

Joint and Survivorship Affidavit

STATE OF OHIO, COUNTY OF MERCER, SS:

Homer H. Schieltz of 406 W. Elizabeth Street, Coldwater, Ohio 45828, 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 Clara D. Schieltz who died a resident of Coldwater, Mercer County, Ohio on April 3, 2007. A certified copy of the death certificate of Clara D. Schieltz is attached hereto.
- 3. Clara D. Schieltz and I acquired fee simple title, with rights of survivorship, to certain real estate by virtue of a Joint and Survivorship Deed dated April 5, 2005, filed for record on April 5, 2005 at 3:56 p.m., and recorded in Volume OR197, Page 2204, Mercer County Official Records.
- 4. The real estate affected by this Affidavit is more particularly described as follows:

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

Being Lot Number Five Hundred Eighty-six (586) in Selhorst First Addition, as shown on the recorded plat of said Village, subject to all restrictions and zoning laws as shown and recited on the plat of said Selhorst First Addition recorded in Plat Book 4, Page 52, Recorder's Office, Mercer County, Ohio.

Tax ID #05-097400.0000
Tax Map #08-28-455-018
- 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 at the time of her death.
- 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). The above-described 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 says and swears that the above is true and correct.
SUFFICIENT FOR TAX MAPPING PURPOSES

APR 17 2007

Homer H. Schieltz
Homer H. Schieltz

MERCER COUNTY TAX MAP DEPARTMENT

Sworn to before me and subscribed in my presence by Homer H. Schieltz on this 17th day of April, 2007.

TRANSFERRED

APR 17 2007

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

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

Exemption paragraph, conveyance fee E(N)
The Grantor and Grantee of this deed have complied with the provisions of R. C. Sec. 319, 202 Mark Giesige Mercer County Auditor, Ohio
4-17-07
Deputy Aud. Date

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 54

Primary Reg. Dist. No. 5400

Registrar's No. 2007000115

Ohio Department of Health

VITAL STATISTICS

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

State File No.

1. Decedent's Legal Name (include AKA's if any) (First Middle, LAST, suffix) CLARA DELORES SCHIELTZ						2. Sex Female		3. Date of Death (Mo/Day/Year) April 03, 2007					
4. Social Security Number [REDACTED]		5a. Age (Years) 73		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) September 20, 1933		7. Birthplace (City and State or Foreign Country) CARTHAGENA, OHIO			
8a. Residence State OHIO				8b. County MERCER				8c. City or Town COLDWATER					
8d. Street and Number 406 W Elizabeth ST						8e. Apt. No.		8f. Zipcode 45828		8g. Inside City Limits? Yes			
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Married				11. Surviving Spouse's Name (If wife, give name prior to first marriage) HOMER SCHIELTZ							
12. Decedent's Education 9TH THRU 12TH GRADE; NO DIPLOMA				13. Decedent of Hispanic Origin No				14. Decedent's Race White					
15. Father's Name FERDINAND SELHORST						16. Mother's Name (prior to first marriage) THERESA HEMMELGARN							
17a. Informant's Name HOMER SCHIELTZ						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 406 W Elizabeth St COLDWATER, OHIO 45828					
18a. Place of Death Nursing Home/Long Term Care Facility						18b. Facility Name (if not institution, give street & number) BRIARWOOD MANOR							
18c. City or Town, State and Zip Code COLDWATER, OH 45828						18d. County of Death MERCER							
19. Signature of Funeral Service Licensee or Other Agent <i>Brian James Hogenkamp</i>						20. License Number (of licensee) 008083		21. Name and Complete Address of Funeral Facility N J HOGENKAMP SONS INC 715 E MAIN ST COLDWATER, OH 45828					
22a. Method of Disposition Burial						22b. Date of Disposition April 10, 2007		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) St. Elizabeth Cemetery					
22d. Location (City/Town or State) COLDWATER, OH						24. Date Filed April 11, 2007							
23. Registrar's Signature <i>Denise Brown</i>						25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES							
25b. District No. 5400						25c. Date Burial Permit Issued April 5, 2007							
26a. 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 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 stated.						26b. Time of Death 21:05							
26c. Date Pronounced Dead (Mo/Day/Year) APRIL 3, 2007						26d. Was case referred to coroner? No							
26e. Signature and Title of Certifier <i>Mark Reed</i>						26f. License number 34.005329		26g. Date Signed April 9, 2007					
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death BROWN, MARK REED, 442 STACHLER DR ST HENRY, OH 45883													
28. 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 blue or black ink.													
Immediate Cause (Final disease or condition resulting in death)		a. Recurrent Aspiration Pneumonia								Approximate Interval Between Onset and Death 3 months			
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) Dysphagia								3 months			
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of) Squamous cell cancer of the tongue								4 years			
		d. Due to (or as Consequence of)											
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Anemia due to Myelodysplasia Seizure Disorder										29a. Was An Autopsy Performed? No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?	
30. Did Tobacco Use Contribute to Death? No				31. If Female, Pregnancy Status Negative				32. Manner of Death Normal					
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)						33d. Injury at Work?			
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)													
33f. Describe How Injury Occurred:										33g. If Transportation Injury, Specify:			

HEA 2724 Rev. 01/07

SEAL

COPY OF THE RECORD ON FILE WITH
THE OHIO DEPARTMENT OF HEALTH.

AP 11 07001574

Denise Brown
DENISE BROWN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW