

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.


Deputy Aud. Date

8/21/09

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

TRANSFERRED

AUG 21 2009

AUG 21 2009

MERCER COUNTY
TAX MAP DEPARTMENT

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

AFFIDAVIT TERMINATING LIFE ESTATE

STATE OF OHIO, COUNTY OF MERCER, ss:

Now comes Linda M. Huffman, being first duly sworn, and states as follows:

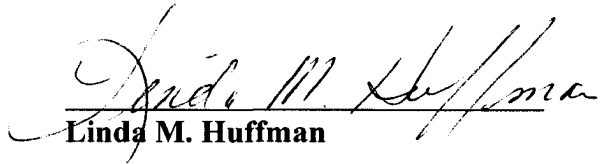
1. I am the daughter of Jean M. Shindeldecker who died on May 18, 2009.
(A certified copy of the Death Certificate is attached hereto for reference.)
2. On or about June 17, 1996, Patricia A. Frysinger, Ralph E. Shindeldecker, Linda M. Huffman, Francille Sapp and James L. Shindeldecker, conveyed by Quit Claim Deed to Ralph L. Shindeldecker and Jean M. Shindeldecker a life estate in the following described real property situated in the Village of Rockford, County of Mercer and State of Ohio, to-wit:

Being all of Lots Numbered 441 and 442 of Bellevue Addition as the same appear upon the recorded plat thereof to the Village of Rockford, Ohio,

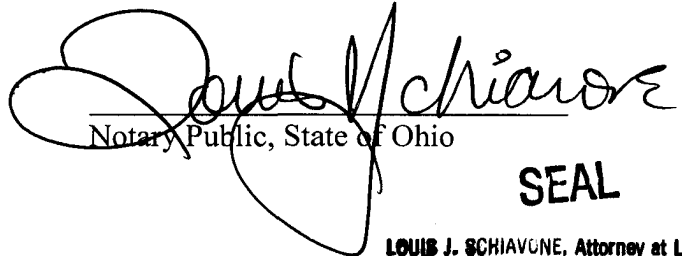
with said Deed being recorded in Volume 12, Page 206, of the Official Records of Mercer County, Ohio.
3. On July 18, 2005, an Affidavit Terminating the Life Estate of Ralph L. Shindeldecker was filed in the Mercer County Recorder's Office in Official Record Volume 201, Page 1759.
4. By virtue of the death of Jean M. Shindeldecker, her life estate is terminated, and the Mercer County Auditor is hereby authorized to transfer such parcels on the tax record to the names of **Patricia A. Frysinger, Ralph E. Shindeldecker, Linda M. Huffman, Francille Sapp and James L. Shindeldecker**, with the tax billings to be sent c/o Linda M. Huffman, 4330 Wilson Road, Rockford, Ohio 45882.

5. The Tax Parcel Numbers for the tract described above are 08-048200.0000 and 08-048300.0000. The Tax Map Numbers are 02-17-478-004 and 02-17-478-005.

Further Affiant saith not.


Linda M. Huffman

Sworn to before me and subscribed in my presence this 20th day of August, 2009.


Notary Public, State of Ohio

SEAL

LOUIS J. SCHIAVONE, Attorney at Law
NOTARY PUBLIC, STATE OF OHIO
My Commission has no expiration
Date: Section 147.03 R.C.

This instrument prepared by:

PURDY, LAMMERS & SCHIAVONE, ATTYS.
113 East Market Street, P.O. Box 404
Celina, OH 45822

TDL/dg

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
Registar's No. 2009000107 **CERTIFICATE OF DEATH** State File No.

DECEDENT

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) JEAN MARIE SHINDELDECKER				2. Sex Female		3. Date of Death (Mo/Day/Year) May 18, 2009							
4. Social Security Number [REDACTED]		5a. Age (Years) 90		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) July 10, 1918		7. Birthplace (City and State or Foreign Country) WAPAKONETA, OHIO			
8a. Residence State OHIO				8b. County MERCER				8c. City or Town ROCKFORD					
8d. Street and Number 218 Walnut St.						8e. Apt. No.		8f. Zipcode 45882		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 9TH THRU 12TH GRADE; NO DIPLOMA				13. Decedent of Hispanic Origin No				14. Decedent's Race White					
15. Father's Name CHARLES WEHNER						16. Mother's Name (prior to first marriage) CORNELIA SHAWN							
17a. Informant's Name LINDA HUFFMAN						17b. Relationship to Decedent Daughter		17c. Mailing Address (Street and Number, City, State, Zip Code) 4330 Wilson Rd. ROCKFORD, OHIO 45882					
18a. Place of Death Nursing Home/Long Term Care Facility						18b. Facility Name (If not institution, give street & number) The Laurels of Shane Hill				18c. City or Town, State and Zip Code ROCKFORD, OH 45882		18d. County of Death MERCER	
19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>						20. License Number (of licensees) 008023		21. Name and Complete Address of Funeral Facility LEHMAN-HOGENKAMP-DZENDZE L FH 901 MYERS RD CELINA, OH 45822					
22a. Method of Disposition Cremation						22b. Date of Disposition May 20, 2009		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Riverside Cemetery				22d. Location (City/Town and State) ROCKFORD, OH	

CERTIFIER

23. Registrar's Signature <i>[Signature]</i>		24. Date Filed May 19, 2009	
25a. Name of Person Issuing Burial Permit BROWN, DENISE		25b. District No. 5400	
25c. Date Burial Permit Issued May 19, 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 0620		26c. Date Pronounced Dead (Mo/Day/Year) MAY 18, 2009	
26d. Was case referred to coroner? No		26e. Signature and Title of Certifier <i>[Signature]</i> HL	
26f. License number 35.063622		26g. Date Signed MAY 19, 2009	

CAUSE OF DEATH

27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death JARVIS, SCOTT WILLIAM 140 FOX RD VAN WERT, OH 45891		
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		Weeks
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of)		
c. Due to (or as Consequence of)		
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) 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.		
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 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"/> 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.

MY 19 09 008866

SEAL

[Signature]
DENISE BROWN, LOCAL REGISTRAR
CLERK OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL