

SUCCESSOR TRUSTEE AFFIDAVIT
(O.R.C. § 5302.171)

STATE OF OHIO)
COUNTY OF MAHONING) SS:

Now comes BUTLER WICK TRUST COMPANY, by Kimberly A. Tomlinson, Assistant Vice President, Successor Trustee of that certain trust known as the Donna M. Fogle Living Trust u/a/d August 1, 1997, being duly sworn, deposes and states as follows:

- 1. This affidavit is made pursuant to Ohio Revised Code § 5302.171;
- 2. By amendment dated January 2, 2004, the settlor of the trust, Donna M. Fogle, named Butler Wick Trust Company as successor trustee to herself;
- 3. The name of the trustee who ceased serving as trustee and for whom it is the successor is Donna M. Fogle, who no longer serves as trustee because of her death on October 12, 2006 (See a copy of the death certificate attached);
- 4. The name and address of the Successor Trustee and Affiant is:
Butler Wick Trust Company
100 Federal Plaza E., STE 800
Youngstown, OH 44503

- 5. The real property contained in this trust is described as:
An undivided one-half (1/2) interest in real property situated in the Township of Franklin, County of Mercer, and State of Ohio, bounded and described as being Lot No. 9 in LAKES SUBDIVISION ON GRAND LAKE, as shown on the recorded plat of said subdivision in Plat Book 7, Page 1, Mercer County Recorder's Office, Celina, Ohio.

Exemption paragraph, conveyance fee EM
The Grantor and Grantee of this deed have complied with the provisions of R. C. Sec. 319, 202 Mark Giesige Mercer County Auditor. KP 9-24-07
Deputy Aud. Date

DESCRIPTION
SUFFICIENT
FOR TAX MAPING PURPOSES
SEP 24 2007
MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

SEP 24 2007
MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

DEED REFERENCE: Vol. 33 Page 723 of the Deed Records of Mercer County, Ohio.

Further Affiant Sayeth Naught.

Parcel # 09-023400.0000
Map # 09-20-230-003

Kimberly A. Tomlinson Assistant Vice President
Butler Wick Trust Company, Successor Trustee of the Donna M. Fogle Living Trust u/a/d August 1, 1997 by Kimberly A. Tomlinson, its Assistant Vice President

Sworn to before me a notary public personally appeared Kimberly A. Tomlinson, Assistant Vice President, Butler Wick Trust Company, Successor Trustee of the Donna M. Fogle Living Trust u/a/d August 1, 1997.

SEPT 19, 2007
Date

SEAL

GARY L. PETERSON
Notary Public
GARY L. PETERSON, Notary Public
Notary Public—State of Ohio
My Commission Has No Expiration Date
Sec. 147.05 R.C.

Prepared by Butler Wick attorney

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

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.

OCT 18 2006

DATE

LOCAL REGISTRAR, DISTRICT #54

SEAL

DO NOT WRITE IN
MARGIN
RESERVED FOR ODH
DATA CODINGReg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 2006-00226Ohio Department Of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

a. _____
b. _____
c. _____
d. _____
e. _____IF DEATH OCCURRED
IN INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION →

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF
DEATHSEE INSTRUCTIONS
ON REVERSE SIDEHEA 2717
5152.06 Rev. 2/97

1. Decedent's Name (First, Middle, Last) Donna Mae FOGLE				2. Sex Female		3. Date Of Death (Month, Day, Year) October 12, 2006	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 69		5b. Under One Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____	
6. Date of Birth (Month, Day, Year) March 17, 1937		7. Birthplace (City, County and State or Foreign Country) Montgomery Co. OH					
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 checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____			
9b. Facility Name (If Not Institution, Give Street And Number) 5435 Karafit Rd.				9c. City, Village, Twp., or Location of Death Celina		9d. County of Death Mercer	
10. Marital Status (Married, Never Married, Widowed, Divorced) (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Nelson Fogle		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired.) Manager		12b. Kind Of Business/Industry Banking	
13a. Residence-State Ohio		13b. County Mercer		13c. City, Town, Twp., or Location Celina		13d. Street and Number 5435 Karafit Rd.	
13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP Code 45822		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		17. Decedent's Education (Specify Only Highest Grade Completed) 12					
17. Father's Name (First, Middle, Last) Willard Norris				18. Mother's Name (First, Middle, Maiden Surname) Goldie Borts			
19a. Informant's Name (Type/Print) Nelson Fogle				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 5435 Karafit Rd., Celina, Ohio, 45822			
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) Riverside Cemetery		20c. Location City Or Town, State West Milton, OH 45383-	
20d. Date of Disposition October 17, 2006				21a. Name of Embalmer (First, Middle, Last) James A. Sarver		21b. License Number 7026A	
22a. Signature of Funeral Director or Other Person [Signature]				22b. License Number (of Licensee) 6257		23. Name and Address of Facility (Include City, State and ZIP Code) Hale-Sarver Funeral Home 284 N. Miami St. West Milton, OH 45383-	
24. Registrar's Signature [Signature]				25. Date Filed (Month, Day, Year) Oct. 18, 2006			
26a. Signature of Person Issuing Permit [Signature]				26b. Dist. No. 55		27. Date Permit Issued 10-17-06	
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 11:59 am		28c. Date pronounced Dead (Month, Day, Year) October 12, 2006		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 77949		28g. Date Signed (Month, Day, Year) 10/17/06	
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State, and ZIP code) Charles L. Bane MD 9000 W. Main Suite 636 Dayton OH 45415							
30. 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 black ink.							
Immediate Cause (Final disease or condition resulting in death) → TS breast Cancer		Approximate Interval Between Onset and Death 4 years					
Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or Injury that initiated events resulting in death)		a. Due to (or as a Consequence of): b. Due to (or as a Consequence of): 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. Kidney Failure							
32. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not be Determined <input type="checkbox"/> Suicide <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	
33e. Place of Injury -At Home, Farm, Street, Factory, Office Building, etc. (Specify)		33d. Describe How Injury Occurred					
33f. Location (Street and Number or Rural Route Number, City or Town, State)		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 checked="" type="checkbox"/> No		31c. Were Autopsy Findings Available Prior To Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW