

AFFIDAVIT
(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

George P. Hart, of 1537 Mercer-Darke County Line Road, Ft. Recovery, OH 45846, being first duly sworn, deposes and says that he is the surviving spouse of Anna Marie Hart, who died on March 16, 2007, at Coldwater, Ohio; that at the time of her death, this affiant and Anna Marie Hart were husband and wife, and joint owners of the following described real estate:

Sub Situate in the County of Mercer, in the State of Ohio, and in the Township of Gibson, and bounded and described as follows:

Being the southwest quarter of the southwest quarter of Section Thirty-five (35), Town Fifteen (15) North, Range one (1) East, Gibson Township, Mercer County, Ohio, containing 40 acres of land, more or less.

Said land is sold subject to the terms and conditions set forth in the right of way held by the Gulf Pipe Line Company of Pennsylvania as recorded in Volume 31, page 125, record of leases and agreements, in Mercer County, Ohio, Recorder's Office.

Last Transfer: Official Record Book 109, Page 924, Mercer County Recorder's Office.


Permanent Parcel No. 16-043700.0000 13-35-30002

By virtue of the death of Anna Marie Hart, the undersigned is the sole owner of the above-described property.

The Estate of Anna Marie Hart is being administered in the Probate Court of Mercer County, Ohio, under Case #20071073.

A certified copy of the death certificate is attached hereto and made a part hereof.

Further this affiant saith not.


George P. Hart

Sworn to me before me and subscribed in my presence by George P. Hart this 28th day of APRIL, 2007.


Notary Public – State of Ohio

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

APR 30 2007

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

DAVID WM. BRUNS, Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration Date
Section 147.03 R.C.

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. KG 4-30-07
Deputy Aud. Date

TRANSFERRED

APR 30 2007

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 2007000092Ohio 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) ANNA MARIE HART						2. Sex Female		3. Date of Death (Mo/Day/Year) March 16, 2007							
4. Social Security Number [REDACTED]		5a. Age (Years) 81		5b. Under 1 Year Months		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) July 22, 1925		7. Birthplace (City and State or Foreign Country) SAINT HENRY, OHIO					
8a. Residence State OHIO				8b. County MERCER				8c. City or Town FORT RECOVERY							
8d. Street and Number 1537 Mercer-Darke County Line Rd.						8e. Apt. No.		8f. Zipcode 45846		8g. Inside City Limits? No					
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) GEORGE PAUL HART									
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 BENEDICT QUINTER						16. Mother's Name (prior to first marriage) MARY ANN THIEMAN									
17a. Informant's Name GEORGE PAUL HART						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 1537 Mercer-Darke County Line Rd.							
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>Lonnie K. Boeckman</i>						20. License Number (of licensee) 007352		21. Name and Complete Address of Funeral Facility BROCKMAN & BOECKMAN FUNERAL HOME							
22a. Method of Disposition Burial						22b. Date of Disposition March 19, 2007		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) St. Paul Sharpsburg							
22d. Location (City/Town or State) Fl. Recovery, OH						22e. Location (City/Town or State) FORT RECOVERY, OH 45846									
23. Registrar's Signature <i>Denise Brown</i>						24. Date Filed March 22, 2007									
25a. Name of Person Issuing Burial Permit BOECKMAN, RON						25b. District No. 5400		25c. Date Burial Permit Issued March 18, 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 08:45									
26c. Date Pronounced Dead (Mo/Day/Year) March 16, 2007						26d. Was case referred to coroner? No									
26e. Signature and Title of Certifier <i>Lonnie K. Boeckman</i>						26f. License number 34.004555		26g. Date Signed March 20, 2007							
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death HO BACH II, EDWARD ERNEST, 1830 UNION CITY RD FORT RECOVERY, OH 45846															
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.												Approximate Interval Between Onset and Death			
Immediate Cause (Final disease or condition resulting in death)		a. Ischemic Cardiomyopathy								2 years					
Sequentially list conditions, if any, leading to immediate cause		b. Due to (or as Consequence of) Arteriosclerosis								5 years					
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of) Insulin Diabetes								20 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. Hypertension Chronic												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 Not pregnant				32. Manner of Death Natural							
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 2734 Rev. 01/07

THIS DOCUMENT IS AN EXACT
COPY OF THE RECORD ON FILE WITH
THE OHIO DEPARTMENT OF HEALTH.

200700001288

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

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW