

## Transfer on Death Affidavit

The undersigned, **Steven Seitz** of 5695 Depweg Road, Celina, Ohio 45822, **Mark Seitz** of 2672 Homan Road, Maria Stein, Ohio 45860, **Kenneth Seitz** of 2060 Homan Road, Maria Stein, Ohio 45860, and **Brian Seitz** of 2090 Jefferson Street, Maria Stein, Ohio 45860, being first duly cautioned and sworn, depose and state as follows:

1. We are the children and grandchild of Mary Ann Seitz, deceased.
2. Mary Ann Seitz died a resident of Mercer County, Ohio on September 26, 2007. A certified copy of her death certificate is attached hereto and made a part hereof.
3. We are all the beneficiaries in a Transfer on Death Deed dated August 3, 2005, filed for record on August 4, 2005 at 9:27 a.m., and recorded in Volume OR202, Page 907, Recorder's Office of Mercer County, Ohio.
4. By virtue of the death of Mary Ann Seitz, we are now the fee simple owners of the following described real estate:

Situated in the County of Mercer, State of Ohio, and in the Township of Butler:

Being a part of a 4.938 acre tract of land out of the south side of the east half of the southeast quarter of Section 26, Town 6 South, Range 2 East, lying south of State Route #219, and more particularly described as follows:

Commencing at the southeast corner of Section 26, thence west on the south line of said Section 601.25 feet to an iron pipe for a place of beginning, thence continuing west 88.25 feet on the south line of Section 26 to an iron pipe; thence north 225.14 feet to a point on the center of State Route #219; thence North 75°52' east on the center of said State Route #219, 91.0 feet to a point; thence south 247.36 feet to the place of beginning, containing 0.479 acres of land, subject to all legal highways.


Deed Reference: Volume OR109, Page 53 and Volume OR202, Page 907, Mercer County Official Records.

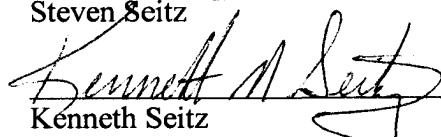
Tax ID #03-020200.0000

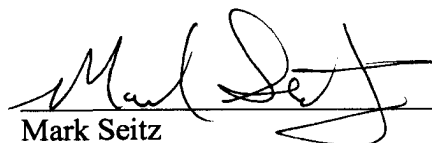
Tax Map #08-26-400-006

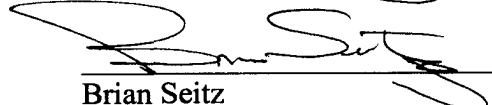
5. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that we are the sole record owners of, and vested with the entire fee simple interest in and to, the above-described real estate.
6. The above-described real estate is the only real estate in which the decedent had an ownership interest at the time of her death.

7. Further affiants sayeth not.

  
Steven Seitz

  
Kenneth Seitz

  
Mark Seitz

  
Brian Seitz

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by **Steven Seitz**, one of the Affiants in the foregoing Transfer on Death Affidavit, on this 19th day of November, 2007.

SEAL

**Monica E. Rutschilling, Notary Public**  
In and For the State of Ohio  
My Commission Expires Sept. 21, 2010

  
Notary Public

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by **Mark Seitz**, one of the Affiants in the foregoing Transfer on Death Affidavit, on this 26th day of December, 2007.

SEAL

Monica E. Rutschilling  
Notary Public

Monica E. Rutschilling, Notary Public  
In and For the State of Ohio  
My Commission Expires Sept. 21, 2010

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by **Kenneth Seitz**, one of Affiants in the foregoing Transfer on Death Affidavit, on this 27th day of December, 2007.



SUSAN M. ETZCORN  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
February 26, 2012

Susan M. Etzcorn  
Notary Public

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by **Brian Seitz**, one of the Affiants in the foregoing Transfer on Death Affidavit, on this 14th day of November, 2007.

SEAL

Monica E. Rutschilling  
Notary Public

Monica E. Rutschilling, Notary Public  
In and For the State of Ohio  
My Commission Expires Sept. 21, 2010

TRANSFER NOT NECESSARY

JAN 07 2008

MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

JAN 07 2008

MERCER COUNTY  
TAX MAP DEPARTMENT

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 54

Primary Reg. Dist. No. 5400

Registrar's No. 2007000258

Ohio Department of Health  
VITAL STATISTICS

## CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

State File No.

|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                    |                                                                                          |                                                                                        |                                                                          |                                                                                                                     |                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| DECEDENT                                                                                                                      | 1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix)<br>MARY ANN SEITZ                                                                                                                                                                                                                                                                                                                      |                       |                                                                    |                                                                                          |                                                                                        |                                                                          | 2. Sex<br>Female                                                                                                    | 3. Date of Death (Mo/Day/Year)<br>September 26, 2007                        |  |
|                                                                                                                               | 4. Social Security Number<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                             | 5a. Age (Years)<br>77 | 5b. Under 1 Year<br>Months<br>Days                                 | 5c. Under 1 day<br>Hours<br>Minutes                                                      | 6. Date of Birth (Mo/Day/Year)<br>June 16, 1930                                        | 7. Birthplace (City and State or Foreign Country)<br>FORT RECOVERY, OHIO |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 8a. Residence State<br>OHIO                                                                                                                                                                                                                                                                                                                                                                                         |                       | 8b. County<br>MERCER                                               |                                                                                          | 8c. City or Town<br>COLDWATER                                                          |                                                                          |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 8d. Street and Number<br>5440 St Rt 219                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                    |                                                                                          | 8e. Apt. No.<br>45828                                                                  | 8f. Zipcode<br>45828                                                     |                                                                                                                     |                                                                             |  |
| DISPOSITION                                                                                                                   | 9. Ever in US Armed Forces?<br>No                                                                                                                                                                                                                                                                                                                                                                                   |                       | 10. Marital Status at Time of Death<br>Widowed (and not remarried) |                                                                                          | 11. Surviving Spouse's Name (If wife, give name prior to first marriage)               |                                                                          |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 12. Decedent's Education<br>HIGH SCHOOL GRADUATE OR GED                                                                                                                                                                                                                                                                                                                                                             |                       | 13. Decedent of Hispanic Origin<br>No                              |                                                                                          | 14. Decedent's Race<br>White                                                           |                                                                          |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 15. Father's Name<br>FRED SEVERT                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                    |                                                                                          | 16. Mother's Name (prior to first marriage)<br>JOSEPHINE UHLENHAKE                     |                                                                          |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 17a. Informant's Name<br>STEVE SEITZ                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                    |                                                                                          | 17b. Relationship to Decedent<br>Son                                                   |                                                                          | 17c. Mailing Address (Street and Number, City, State, Zip Code)<br>5695 Depweg Rd<br>CELINA, OHIO 45822             |                                                                             |  |
| REGISTER                                                                                                                      | 18a. Place of Death<br>Nursing Home/Long Term Care Facility<br>The Gardens at St. Henry                                                                                                                                                                                                                                                                                                                             |                       |                                                                    |                                                                                          | 18b. Facility Name (If not institution, give street & number)<br>SAINT HENRY, OH 45883 |                                                                          | 18c. City or Town, State and Zip Code<br>MERCER                                                                     |                                                                             |  |
|                                                                                                                               | 19. Signature of Funeral Service Licensee or Other Agent<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                      |                       |                                                                    |                                                                                          | 20. License Number (of licensee)<br>007618                                             |                                                                          | 21. Name and Complete Address of Funeral Facility<br>N J HOGENKAMP SONS INC<br>715 E MAIN ST<br>COLDWATER, OH 45828 |                                                                             |  |
|                                                                                                                               | 22a. Method of Disposition<br>Burial                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                    |                                                                                          | 22b. Date of Disposition<br>September 29, 2007                                         |                                                                          | 22c. Location (City/Town or State)<br>COLDWATER, OH                                                                 |                                                                             |  |
|                                                                                                                               | 22d. Place of Disposition (Name of Cemetery, Crematory, or other place)<br>St. Elizabeth Cemetery                                                                                                                                                                                                                                                                                                                   |                       |                                                                    |                                                                                          | 22e. Date Filed<br>Sept. 28, 2007                                                      |                                                                          | 22f. Date Burial Permit issued<br>September 27, 2007                                                                |                                                                             |  |
| CERTIFIER                                                                                                                     | 23. Registrar's Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                    |                                                                                          | 24. Date Filed<br>Sept. 28, 2007                                                       |                                                                          |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 25a. Name of Person Issuing Burial Permit<br>HOGENKAMP, BRIAN JAMES                                                                                                                                                                                                                                                                                                                                                 |                       |                                                                    |                                                                                          | 25b. District No.<br>5400                                                              |                                                                          | 25c. Date Burial Permit issued<br>September 27, 2007                                                                |                                                                             |  |
|                                                                                                                               | 26a. Certifier (Check only one)<br><input checked="" type="checkbox"/> Certifying Physician<br>To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.<br><input type="checkbox"/> Coroner<br>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<br>21:15                                                            |                                                                          |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 26c. Date Pronounced Dead (Mo/Day/Year)<br>September 26, 2007                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                    |                                                                                          | 26d. Was case referred to coroner?<br>No                                               |                                                                          |                                                                                                                     |                                                                             |  |
| CAUSE OF DEATH                                                                                                                | 26e. Signature and Title of Certifier<br><i>[Signature]</i> MD                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                    |                                                                                          | 26f. License number<br>35.055465                                                       |                                                                          | 26g. Date Signed<br>September 27, 2007                                                                              |                                                                             |  |
|                                                                                                                               | 27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death<br>HEINRICHS, TIMOTHY ARNOLD, 407 South Oak Street COLDWATER, OH 45828                                                                                                                                                                                                                                                            |                       |                                                                    |                                                                                          |                                                                                        |                                                                          |                                                                                                                     |                                                                             |  |
|                                                                                                                               | 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)<br>a. End stage C.O.P.D.<br>5 yrs<br>Sequentially list conditions, if any, leading to immediate cause.<br>b. Due to (or as Consequence of)<br>pulmonary fibrosis<br>unknown<br>c. Due to (or as Consequence of)<br>Enter Underlying Cause (Disease or injury that initiated events resulting in a death)<br>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.<br>CHF |                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                    |                                                                                          |                                                                                        | 29a. Was An Autopsy Performed?<br>No                                     |                                                                                                                     | 29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? |  |
| 30. Did Tobacco Use Contribute to Death?<br>No                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                    | 31. If Female, Pregnancy Status<br>N/A                                                   |                                                                                        | 32. Manner of Death<br>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 2724 Rev. 01/07

SEAL

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

SP 20 07 00 36 13

REGISTRAR  
VITAL STATISTICS  
WITH SEAL AND SIGNATURE & SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW