

AFFIDAVIT FOR TRANSFER UNDER TRANSFER
ON DEATH DEED

STATE OF OHIO
COUNTY OF MIAMI, SS:

Brian D. Fogle ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. Nelson D. Fogle, formerly of Montezuma, Ohio, died on July 15, 2008.
2. A certified copy of the Death Certificate for Nelson D. Fogle is attached to this Affidavit as Exhibit A.
3. The decedent was the grantee in a certain deed dated December 26, 2006, and recorded as Instrument # 200600007544, of the Deed Records of Mercer County, Ohio, (the "Deed"), with respect to the property legally described as follows:

An undivided one-half interest in the following property:
Situating in the Township of Franklin, County of Mercer, and
State of Ohio, and bounded and described as follows:

Being Lot No. 9 in Lakes Subdivision on Grand Lake, as shown on the recorded plat of said subdivision.

The Grantee herein accepts all of the terms, conditions, restrictions, and easements contained in the plat of Lakes Subdivision on Grand Lake, in Plat Book 7, Page 1, Mercer County Recorder's Office, Celina, Ohio; and the Grantee herein takes the above described premises subject to said terms, conditions, restrictions, and easements contained in said plat.

Parcel No. 09-023400.0000
Tax Map No. 09-20-230-003

Prior Instrument Reference : #200800002559, #200700005966 and Vol. 33, Page 723, of the Mercer County, Ohio Recorder

4. The decedent was survived by the following person who was designated in the Deed as transfer on death beneficiaries:



Brian D. Fogle
10618 State Route 571
Laura, Ohio 45337

Susan L. Galli
27929 W. Oviatt
Bay Village, Ohio 44140

5. Affiant gives this Affidavit for the purposes of transferring the title to the foregoing property to the surviving transfer on death beneficiaries indicated in Paragraph 4 on the records of the Recorder's Office in Mercer County, Ohio.

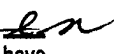


Brian D. Fogle, Affiant

Sworn to before me and subscribed in my presence by Brian D. Fogle, Affiant, this 15th day of August, 2008.


Notary Public

GARY L. WEAKS, Attorney at Law
Notary Public, State of Ohio
My Commission has no expiration date.
Section 147.03 O. R. C.

This instrument prepared by:

Gary L. Weeks
Huffman, Landis & Weak Co.
80 S. Plum Street
Troy, Ohio 45373
(937) 335-0550

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.
 10-9-08
Deputy Aud. Date

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

OCT 09 2008

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

OCT 09 2008

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

Reg. Dist. No. 18
Primary Reg. Dist. No. 1815
Registrar's No. 2008-006877Ohio 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) NELSON FOGLE				2. Sex Male		3. Date of Death (Mo/Day/Year) July 15, 2008		
4. Social Security Number [REDACTED]		5a. Age (Years) 71	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Mo/Day/Year) December 21, 1936		7. Birthplace (City and State or Foreign Country) WEST MILTON, OHIO	
8a. Residence State OHIO		8b. County MERCER			8c. City or Town CELINA			8d. Apt. No. [REDACTED]
8e. Zipcode 45822		8f. Inside City Limits? No						
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Widowed (and not remarried)			11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin No			14. Decedent's Race White			
15. Father's Name RALPH B FOGLE				16. Mother's Name (prior to first marriage) ALICE BRETLAND				
17a. Informant's Name SUSAN GALLI				17b. Relationship to Decedent Daughter		17c. Mailing Address (Street and Number, City, State, Zip Code) 27929 W. Oviatt Rd. BAY VILLAGE, OHIO 44140		
18a. Place of Death DAUGHTER'S RESIDENCE				18b. Facility Name (If not Institution, give street & number) 27929 W. OVIATT RD.		18c. City or Town, State and Zip Code BAY VILLAGE, OH 44140		
18d. County of Death CUYAHOGA				19. Signature of Funeral Service Licensee or Other Agent [Signature]				
20. License Number (of licensee) 006257				21. Name and Complete Address of Funeral Facility HALE-SARVER FUNERAL HOME INC 284 N MIAMI ST WEST MILTON, OH 45383				
22a. Method of Disposition Burial				22b. Date of Disposition July 21, 2008		22c. Location (City/Town and State) WEST MILTON, OH		
22d. Place of Disposition (Name of Cemetery, Crematory, or other place) Riverside				23. Registrar's Signature [Signature]				
24. Date Filed JUL 30 2008				25a. Name of Person Issuing Burial Permit SARVER, JAMES				
25b. District No. 5500				25c. Date Burial Permit Issued 07/21/2008				
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 23:54				
26c. Date Pronounced Dead (Mo/Day/Year) July 15, 2008				26d. Was case referred to coroner? No				
26e. Signature and Title of Certifier [Signature]				26f. License number 35.066467		26g. Date Signed 07/22/08		
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death BRELL, JOANNA MARIE-FRANCES, 11100 EUCLID AVE CLEVELAND, OH 44106								
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. metastatic adenocarcinoma of pancreas								
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) c. Due to (or as Consequence of) d. Due to (or as Consequence of)								
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) 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 checked="" type="checkbox"/> Not Applicable				
30. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <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

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

SEAL

JUL 31 08 03 90621

[Signature]
LEVORNE DEAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL