

Exemption paragraph, conveyance fee **EM**
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319, 202 Mark Giesige Mercer
County Auditor.

MS 5/29/09
Deputy Aud. Date

TRANSFERRED

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAY 29 2009

MAY 29 2009

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

MERCER COUNTY
TAX MAP DEPARTMENT

**AFFIDAVIT AS TO DEATH OF TRUSTEE
AND APPOINTMENT OF SUCCESSOR TRUSTEE**

The undersigned, being first duly cautioned and sworn, deposes and states as follows:

1. This Affidavit is made pursuant to Ohio Revised Code to evidence the existence of a revocable living trust agreement dated June 2, 2000 entitled the "The Ruth A. Deitsch Trust" (hereinafter "Trust"). Said Trust was entered into by and between Ruth A. Deitsch as the Trustor and Ruth A. Deitsch as Trustee.

2. The Trustor of the Trust, Ruth A. Deitsch, died a resident of Mercer County, Ohio on February 20, 2009. A certified copy of her death certificate is attached hereto.

3. By reason of the death of Ruth A. Deitsch, Robert S. Froning is now the Successor Trustee of the Trust. Article X, Paragraph A. states as follows:

A. Designation of Successor Trustee. Upon the death, resignation or incapacity of RUTH A. DEITSCH as Trustee, the successor Trustee shall be ROBERT S. FRONING. Upon the death, resignation or incapacity of ROBERT S. FRONING as Trustee, the successor Trustee shall be CHRISTOPHER M. DEITSCH.

4. The original Trust is in the possession of Robert S. Froning, 15080 Koenig Road, St. Marys, Ohio 45885.

5. With the exception of Ruth A. Deitsch, all beneficiaries under the Trust are still living.

6. The Trust Agreement is in full force and effect. It has not been altered, amended or revoked, either in whole or in part.

7. As the Successor Trustee of the Trust, Robert S. Froning has the authority to act on behalf of the Trust and has authority do the following with regard to administering any property which may at any time form part of the trust estate:

**ARTICLE VI
TRUSTEE'S POWERS**

B. Power to Manage Trust Property: To manage, control, sell, convey, exchange, partition, divide, subdivide, improve and repair; to grant options and to sell upon deferred payments; to lease for terms within or extending beyond the duration of the trust, for any purpose, including exploration for and removal of oil, gas and other minerals; to enter into oil, gas and mineral leases, assignments, farmouts, farmins and joint ventures; to purchase and sell gas, oil and mineral royalties, to create restrictions, easements, and other servitudes; to compromise, arbitrate, or otherwise adjust claims in favor of or against the trust; to institute, compromise and defend actions and proceedings; to construct, alter or demolish any buildings, and to carry such insurance as the Trustee may deem advisable.

8. There are no restrictions, modifications or limitations of these powers. This Affidavit contains only selected provisions of the Trust, and reference is made to the full text of the Trust

for its full terms and conditions. This Affidavit does not, in any way, amend or supersede the terms and conditions of the Trust.

9. This Affidavit is made for the purpose of inducing the sale and/or transfer the following described real estate:

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

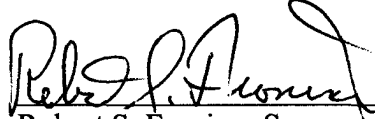
Being Lot Number Two Hundred Forty-five (245) in Fetzer's First Addition to the Village of Coldwater, Ohio, as same is set forth on the recorded plat thereof in the Recorder's Office of Mercer County, Ohio, subject to all easements and restrictions of record imposed thereon.

Deed Reference: Volume OR114, Page 868, Mercer County Official Records.

Tax ID #05-062100.0000

Tax Map #08-27-378-005

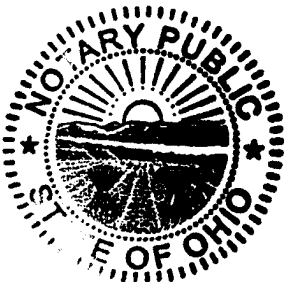
IN WITNESS WHEREOF, this Affidavit has been executed on this 18th day of May, 2009.


Robert S. Froning, Successor Trustee

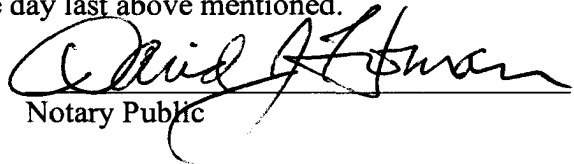
STATE OF OHIO, COUNTY OF MERCER, SS:

On this 18th day of May, 2009, before me a notary public in and for said County, personally came **Robert S. Froning as Successor Trustee of the Ruth A, Deitsch Trust dated June 2, 2000**, and acknowledged the signing thereof to be his voluntary act and deed.

Witness my official signature and seal on the day last above mentioned.



DAVID J. HOMAN
Notary Public, State of Ohio
My Comm. Expires Oct. 30, 2010


Notary Public

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 54

Ohio Department of Health

Primary Reg. Dist. No. 5400

VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.

Registrar's No. 2009000045

Type or print in permanent blue or black ink

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) RUTH A DEITSCH				2. Sex Female		3. Date of Death (Mo/Day/Year) February 20, 2009			
4. Social Security Number [REDACTED]		5a. Age (Years) 84	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) October 21, 1924		7. Birthplace (City and State or Foreign Country) MERCER COUNTY, OHIO		
8a. Residence State OHIO		8b. County MERCER			8c. City or Town COLDWATER			8d. Inside City Limits? Yes	
8e. Street and Number 504 E. North St		8f. Zipcode 45828			8g. Inside City Limits? Yes				
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 UNKNOWN			13. Decedent of Hispanic Origin No			14. Decedent's Race White			
15. Father's Name JULIUS FRONING				16. Mother's Name (prior to first marriage) VIOLA KESSEN					
17a. Informant's Name ROBERT FRONING				17b. Relationship to Decedent Son		17c. Mailing Address (Street and Number, City, State, Zip Code) 15080 Koenig Rd SAINT MARYS, OHIO 45885			
18a. Place of Death Nursing Home/Long Term Care Facility				18b. Facility Name (If not institution, give street & number) BRIARWOOD MANOR				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 24, 2009	
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>	
24. Date Filed February 24, 2009				25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES				25b. District No. 5400	
25c. Date Burial Permit Issued February 21, 2009				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 13:20	
26c. Date Pronounced Dead (Mo/Day/Year) FEB 20, 2009				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 23, 2009				27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death NAVEAU, JOHN J., 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.								Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) Congestive Heart Failure								3 years	
Sequentially list conditions, if any, leading to immediate cause. Myeloproliferative Syndrome								3 years	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) Myeloproliferative Syndrome									
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 checked="" 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

SEAL

COPY TO AN EXACT
THE ORIGINAL HEALTH.

FE 24 09 008078

DENISE BROWN
LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW