

Exemption paragraph, conveyance fee
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319, 202 Mark Giesige Mercer
County Auditor,
7-24-08
Deputy Aud. Date

AFFIDAVIT
(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

Valanda J. Wenning, of 902 Mary Charles Lane, Coldwater, OH 45828, being first duly sworn, deposes and says that she is the surviving spouse of Francis J. Wenning, who died on June 9, 2008, at Dayton, Ohio; that at the time of his death, this affiant and Francis J. Wenning were wife and husband, and all of the life estate owners of the following described real estate:

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

Being Lot Number Twelve Hundred Twenty-Two (1222) in the Oakwood Second Addition to the Village of Coldwater, Mercer County, Ohio, and subject to building set back lines and all restrictive covenants as indicated on the Recorded Plat of Oakwood Second Addition, recorded in Plat Cabinet #1, Page 18, Mercer County Plat Records.

Last Transfer: Official Record Volume 131, Page 717, Mercer County Recorder's Office.

Permanent Parcel No. 05-16300.0000
Tax Map No. 8-28-306-011

By virtue of the death of Francis J. Wenning, the undersigned affiant is the sole fee simple owner of the above-described real property.

The Estate of Francis J. Wenning is being administered in the Probate Court of Mercer County, Ohio, under Case No. 20081144.

A certified copy of the death certificate is attached hereto.

Further this affiant saith not.

Valanda J. Wenning
Valanda J. Wenning

Sworn to me before me and subscribed in my presence by Valanda J. Wenning this 24th day of July, 2008.

Susan E. Muhlenkamp
Notary Public – State of Ohio

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES
JUL 24 2008
MERCER COUNTY
TAX MAP DEPARTMENT
TRANSFERRED
JUL 24 2008
MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

Instrument prepared by:
David Wm. Bruns
Attorney Reg. #0002539
123 West Main Street
Coldwater, OH 45828
Phone: 419-678-4317

SUSAN E. MUHLENKAMP, Notary Public
in and for the State of Ohio
My Commission Expires October 1, 2011

SEAL

Reg. Dist. No. 57
Primary Reg. Dist. No. 5701
Registrar's No. 5700-2008003126

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) FRANCIS JOHN WENNING						2. Sex Male	3. Date of Death (Mo/Day/Year) June 09, 2008					
	4. Social Security Number [REDACTED]	5a. Age (Years) 80	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) March 03, 1928	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 902 Mary Charles Dr			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) VALANDA HEITKAMP								
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin No		14. Decedent's Race White								
	15. Father's Name FRANK WENNING		16. Mother's Name (prior to first marriage) FRANCES STEGMAN										
	17a. Informant's Name VALANDA WENNING		17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 902 Mary Charles Dr COLDWATER, OHIO 45828								
REGISTRAR	18a. Place of Death Hospital - Inpatient		18b. Facility Name (If not Institution, give street & number) MIAMI VALLEY HOSPITAL		18c. City or Town, State and Zip Code DAYTON, OH 45409		18d. County of Death MONTGOMERY						
	19. Signature of Funeral Service Licensee or Other Agent <i>Brian James Hogenkamp</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 June 12, 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>Roy E. Jordan</i>		24. Date Filed 6/10/2008								
CERTIFIER	25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES		25b. District No. 5400		25c. Date Burial Permit Issued June 10, 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 12:35		26c. Date Pronounced Dead (Mo/Day/Year) JUNE 9, 2008		26d. Was case referred to coroner? No						
	26e. Signature and Title of Certifier <i>John J. Naveau MD</i>		26f. License number 35.046330		26g. Date Signed June 10 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)		a. Carcinoma of Pancreas				8 months						
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)										
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. 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. Diabetes Mellitus								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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		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 2724 Rev. 01/07

I HEREBY CERTIFY THIS
DOCUMENT IS AN EXACT
COPY OF THE RECORD ON FILE WITH
THE OHIO DEPARTMENT OF HEALTH.

JUN 16 08 02 11 79

Roy E. Jordan
ROY E. JORDAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL