereto and made a part hereof.
4. At the time of her death, Amelia A. Forsthoefel resided at 320 East North Street, Coldwater, Mercer County, Ohio.
5. The Estate of Amelia A. Forsthoefel is being administered in the Probate Court of Mercer County, Ohio, under Case #20041252.
6. The purpose of this affidavit is to extinguish the life estate of Amelia A. Forsthoefel as reserved in the deed recorded at OR Book Volume 31, Page 311, Mercer County Recorder's Office, which real property is described as follows, to-wit:

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

Being Lot Number 267 (Two Hundred Sixty-Seven) in Romers Addition to the incorporated Village of Coldwater, Ohio, as the same is shown on the recorded plat of said Village. *tax ID# 5-064400. — map# 8-27-355-014*

Further affiant sayeth naught.

*David W. Bruns*  
Witness - David Wm. Bruns

*Nancy A. Gillis*  
Nancy A. Gillis

*Rosalie Wright*  
Witness - Rosalie Wright

Sworn to before me and subscribed in my presence by Nancy A. Gillis this 23<sup>rd</sup> day of February, 2005.

ROSALIE WRIGHT, Notary Public  
In and for the State of Ohio  
My Commission Expires January 9, 2006

*Rosalie Wright*  
Notary Public - State of Ohio

SEAL

TRANSFERRED

FEB 24 2005

MARY GLESSIG  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

FEB 24 2005

MERCER COUNTY  
TAX MAP DEPARTMENT

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 Glessig Mercer  
County Auditor.

KP 2-24-05  
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, Cell. Ohio.

Instrument 200500001159 OR Book Page 196 545

NOV 17 2004  
DATE

Demio Brown  
LOCAL REGISTRAR, DISTRICT #54

SEAL

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 54  
Primary Reg. Dist. No. 5400  
Registrar's No. 245

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

State File No.

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_

1. Decedent's Name (First, Middle, Last) <b>Amelia FORSTHOEFEL</b>				2. Sex <b>Female</b>		3. Date Of Death (Month, Day, Year) <b>November 16, 2004</b>	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) <b>81</b>		5b. Under One Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____	
6. Date of Birth (Month, Day, Year) <b>March 18, 1923</b>				7. Birthplace (City, County and State or Foreign Country) <b>Coldwater, O</b>			
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 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>320 E North St</b>				9c. City, Village, Twp., or Location of Death <b>Coldwater</b>		9d. County of Death <b>Mercer</b>	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		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.) <b>Clerk</b>		12b. Kind Of Business/Industry <b>Grocery</b>	
13a. Residence-State <b>Ohio</b>		13b. County <b>Mercer</b>		13c. City, Town, Twp., or Location <b>Coldwater</b>		13d. Street and Number <b>320 E North St</b>	
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP Code <b>45828-</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 (9-12) <b>12</b> College (1-4 or 5+) _____							

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

PARENTS

17. Father's Name (First, Middle, Last) <b>John Bruns</b>		18. Mother's Name (First, Middle, Maiden Surname) <b>Francis Dressman</b>	
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INFORMANT

19a. Informant's Name (Type/Print) <b>Vicki Forsthoefer</b>		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>320 E North St, Coldwater, Ohio, 45828-</b>	
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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) <b>St. Elizabeth Cemetery</b>		20c. Location City Or Town, State <b>Coldwater, OH 45828-0120</b>	
20d. Date of Disposition <b>November 19, 2004</b>		21a. Name of Embalmer (First, Middle, Last) <b>Brian J. Hogenkamp</b>		21b. License Number <b>8083A</b>	

REGISTRAR

22a. Signature of Funeral Director or Other Person <i>[Signature]</i>		22b. License Number (of Licensee) <b>7618</b>		23. Name and Address of Facility (Include City, State and ZIP Code) <b>N.J. Hogenkamp Sons, Inc. 715 East Main Coldwater, OH 45828-0120</b>	
24. Registrar's Signature <i>[Signature]</i>		25. Date Filed (Month, Day, Year) <b>Nov 17, 2004</b>			
26a. Signature of Person Issuing Permit <i>[Signature]</i>		26b. Dist. No. <b>54</b>		27. Date Permit Issued <b>Nov 17, 2004</b>	

CELEBR

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>12:50 am</b>		28c. Date pronounced Dead (Month, Day, Year) <b>11/16/04</b>	
28d. Was Case Referred to Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28e. Signature And Title of Certifier <i>[Signature]</i>		28f. License Number <b>59399</b>	
				28g. Date Signed (Month, Day, Year) <b>11/16/04</b>	

CAUSE OF DEATH

29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State, and ZIP code) <b>JT Schwieterman MD 8381 SR119 Maria Stein Oh 45860</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>End Stage COPD</b>		200500001159	
Sequentially list conditions, if any, leading to the immediate cause. <b>CHE</b>		Filed for Record in MERCER COUNTY, OHIO TAMARA K BARGER	
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		02-24-2005 At 09:38 am. AFFIDAVIT 32.00 OR Book 196 Page 544 = 545	
		Approximate Interval Between Onset and Death <b>1 1/2 months</b>	

SEE INSTRUCTIONS ON REVERSE SIDE

Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Compression Fract. T4 T6 Cardiomyopathy</b>			
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) <b>FILE</b>	
33b. Time of Injury <b>M</b>		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)	