

Joint and Survivorship Affidavit

STATE OF OHIO, COUNTY OF MERCER, SS:

Rosemary Moorman, aka Rosemary J. Moorman, of 919 W. Vine Street, Coldwater, Mercer County, 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 wife of Edgar A. Moorman, who died a resident of Coldwater, Mercer County, Ohio on February 10, 2008. A certified copy of his death certificate is attached hereto.
- 3. Edgar A. Moorman and I acquired fee simple title, with rights of survivorship, to certain real estate by virtue of a Survivorship Deed dated March 12, 2004, filed for record on March 15, 2004 at 3:51 p.m., and recorded in Volume OR182, Page 638, Mercer County Official Records.
- 4. The real estate affected by this Affidavit is more particularly described as follows:

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

Being Lot Numbered 1354 in Kahlig Subdivision, Section III (Three), as shown on the recorded plat of said Addition in Plat Cabinet 1, Page 140, Recorder's Office, Mercer County, Ohio, subject to all the provisions, conditions, restrictions, and easements as shown and recited in the "Covenants and Restrictions Applying to the Kahlig Subdivision, Section Three, Coldwater, Ohio", recorded in Volume 8, Page 836, of the Miscellaneous Records in the Office of the Mercer County Recorder.

Deed Reference: Volume OR182, Page 638, Mercer County Official Records and Volume 320, Page 69, Mercer County Deed Records.

Tax ID #05-176200.0000  
Tax Map #08-28-351-006

Exemption paragraph 3, Survey Fee 1.00  
The Grantor and Recipient of this deed have complied with the provisions of R. C. Sec. 319, 202 Mark Giesige Mercer County Auditor.  
KSP Deputy Aud. Date 2-22-08

- 5. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Rosemary Moorman is the sole record owner of, and vested with the entire fee simple interest in and to, the above-described real estate.
- 6. 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).
- 7. No probate estate will be administered as all assets owned by the decedent were non-probate.
- 8. Further affiant sayeth not.

Rosemary Moorman  
Rosemary Moorman

Sworn to before me and subscribed in my presence by Rosemary Moorman on this 21st day of February, 2008.

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

Susan M. Etzcorn  
Notary Public

TRANSFERRED  
FEB 22 2008  
MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES  
FEB 22 2008  
MERCER COUNTY  
TAX MAP DEPARTMENT

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.

FEB 13 2008

DATE

LOCAL REGISTRAR, DISTRICT #54

Ohio Department of Health

VITAL STATISTICS

## CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

State File No.

Reg. Dist. No. 54

Primary Reg. Dist. No. 5400

Registrar's No. 2008000033

DECEDENT	1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) EDGAR A MOORMAN						2. Sex Male	3. Date of Death (Mo/Day/Year) February 10, 2008
	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 31, 1926	7. Birthplace (City and State or Foreign Country) COLDWATER, OHIO		
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town COLDWATER			
	8d. Street and Number 919 W. Vine St		8e. Apt. No.		8f. Zipcode 45828	8g. Inside City Limits? Yes		
DISPOSITION	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) ROSEMARY J HEIN			
	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 FERD MOORMAN			16. Mother's Name (prior to first marriage) CECILIA WEYER				
	17a. Informant's Name ROSEMARY MOORMAN			17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 919 W. Vine St COLDWATER, OHIO 45828		
REGISTRAR	18a. Place of Death Decedent's Home			18b. Facility Name (If not institution, give street & number) 919 W. Vine St		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>[Signature]</i>		20. License Number (of licensee) 007618		
	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 February 13, 2008		
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place) St. Elizabeth Cemetery			22d. Location (City/Town and State) COLDWATER, OH		23. Registrar's Signature <i>[Signature]</i>		
CERTIFIER	24. Date Filed February 13, 2008			25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES		25b. District No. 5400		
	25c. Date Burial Permit Issued February 11, 2008			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 16:30		
	26c. Date Pronounced Dead (Mo/Day/Year) Feb 10, 2008			26d. Was case referred to coroner? No		26e. Signature and Title of Certifier <i>[Signature]</i>		
	26f. License number 35.046330			26g. Date Signed Feb 11, 2008		27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death NAVEAU, JOHN J., 407 SOUTH OAK STREET COLDWATER, OH 45828		
CAUSE OF DEATH	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) Stroke						2 week	
	Sequentially list conditions, if any, leading to immediate cause. Atherosclerotic Cardiovascular Disease						10 years	
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death) Stroke							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably		
31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year						32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:								

HEA 2734 Rev. 01/07

VERIFY PRESENCE OF ODH WATERMARK

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