

Joint and Survivorship Affidavit

Michelle L. Ellis, of 5730 Township Line Road, Coldwater, Mercer County, Ohio,
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. I am the surviving spouse of Roger E. Ellis, aka Roger Ellis, who died a resident of Mercer County, Ohio on March 26, 2005. A Summary Release of Administration was filed in Case No. 20051109, Mercer County Probate Court. A certified copy of the death certificate of Roger Ellis is attached hereto.

3. Roger E. Ellis and I acquired fee simple title, with rights of survivorship, to certain real estate by virtue of a survivorship deed dated August 24, 2001, filed for record on August 27, 2001 at 3:19 p.m., and recorded in Volume OR129, Page 358, Mercer County Official Records.

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

Situated in the Township of Butler, in the State of Ohio and in the County of Mercer:

Being a parcel of land situated in the Northwest Quarter (1/4) of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Eighteen (18), Township Six (6) South, Range Two (2) East, being more particularly described as follows:

Commencing for reference at a corner stone at the Northwest corner of the Southwest Quarter (1/4) of said Section Eighteen (18); thence South along the West line of said Southwest Quarter (1/4) of Section Eighteen (18) and the centerline of Township Line Road, a distance of One Hundred Seventy-three and Thirty-seven Hundredths (173.37) feet to a railroad spike, said point being the place of beginning for the parcel to be conveyed by this instrument; thence continuing South along the last described line, a distance of One Hundred Eighty-nine and Ninety-three Hundredths (189.93) feet to a railroad spike; thence East a distance of Two Hundred Eight and Eighty-one Hundredths (208.81) feet to a Five-eighths (5/8) inch iron bar; thence North a distance of One Hundred Eighty-nine and Ninety-three Hundredths (189.93) feet to a Five-eighths 5/8 inch iron bar; thence West a distance of Two Hundred Eight and Eighty-one Hundredths (208.81) feet to the place of beginning, containing 0.910 acres of land, more or less.

Prior Deed Reference: Volume OR129, Page 358, Mercer County Official Records, and Volume 332, Page 597, Mercer County Deed Records.

Tax ID #02-005500.0000


Tax Map #8-18-300-001

5. 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.

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

7. 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).

8. Further affiant sayeth not.


Michelle L. Ellis

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.

MAR 29 2005

DATE

LOCAL REGISTRAR, DISTRICT #54

Instrument 200500002936 OR Book Page 199 670

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

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 2005 - 00080

State File No.

YES

1. Decedent's Name (First, Middle, LAST) ROGER ELLIS						2. Sex Male		3. Date of Death (Month, Day, Year) March 26, 2005	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 66		5b. Under One Year Months Days		5c. Under 1 Day Hours Minutes		6. Date of Birth (Month, Day, Year) Jan. 2, 1939	
7. Birthplace (City, County and State or Foreign Country) Springfield, Ohio									
8. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. Place of Death (Check Only One) Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <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) 5730 Township Line RD.						9c. City, Village, Twp., or Location of Death Coldwater		9d. County of Death Mercer	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Michelle Lyme		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Self-Employed		12b. Kind of Business/Industry Locksmith			
13a. Residence-State Ohio		13b. County Mercer		13c. City, Town, Twp., or Location Coldwater		13d. Street and Number 5730 Township Line RD.			
13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) 12 College (1-4 or 5+)	
17. Father's Name (First, Middle, Last) Robert B. Ellis						18. Mother's Name (First, Middle, Maiden Surname) Mary E. Swords			
19a. Informant's Name (Type/Print) Michelle Ellis						19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 5730 Township Line Rd. 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) Mercer Memory Gardens		20c. Location City or Town, State Celina, Ohio					
20d. Date of Disposition March 30, 2005		21a. Name of Embalmer (First, Middle, Last) Robert L. Cisco				21b. License Number 7251 A			
22a. Signature of Funeral Director or Other Person Robert L. Cisco		22b. License Number (of Licensee) 6517		23. Name and Address of Facility (Include City, State and ZIP code) Cisco Funeral Home 6921 St. rt. 703 E. Celina, Ohio 45822					
24. Registrar's Signature Denise Brown		25. Date Filed (Month, Day, Year) March 29, 2005							
26a. Signature of Person Issuing Permit Dome						26b. Dist. No. 54		27. Date Permit Issued March 29, 2005	
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 3:03 P. M.		28c. Date Pronounced Dead (Month, Day, Year) March 26, 2005		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
28e. Signature and Title of Certifier [Signature]				28f. License Number 3323		28g. Date Signed (Month, Day, Year) 8/28/05			
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) Terry Roode DO 801 Pro Dr. Celina, Ohio 45822									
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)		a. CARDIOVASCULAR COLLAPSE						IMMEDIATE	
Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		b. Due to (or as a Consequence of) METASTATIC COLON CANCER						12 YEARS	
		c. Due to (or as a Consequence of)							
		d. Due to (or as a Consequence of)							
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 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)	

DO NOT WRITE IN MARGIN RESERVED FOR DDH DATA CODING

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

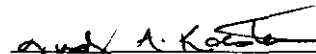
CERTIFIER

CAUSE OF DEATH

SEE INSTRUCTIONS ON REVERSE SIDE

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by **Michelle L. Ellis** on this 11th day of May, 2005.


Notary Public

SEAL

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

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAY 12 2005

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

MAY 12 2005

MARCO J. GIESE
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.

Kp 5-12-05
Deputy Aud. Date

200500002936
Filed for Record in
MERCER COUNTY, OHIO
TAMARA K BARGER
05-12-2005 At 02:36 pm.
AFFIDAVIT **40.00**
DR Book 199 Page 669 - 671

200500002936
KOESTERS
FILE