

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUL 31 2009

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUL 31 2009

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance Fee **EN**
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319. 202 Mark Giesige Mercer
County Auditor.
KS 7/31/09
Deputy Aud. Date

AFFIDAVIT OF SUCCESSOR TRUSTEE
O.R.C. § 5302.171

I, **Dana L. Piper** after being duly cautioned and sworn, states that:

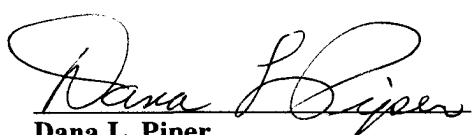
1) I am the Successor Trustee of the **Piper Family Trust** dated April 2, 1996, which holds title to
parcel number 06-020100.0000 in Mercer County, Ohio.

Situated in the State of Ohio, County of Mercer and Village of Neptune:
Being Inlot Number Fourteen (14) in the Village of Neptune as numbered and recorded in the original
plat of said Village.

Parcel Number: 06-027700.0000 *Map No: 06-14-326-007*
Street Address: 8111 U.S. Rt. 33, Celina, OH 45822
Prior Instrument Reference: Volume 5 Page 583

- 2) The Trustee who preceded me, **Mary L. Piper** no longer serves as Trustee because of her death on
July 13, 2009, and said death certificate is attached.
- 3) The name and address of all trustees are as follows:
Dana L. Piper 8111 U.S. Rt. 33, Celina, OH 45822

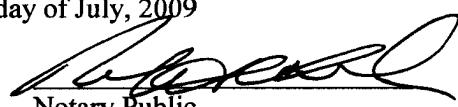
Further, Affiant sayeth naught.


Dana L. Piper

Sworn to before me and subscribed in my presence this 31st day of July, 2009



ROBERT S. HENDRIX, Attorney-at-Law
Notary Public, State of Ohio
My Commission Has No Expiration Date
Section 147.03 RC.


Notary Public
Robert S. Hendrix, Attorney at Law
My Commission is indefinite

Prepared by Robert S. Hendrix, 6295 Emerald Parkway, P.O. Box 3848, Dublin, OH 43016-3848

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

Registrar's No. 209000155

CERTIFICATE OF DEATH

State File No.

Type or print in permanent blue or black ink

1. Decedent's Legal Name (include AKA's if any) (First Middle, LAST, suffix) MARY PIPER						2. Sex Female		3. Date of Death (Mo/Day/Year) July 13, 2009					
4. Social Security Number [REDACTED]		5a. Age (Years) 81		5b. Under 1 Year Months		5c. Under 1 day Hours		5d. Under 1 day Minutes		6. Date of Birth (Mo/Day/Year) December 01, 1927		7. Birthplace (City and State or Foreign Country) MERCER COUNTY, OHIO	
8a. Residence State OHIO				8b. County MERCER				8c. City or Town CELINA					
8d. Street and Number 8111 US Route 33						8e. Apt. No.		8f. Zipcode 45822		8g. Inside City Limits? No			
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) DANA PIPER							
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 OV CISCO						16. Mother's Name (prior to first marriage) MOLLIE SHERER							
17a. Informant's Name DANA PIPER						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 8111 US Route 33 CELINA, OHIO 45822					
18a. Place of Death Decedent's Home						18d. County of Death MERCER							
18b. Facility Name (if not institution, give street & number) 8111 US Route 33						18c. City or Town, State and Zip Code CELINA, OH 45822							
19. Signature of Funeral Service Licensee or Other Agent <i>Robert N. Cisco</i>				20. License Number (of licensee) 008625		21. Name and Complete Address of Funeral Facility CISCO FUNERAL HOME 6921 SR 703 CELINA, OH 45822							
22a. Method of Disposition Burial				22b. Date of Disposition July 16, 2009									
22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Elm Grove Cemetery				22d. Location (City/Town and State) ST MARYS, OH									
23. Registrar's Signature <i>Denise Brown</i>						24. Date Filed <i>July 20, 2009</i>							
25a. Name of Person Issuing Burial Permit WIFORD, TAMRA						25b. District No. 0600		25c. Date Burial Permit Issued <i>July 15, 2009</i>					
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 <i>10:45 PM</i>		26c. Date Pronounced Dead (Mo/Day/Year) <i>July 13, 2009</i>		26d. Was case referred to coroner? No					
26e. Signature and Title of Certifier <i>Philip J. Mauer</i>						26f. License number 35.049039		26g. Date Signed <i>July 17, 2009</i>					
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death MASSER, PHILIP RAY, BOX 420 CELINA, OH 45822													
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) Metastatic Ovarian Carcinoma										15 months			
Sequentially list conditions, if any, leading to immediate cause. a. Due to (or as Consequence of) 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) a. Due to (or as Consequence of) b. Due to (or as Consequence of) c. Due to (or as Consequence of) d. 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. GERD, Peripheral Neuropathy, Arthritis													
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <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 checked="" 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 2726 Rev. 01/07

SEAL

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

JL 20 09 009440

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

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW