

### QUIT-CLAIM DEED

THIS INDENTURE, made as of Jan. 3, 2008 between JOHN BIHN and MARLENE BIHN, deceased February 23, 2007, whose death certificate is recorded in \_\_\_\_\_, Mercer County Records, having an address at 1319 Fort Recovery Minster Road, Fort Recovery, County of Mercer, State of Ohio, 45846 (hereinafter referred to as "Grantor"), for valuable consideration paid, grants to JOHN J. BIHN, having an address at 1319 Fort Recovery Minster Road, Fort Recovery, County of Mercer, State of Ohio, 45846 (hereinafter referred to as "Grantee"), the following described real property:

Situated in the Village of Fort Recovery, County of Mercer, and State of Ohio, to wit:

Beginning at the southeast corner of Lot No. 18; thence south on the west side of Wayne Street fifty-four (54) feet; thence west to an alley; thence north fifty-four (54) feet to Inlot No. 18; thence east to the place of beginning, being part of Inlot No. Twenty-three (23) in the Village of Fort Recovery, old plat, Gibson Township side.

Also known as 54 feet of uniform width off the entire North side of Lot Number 23 of the original plat of the Village of Fort Recovery, Gibson Township side.

*Map No. 13-09-353-027*

Parcel No. 17-017800.0000

Property Address: 106 South Wayne Street, Fort Recovery, Ohio 45846

*Prior Instrument # 20060004121*

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

JAN 03 2008

**TRANSFERRED**

JAN 03 2008

MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

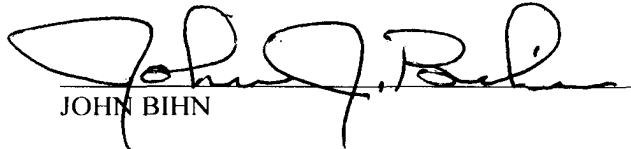
Exemption paragraph, conveyance fee ES  
The Grantor and Grantee of this deed have  
complied with the provisions of R. C. Sec.  
319. 202 Mark Giesige Mercer  
County Auditor.

KP 1-3-08  
Deputy Aud. Date

MERCER COUNTY  
TAX MAP DEPARTMENT

WITNESS his hand this 3<sup>rd</sup> day of January, 2008.

Signed by:

  
JOHN BIHN


STATE OF OHIO

COUNTY OF MERCER

Before me, a notary public, on this day personally appeared JOHN BIHN, who acknowledged that he did sign the foregoing instrument, and acknowledged to me that he executed the same for the uses and purposes and consideration therein expressed.

GIVEN UNDER MY HAND and official seal this 3<sup>rd</sup> day of January, 2008.



  
Notary Public, State of Ohio

After recording return to:

John Bihn  
1319 Ft. Recovery Minster Road  
Ft. Recovery, OH 45846

THIS INSTRUMENT PREPARED BY:

Joseph & Associates, P.C.  
Paul T. Joseph  
Attorney at Law  
4121 Okemos Road, Suite 10  
Okemos, Michigan  
(517) 381-2663

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 54  
Primary Reg. Dist. No. 5400  
Registrar's No. 2007000060Ohio 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) <b>MARLENE ANN BIHN</b>						2. Sex <b>Female</b>		3. Date of Death (Mo/Day/Year) <b>February 23, 2007</b>			
4. Social Security Number <b>284-48-1919</b>		5a. Age (Years) <b>58</b>		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) <b>September 25, 1948</b>		7. Birthplace (City and State or Foreign Country) <b>CELINA, OHIO</b>	
8a. Residence State <b>OHIO</b>		8b. County <b>MERCER</b>				8c. City or Town <b>FORT RECOVERY</b>		8e. Apt. No. <b>45846</b>		8f. Zipcode <b>45846</b>	
8d. Street and Number <b>1319 Ft. Recovery-Minster Rd.</b>								8g. Inside City Limits? <b>No</b>			
9. Ever in US Armed Forces? <b>No</b>		10. Marital Status at Time of Death <b>Married</b>				11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>JOHN JOSEPH BIHN II</b>					
12. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>				13. Decedent of Hispanic Origin <b>No</b>				14. Decedent's Race <b>White</b>			
15. Father's Name <b>HERBERT FRANK SIEFRING</b>						16. Mother's Name (prior to first marriage) <b>IRENE ANN HUELSKAMP</b>					
17a. Informant's Name <b>JOHN J BIHN</b>						17b. Relationship to Decedent <b>Husband</b>		17c. Mailing Address (Street and Number, City, State, Zip Code) <b>1319 Ft. Recovery-Minster Rd., FORT RECOVERY, OHIO 45846</b>			
18a. Place of Death <b>Hospital - Emergency Room / Outpatient</b>											
18b. Facility Name (If not institution, give street & number) <b>MERCER CO JOINT TOWNSHIP COMM</b>						18c. City or Town, State and Zip Code <b>COLDWATER, OH 45828</b>				18d. County of Death <b>MERCER</b>	
19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>						20. License Number (of licensee) <b>009158</b>		21. Name and Complete Address of Funeral Facility <b>BROCKMAN &amp; BOECKMAN FUNERAL HOME 308 S WAYNE ST FORT RECOVERY, OH 45846</b>			
22a. Method of Disposition <b>Burial</b>						22b. Date of Disposition <b>February 26, 2007</b>					
22c. Place of Disposition (Name of Cemetery, Crematory, or other place) <b>St. Marys Cemetery</b>						22d. Location (City/Town or State) <b>FORT RECOVERY, OH</b>					
23. Registrar's Signature <i>[Signature]</i>						24. Date Filed <b>February 27, 2007</b>					
25a. Name of Person Issuing Burial Permit <b>BOECKMAN, RON</b>						25b. District No. <b>5400</b>		25c. Date Burial Permit Issued <b>February 25, 2007</b>			
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 <b>06:00</b>						26c. Date Pronounced Dead (Mo/Day/Year) <b>February 23, 2007</b>				26d. Was case referred to coroner? <b>No</b>	
26e. Signature and Title of Certifier <i>[Signature]</i>						26f. License number <b>35.068272</b>		26g. Date Signed <b>February 26 2007</b>			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death <b>SCHWARTZMAN, THOMAS DANIEL, 8381 ST RT 119 MARIA STEIN, OH 45860</b>											
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. <b>Acute MI</b>								Approximate Interval Between Onset and Death <b>1 hour</b>	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) <b>Hypertension</b>								18 years	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)									
		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.											
29a. Was An Autopsy Performed? <b>No</b>						29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?					
30. Old Tobacco Use Contribute to Death? <b>No</b>				31. If Female, Pregnancy Status				32. Manner of Death <b>Natural</b>			
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

COPIES OF THIS RECORD ON FILE WITH  
THE OHIO DEPARTMENT OF HEALTH.

FE 27 01 00 09 47

*[Signature]*  
DENISE BROWN, LOCAL REGISTRAR  
OFFICE OF VITAL STATISTICS  
WITNESS MY SIGNATURE & SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW