

AFFIDAVIT

(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

Dorma R. Dues (AKA Dorma Dues), of 611 Terrace Avenue, Coldwater, OH 45828, being first duly sworn, deposes and says that she is the surviving spouse of Stanley H. Dues, who died on June 25, 2005, at Coldwater, Ohio; that at the time of his death, this affiant and Stanley H. Dues were wife and husband, and all of the owners of the following described real estate:

Situate in the Village of Coldwater, in the County of Mercer, and State of Ohio:

Being Lot Numbered 1401 in Eastview First Addition to the Village of Coldwater, Ohio, as shown on the recorded plat of said addition in Plat Cabinet 1, Page 177, Recorder's Office, Mercer County, Ohio.

Said conveyance is subject to all restrictions, conditions, and provisions shown on said plat and also in Miscellaneous Volume 9, Pages 105 and 106, all in the Recorder's Office, Mercer County, Ohio, which are incorporated herein by reference, the same as if fully rewritten herein, and subject to the zoning restrictions of the Village of Coldwater, Ohio.

Last Transfer: Official Record Book 133, Page 2562, Mercer County Recorder's Office.

Permanent Parcel No. 5-180900.0000
Tax Map No. 8-27-402-006

By virtue of the death of Stanley H. Dues, the undersigned is the sole surviving owner of the above-described real property.

The Estate of Stanley H. Dues is being administered in the Probate Court of Mercer County, Ohio, under Case #20051154.

A certified copy of the death certificate is attached hereto.

Further this affiant saith not.

Dorma R. Dues
Dorma R. Dues

Sworn to me before me and subscribed in my presence by Dorma R. Dues this 29th day of SEPTEMBER, 2005.

SEAL

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

TRANSFERRED

SEP 30 2005

MARK GIESIGE
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 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 9-30-05
Deputy Aud. Date

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

SEP 30 2005

MERCER COUNTY
TAX MAP DEPARTMENT

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. Book Page 204 1576

JUN 30 2005

DATE

LOCAL REGISTRAR, DISTRICT #54

SENT

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 2005-00162

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) Stanley Henry DUES				2. Sex Male		3. Date Of Death (Month, Day, Year) June 25, 2005	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 80		5b. Under One Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____	
6. Was Decedent Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				7. Birthplace (City, County and State or Foreign Country) Mercer County OH			
8. Place of Death (Check Only One) <input checked="" 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) _____				9. City, Village, Twp., or Location of Death Coldwater		9d. County of Death Mercer	
10. Facility Name (If Not Institution, Give Street And Number) Briarwood Manor Nursing Home				11. Surviving Spouse (If Wife, Give Maiden Name) Dorma R Cummins		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired.) Factory	
12b. Kind Of Business/Industry Manufacturing				13a. Residence-State Ohio			
13b. County Mercer		13c. City, Town, Twp., or Location Coldwater		13d. Street and Number 611 Terrace Ave			
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) 12				16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) 12 College (14 or 5+) _____			

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

PARENTS

17. Father's Name (First, Middle, Last) **Joseph J Dues**
18. Mother's Name (First, Middle, Maiden Surname) **Mary T Kaup**

INFORMANT

19a. Informant's Name (Type/Print) **Dorma R. Dues**
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)
611 Terrace Ave, Coldwater, Ohio, 45828-

DISPOSITION

20a. Method of Disposition
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ 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
June 28, 2005
21a. Name of Embalmer (First, Middle, Last)
Brian J. Hogenkamp
21b. License Number
8083A

REGISTRAR

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)
June 30, 2005
26a. Signature of Person Issuing Permit
[Signature]
26b. Dist. No.
54
27. Date Permit Issued
June 28, 2005

CERTIFIER

28a. Certifier (Check Only One)
☒ 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.
☐ 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
4:45 AM
28c. Date pronounced Dead (Month, Day, Year)
June 25, 2005
28d. Was Case Referred to Coroner?
☐ Yes ☒ No
28e. Signature And Title of Certifier
[Signature]
28f. License Number
35-072242
28g. Date Signed (Month, Day, Year)
6/28/2005

CAUSE OF DEATH

SEE INSTRUCTIONS ON REVERSE SIDE

29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State, and ZIP code) Peter R. White, M.D., 950 S. Main St., Ste. 6, Celina, OH 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 blackink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) → Respiratory Failure			2 Weeks
Sequentially list conditions, if any, leading to the immediate cause. CHF			5 Years
Enter Underlying Cause Last (Disease or Injury that initiated events resulting in death) COPD/Pleural Effusion			32.005 Years
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Breast CA			
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) M 33b. Time of Injury M 33c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33d. Describe How Injury Occurred		33f. Location (Street and Number or Rural Route Number, City or Town, State)	