

DESCRIPTION  
**SUFFICIENT**  
FOR TAX MAPPING PURPOSES

OCT 05 2009

MERCER COUNTY  
TAX MAP DEPARTMENT

Exemption paragraph, ~~conveyance fee~~ <sup>EN</sup>  
The Grantor and Grantee of this deed have  
complied with the provisions of R. C. Sec.  
319, 202 Mark Giesige Mercer  
County Auditor  
*Mark Giesige* 10/5/09  
Deputy Aud. Date

**TRANSFERRED**

OCT 05 2009

MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

**TRANSFER ON DEATH AFFIDAVIT**

STATE OF OHIO

COUNTY OF Auglaize, SS:

Mary S. Nichols, being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, depose and says as follows:

1. Affiant's spouse, Kenneth J. Nichols formerly of ~~Mercer~~ County, Ohio, died testate on February 6, 2009, a legal resident of the State of Ohio.

2. A certified copy of the Death Certificate for Kenneth J. Nichols is attached to this Affidavit.

3. The decedent was the grantor/grantee in a certain Transfer on Death Deed dated March 26, 2003, filed for record March 27, 2003 in Official Record 161, Page 82, ~~Mercer~~ County, Ohio Records, with respect to the property legally described as follows:

Situate in the Township of Franklin, County of Mercer, State of Ohio:

Being 35 feet of uniform width off of the South side of Lot Numbered FOUR (4) and all of Lot Numbered FIVE (5) Davis Addition, Franklin Township, Mercer County, Ohio, as the same appears upon the recorded plat thereof in Plat Book "5", Page 28 of the Plat Records of Mercer County, Ohio.

Auditor Parcel No: 090337000000 & 090338000000

More commonly known as: 5319 Karafit Road, Celina, OH 45822

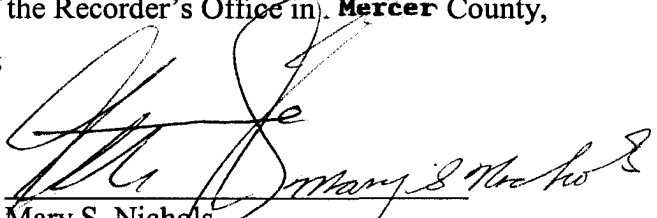
4. In the Deed, the grantee designated are "Kenneth J. Nichols, married, transfer on death to Mary S. Nichols, beneficiary(s)."

5. Mary S. Nichols, one of the grantees named in the deed, is one and the same person as this Affiant.

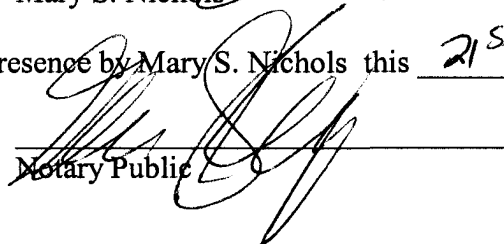
6. The address of Affiant is: 5319 Karafit Road, Celina, OH 45822

*Map No: 09-20-283-006 and 09-20-283-007*

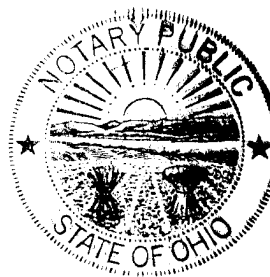
7. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to the above beneficiaries on the records of the Recorder's Office in **Mercer** County, Ohio.

CS  
  
Mary S. Nichols

Sworn to before me and subscribed in my presence by Mary S. Nichols this 21<sup>st</sup> day of August, 2009.

  
Notary Public

This Instrument Prepared By:  
John M. Ruffolo  
Attorney at Law  
7501 Paragon Drive  
Dayton, Ohio 45459



GLEN SHELLEY, Notary Public  
In and for the State of Ohio  
My Commission Expires July 10, 2011

VITAL PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

Reg. Dist. No. 08

Ohio Department of Health  
VITAL STATISTICS

Primary Reg. Dist. No. 0801

State File No.

Registrar's No.

0000000003

## CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) KENNETH J NICHOLS				2. Sex Male		3. Date of Death (Mo/Day/Year) February 06, 2009							
4. Social Security Number [REDACTED]		5a. Age (Years) 80		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) September 29, 1928		7. Birthplace (City and State or Foreign Country) NEW MOOREFIELD, OHIO			
8a. Residence State OHIO		8b. County MERCER				8c. City or Town CELINA		8d. Apt. No.		8e. Zipcode 45822		8f. 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) MARY SUE BLOCK							
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 THEODORE NICHOLS						16. Mother's Name (prior to first marriage) BESSIE LUTE							
17a. Informant's Name MARY SUE NICHOLS						17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 5319 Karafit Road CELINA, OHIO 45822					
18a. Place of Death Hospital - Inpatient						18b. Facility Name (If not institution, give street & number) Lima Memorial Hospital, Satellite Dialysis Unit				18c. City or Town, State and Zip Code ST MARYS, OH 45885		18d. County of Death AUGLAIZE	
19. Signature of Funeral Service Licensee or Other Agent [Signature]						20. License Number (of licensee) 009114		21. Name and Complete Address of Funeral Facility MILLER FUNERAL HOME INC 1605 CELINA RD SAINT MARYS, OH 45885					
22a. Method of Disposition Burial						22b. Date of Disposition February 10, 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 [Signature]						24. Date Filed February 17, 2009		25. District No. 0600				25c. Date Burial Permit Issued February 10, 2009	
25a. Name of Person Issuing Burial Permit MILLER, KENT						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 08:28				26c. Date Pronounced Dead (Mo/Day/Year) February 6, 2009				26d. Was case referred to coroner? No					
26e. Signature and Title of Certifier [Signature]				26f. License number 34.0033				26g. Date Signed February 13, 2009					
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death MILLER, DAVID LEE, 750 W High Street LIMA, OH 45801													
28. Part I. Enter the disease, injury, 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. Myocardial Infarction										1 Hr	
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)											
		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. Renal Failure								29a. Was An Autopsy <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

SEAL

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

FE 17 09 10 74 28

[Signature]  
TAMRA WIFORD, LOCAL REGISTRAR  
OFFICE OF VITAL STATISTICS  
WITNESS MY SIGNATURE & SEAL