

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

AFFIDAVIT OF SUCCESSOR TRUSTEE

APR 25 2008

STATE OF OHIO, WARREN COUNTY: SS:

MERCER COUNTY
TAX MAP DEPARTMENT

Leroy F. McKay, being first duly sworn, and upon his own personal knowledge states:

1. Affiant is a trust officer of LCNB National Bank;
2. LCNB National Bank, Trustee, is the successor trustee of the Dorina M. Fogle Trust Agreement dated August 1, 1997, and is the owner of an undivided one-half interest in the real estate described as follows:

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

Being Lot 9 in Lakes Subdivision on Grand Lake, a subdivision of
lands and lots as more particularly described in Plat Book 7, Page
1, Mercer County Recorder's Office.

Parcel # 09-023400.0000

Map # 09-20-230-003

3. As of the date of the execution of the within affidavit, title to an undivided one-half interest described in Exhibit "A" is vested in the name of Donna M. Fogle, Trustee of the Donna M. Fogle Trust Agreement dated the 1st day of August, 1997 by virtue of a Quit Claim Deed dated August 1, 1997, recorded in Volume 33, Page ~~723~~ Mercer County Official Records;

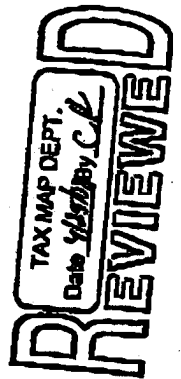
723

4. Pursuant to the Second Amendment to the Donna M. Fogle Trust Agreement dated the 1st day of August, 1997, which Second Amendment was dated August 1, 1997, Butler Wick (Wich) Trust Company was replaced and substituted as the successor trustee in the place and stead of Peoples Savings Bank of Troy, Ohio;

5. Donna M. Fogle aka Donna Mae Fogle, the original trustee, no longer serves because of her death on October 12, 2006 as shown on the certified copy of the death certificate of Donna M. Fogle aka Donna Mae Fogle attached as Exhibit "A";

6. Pursuant to the terms of the Donna M. Fogle Trust Agreement dated the 1st day of August, 1997, and the amendments thereto, Butler Wick Trust Company caused to be filed a Successor Trustee Affidavit dated August 1, 1997, filed for record September 24, 2007 in Instrument No. 20070005966 of the Mercer County Recorder's Office showing that said Butler Wick Trust Company was the successor trustee of the subject trust;

7. Pursuant to the terms of the Donna M. Fogle Trust Agreement dated the 1st day of August, 1997, and the amendments thereto, the surviving spouse of Donna M. Fogle aka Donna Mae Fogle, Brian D. Fogle and Susan L. Galli, children of Donna M. Fogle aka Donna Mae Fogle, have the authority under said trust to cause the resignation of a successor trustee and to appoint other successor trustees, and in fact, did cause the resignation of Butler Wick Trust



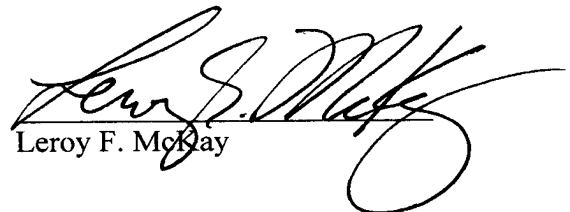
Company (Co.) And appointed LCNB National Bank as the new successor trustee as shown on Exhibit "B", attached;

7. The name and address of the current trustee of the Donna M. Fogle Trust Agreement dated the 1st day of August, 1997, is LCNB National Bank, Trustee, 2 North Broadway, Lebanon, Ohio 45036;

8. Attached as Exhibit "C" are pertinent portions of the Donna M. Fogle Trust Agreement dated the 1st day of August, 1997, showing the power of the trustee or trustees of said trust to sell, convey, mortgage or manage real estate owned by the trust including the real estate described above.

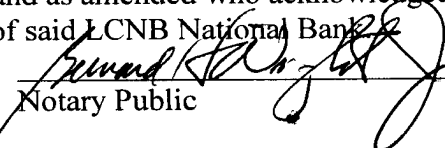
FURTHER AFFIANT SAYETH NAUGHT.

Executed April 14, 2008.


Leroy F. McKay

STATE OF OHIO, COUNTY OF WARREN:

Sworn to before me a Notary Public in and for said county and state this 14th day of April, 2008, by Leroy F. McKay, Trust Officer of LCNB National Bank, Successor Trustee of the Donna M. Fogle Trust Agreement dated the 1st day of August, 1997, and as amended who acknowledged same to be his free act and deed and the free act and deed of said LCNB National Bank


Notary Public



Bernard H. Wright, Jr., Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration
date. Section 147.03 O.R.C.

This instrument prepared by: Mark Florence, Esq., P. O. Box 280, Lebanon, Ohio 45036

TRANSFERRED

APR 25 2008

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance fee EL
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319, 202 Mark Giesige Mercer
County Auditor.
KP 4-25-08
Deputy Aud. Date

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

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. _____

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 type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____							
9a. 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.) White				15. Race-American Indian, Black, White, etc. (Specify)			
				16. Decedent's Education (Specify Only Highest Grade Completed) 12				17. Decedent's Education (Specify Only Highest Grade Completed) College (1-4 or 5+)			
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 <i>[Signature]</i>				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 <i>[Signature]</i>				25. Date Filed (Month, Day, Year) Oct. 18, 2006				26. Dist. No. 55			
26a. Signature of Person Issuing Permit <i>[Signature]</i>				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 <i>[Signature]</i>				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 N. Main Suite 636 Dayton OH 45415											
30. Part I. Enter the diseases, 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) → Breast Cancer											
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):											
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											
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									
32. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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		33d. Describe How Injury Occurred			
33e. Place of Injury -At Home, Farm, Street, Factory, Office Building, etc. (Specify)		33f. Location (Street and Number or Rural Route Number, City or Town, State)									

DECEDENT

IF DEATH OCCURRED
IN INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION →

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF
DEATHSEE INSTRUCTIONS
ON REVERSE SIDEHEA 2717
5152.08 Rev. 2/97I 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 29 2008
DATE*[Signature]*
LOCAL REGISTRAR, DISTRICT #54

SEAL

Exhibit "A"

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Sep 12 07 08:44a

419-268-2324

P. 1

Sep 12 07 07:20a

Nelson Fogle

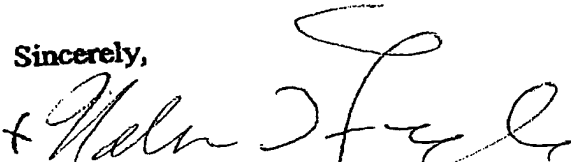
September 10, 2007

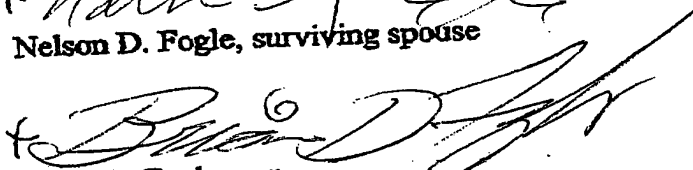
Butler Wick Trust Co.
Attn: John Yerian
City Centre One Bldg. Suite 700
PO Box 149
Youngstown, OH 44501

RE: Donna M. Fogle Trust a/c 43-038-015

As the surviving family members of Donna M. Fogle, I am requesting that Butler Wick Trust Co. resign as trustee of the Donna M. Fogle Trust account and assign LCNB National Bank as the new trustee for her trust.

Sincerely,


Nelson D. Fogle, surviving spouse


Brian D. Fogle, son

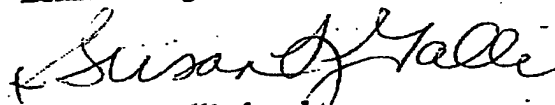

Susan L. Galli, daughter

Exhibit "B"

X. Powers of the Trustee.

(A) The Trustee shall have full power and authority to administer the trusts herein established, and, without limiting the generality of the foregoing, expressly the following powers:

(1) to collect all income and to deduct, before distribution to the beneficiaries, such fees and expenses as may accrue or be payable:

(2) to retain, without liability for loss or depreciation resulting from such retention, original property, real or personal, received from Grantor, Grantor's estate, or under Grantor's Will, or from any other source, (including any shares of stock issued by Peoples Savings Bank of Troy, Ohio or any successor Trustee, the parent or any affiliate company of any Trustee) although it may represent a disproportionate part of the trust; to invest or reinvest in any property (including any mutual fund or common trust) and to hold cash uninvested for such periods as may be deemed advisable, all without being restricted to any forms of investment prescribed by statute or rule of court; provided, however, that any investment or reinvestment in the stock of Peoples Savings Bank of Troy, Ohio, of any other corporate Trustee, or of the parent or any affiliate company of any Trustee, shall be made only upon the written direction of Grantor during Grantor's lifetime; and after Grantor's death, upon the written direction of Grantor's husband; and after his death, upon the written direction of each of the adult beneficiaries (or the guardian or custodian of any minor beneficiary) as to such stock as may be held in his or her fund; or as otherwise permitted by law;

(3) to sell, contract to sell, exchange, lease, pledge, mortgage, or otherwise dispose of, for any purposes and at any time prior to making final distribution, any or all assets of the trust, for such prices and upon such terms and conditions and in such manner as may be deemed advisable;

(4) to borrow such sums of money as may be required for any purpose (including from the commercial department of any corporate Trustee) and to give security in respect thereof;

(5) to purchase securities or other property, real or personal, from Grantor's estate and to retain them as a part of the trust, regardless of the fact that any particular asset may represent a disproportionate part of the trust;

(6) to manage, protect, exchange, partition, subdivide, grant and convey, with or without covenants of warranty, lease for a term of years or perpetually with or without privilege of purchase, irrespective of the term of this trust, and to do and

perform any and all other proper acts as the owner of real estate, or any interest therein, and any improvements thereon;

(7) to employ, as an expense of the trust, such brokers, agents or custodians as may be deemed necessary in administering the trust;

(8) to consult with legal counsel as an expense of the trust, and the Trustee shall not be liable in respect of any action taken in good faith in accordance with the opinion of legal counsel;

(9) to receive, hold or transfer any property in the name of a nominee or nominees without disclosing the fiduciary relationship, without thereby increasing or decreasing the Trustee's liability;

(10) to hold the assets of each separate fund (except the Marital Fund) as a single fund, in which event each separate fund shall have undivided interests in the single fund;

(11) to vote all securities held hereunder and to execute proxies for the voting thereof; provided, however, that any stock of Peoples Savings Bank of Troy, Ohio or of any other then acting corporate Trustee, its parent or any affiliate company, which may be held hereunder shall be voted by the Trustee for the election of directors, or proxies given to others for such purpose, only if and as directed in writing by Grantor during Grantor's lifetime; and after Grantor's death, upon the written direction of Grantor's husband; and after his death, upon the written direction of each of the adult beneficiaries (or the guardian or custodian of any minor beneficiary) as to such stock as may be held in his or her separate funds; or as otherwise permitted by law;

(12) to execute and deliver deeds, leases, bills of sale, contracts, powers of attorney, assignments and any and all other instruments which may be necessary or proper to carry out the powers herein granted;

(13) to make principal distributions in cash or in kind;

(14) to compound, compromise or adjust any and all claims and demands whatsoever;

(15) with respect to the Family Trust only, to continue in full force any policies of life insurance which may at any time form a part of the Family Trust, on the life of any person whomsoever, or to purchase insurance on the life of any beneficiary or other

person in whom any such beneficiary shall have an insurable interest, naming as beneficiary of any such policy either the Family Trust or the trust beneficiary on whom or with respect to whom such policy was purchased; to exercise any and all rights granted under any such policy, including the right to borrow from the value accrued, to elect to convert to paid-up insurance, or to surrender any such policy for the then full value; and the Trustee may pay premiums, assessments and other proper charges on any such policy, either from the income, or to the extent necessary, from the principal of the Family Trust; and the Trustee may exercise all rights granted under any such policy, all as the Trustee shall determine in the Trustee's sole discretion; and

(16) to exercise any stock options, if options should be distributed to the Trustee upon distribution of Grantor's estate, and if deemed advisable, in the Trustee's sole discretion; and in connection therewith, to borrow money from any source, including from the commercial department of any corporate Trustee, for the purpose of exercising any such option; and if the Executor(s) or Administrator(s) of Grantor's estate desire to exercise any such option, to advance money to the said Executor(s) or Administrator(s) for such purpose, and if necessary, to borrow money from any source in order to be able to make such advancement. In all events, however, any advancement to Grantor's estate shall be made solely from the Family Trust and from funds other than the excludable portion of the proceeds of any qualified employee benefit plan.

(B) The Trustee shall determine, in cases of doubt, whether money or property received shall be treated as principal or income, and shall determine the manner in which gains, losses and expenses shall be charged, being required merely to act in accordance with sound accounting practices. The Trustee's determination of each instance shall be final and binding upon all of the beneficiaries of the trust. However, in distinguishing between income and principal, the Trustee need not amortize premiums paid in acquiring securities for the trust and need take no account of discounts. Furthermore, all capital gains and losses, including dividends on any shares of mutual funds derived from realized capital gains, shall be allocated to principal.

(C) The administrative and discretionary powers granted to the Trustee under the provisions of this Agreement shall be exercised by the Trustee in such manner as not to diminish in any regard the full beneficial enjoyment by Grantor's husband in the property held in trust under the Marital Trust. In the exercise of the powers and duties hereunder, the Trustee shall use the same judgment and care that a prudent individual would use if he/she were the owner of such trust assets.

(D) The Trustee shall keep an appropriate record of the

administration of the trust, and shall render statements of such administration not less often than is reasonable to the adult beneficiaries and to the Guardian(s) of minor beneficiaries who are from time to time entitled to receive income hereunder. Trustee will make available to any income or remainder beneficiary, at additional reasonable cost and upon written request from time to time, either the details of securities transactions undertaken in such beneficiary's trust or a broker's confirmation thereof.

The Trustee anticipates that in the normal operation of the trust there will be no special remuneration to it arising from securities transactions other than its normal account fee as provided elsewhere in this Agreement. Should special additional remuneration be necessary, the Trustee agrees to disclose the same to each such beneficiary at or before the time of the transaction.