

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAY 24 2010

MERCER COUNTY
TAX MAP DEPARTMENT

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.

Deputy Aud. Date

5/24/2010

TRANSFERRED

MAY 24 2010

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

AFFIDAVIT FOR TRANSFER OF REAL ESTATE

HELEN C. SCHWIETERMAN, DECEASED
TO
ORVAL A. SCHWIETERMAN

STATE OF OHIO
SHELBY COUNTY / ss:

ORVAL A. SCHWIETERMAN being first duly cautioned and sworn according to law, deposes and says that HELEN C. SCHWIETERMAN died on the 28th day of February, 2010; that at the time of her death her place of residence was 609 E. North Street, Coldwater, Mercer County, Ohio 45828; that ORVAL A. SCHWIETERMAN and HELEN C. SCHWIETERMAN, husband and wife, acquired the following described real estate by joint and survivorship deed, thereby holding the title as joint tenants with the right of survivorship, and upon the death of HELEN C. SCHWIETERMAN, the fee simple title passed to ORVAL A. SCHWIETERMAN.

Affiant further says that the premises are described as follows:

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

Being Lot No. Eight Hundred and Fifty-five (855) in Restful Acres Second Addition, as shown on the recorded plat of said Addition in Plat Book 9, Page 16, Recorder's Office, Mercer County, Ohio.

Said conveyance is subject to all the restrictions, provisions and conditions shown on the public record in the Recorder's Office, Mercer County, Ohio, which are incorporated herein by reference, the same as if fully rewritten herein. This conveyance is also subject to the zoning regulations of the Village of Coldwater, Ohio.

See Volume 269, Page 884 of the Deed Records of Mercer County, Ohio.

Parcel No. 05-124700.0000. Map No. 08-27-381-021.

Affiant further says that the purpose of this Affidavit is to evidence the vesting of the fee simple title to the real estate in the sole name of ORVAL A. SCHWIETERMAN.

A certified copy of the death certificate of HELEN C. SCHWIETERMAN is
attached hereto and made a part hereof.

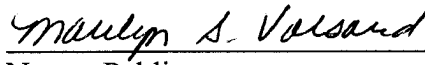
Further Affiant sayeth naught.


ORVAL A. SCHWIETERMAN

Sworn to before me and subscribed in my presence this 19th day of May, 2010.



OFFICIAL SEAL
MARILYN S. VOISARD
Notary Public - State of Ohio
My Comm. Expires Nov. 8, 2013


Notary Public

This instrument prepared by: FAULKNER, GARMHAUSEN, KEISTER & SHENK, A Legal
Professional Association, 100 South Main Avenue, Suite 300, Sidney, OH 45365

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. 2010000049 **CERTIFICATE OF DEATH** State File No.

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) HELEN SCHWIETERMAN						2. Sex Female		3. Date of Death (Mo/Day/Year) February 28, 2010	
4. Social Security Number [REDACTED]		5a. Age (Years) 80		5b. Under 1 Year Months: Days: Hours: Minutes:		6. Date of Birth (Mo/Day/Year) March 24, 1929		7. Birthplace (City and State or Foreign Country) ST. JOE, OHIO	
8a. Residence State OHIO		8b. County MERCER				8c. City or Town COLDWATER			
8d. Street and Number 609 E. North St.						8e. Apt. No.		8f. Zipcode 45828	
8g. Inside City Limits? Yes									
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) ORVAL SCHWIETERMAN			
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin No		14. Decedent's Race White			
15. Father's Name ALOYS STEINBRUNNER						16. Mother's Name (prior to first marriage) ELIZABETH BROCKMAN			
17a. Informant's Name ORVAL SCHWIETERMAN						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 609 E. North St.	
18a. Place of Death Nursing Home/Long Term Care Facility						18b. City or Town, State and Zip Code COLDWATER, OH 45828			
18c. Facility Name (If not institution, give street & number) BRIARWOOD MANOR						18d. County of Death MERCER			
19. Signature of Funeral Director, Licensee or Other Agent <i>[Signature]</i>				20. License Number (of licensee) 008102		21. Name and Complete Address of Funeral Facility N J HOGENKAMP SONS INC			
22a. Method of Disposition Burial				22b. Date of Disposition March 04, 2010		22c. Location (City/Town and State) 715 E MAIN ST			
22d. Place of Disposition (Name of Cemetery, Crematory, or other place) Saint Elizabeth Cemetery				22e. Location (City/Town and State) COLDWATER, OH		22f. Date Signed MARCH 2, 2010			
23. Registrar's Signature <i>[Signature]</i>				24. Date Filed March 2, 2010		25. District No. 0600			
25a. Name of Person Issuing Burial Permit HOGENKAMP, SCOTT				25b. Date Burial Permit Issued March 1, 2010					
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 2020		26c. Date Pronounced Dead (Mo/Day/Year) February 28, 2010		26d. Was case referred to coroner? No	
26e. Signature and Title of Certifier <i>[Signature]</i> MD				26f. License number 35.055465		26g. Date Signed MARCH 2, 2010			
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death HEINRICH, TIMOTHY ARNOLD, 801 Pro Drive 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.									
Immediate Cause (Final disease or condition resulting in death)		a. Acute Myocardial Infarction						Approximate Interval Between Onset and Death minutes	
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.									
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

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.
MR-210011683
[Signature]
DENISE BROWN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITH MY SIGNATURE & SEAL