

DESCRIPTION  
**SUFFICIENT**  
FOR TAX MAPPING PURPOSES

JUN 07 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.

6/7/2010  
Deputy Aud. Date

**TRANSFERRED**

JUN 07 2010

MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

## Affidavit of Confirmation

(Ohio Revised Code Section 5302.222)

Ronald A. Braun and Gerald L. Braun, being first duly cautioned and sworn, depose and state as follows:

1. We have knowledge of the facts set forth herein and are competent to testify concerning same in open court.

2. We are children of Margaret A. Braun, who died a resident of Mercer County, Ohio on April 22, 2010. A certified copy of her death certificate is attached hereto and made a part hereof.

3. We are the Grantees in a Transfer on Death Deed dated July 28, 2006, filed for record on August 2, 2006 at 2:16 p.m., and recorded in Instrument #200600004591, Mercer County Recorder's Office.

4. Ronald A. Braun resides at 317 E. College Street, Coldwater, Mercer County, Ohio 45828 and Gerald L. Braun resides at 9722 Celina-Mendon Road, Celina, Mercer County, Ohio 45822.

5. By virtue of the death of Margaret A. Braun, we are now the fee simple owners of the following described real estate:

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

Being in Section Twenty-seven (27), Town Six (6) South, Range Two (2) East, Butler Township, Mercer County, Ohio, starting at the centerline of the intersection of Vine Street and Second Street (also being known as State Route 118) of the Village of Coldwater, Ohio; thence North on and along the centerline of Second Street a distance of Four Hundred Thirty-four and Two Tenths (434.2) feet to a point, said point being the place of beginning; thence continuing North on and along the centerline of Second Street a distance of Sixty-one (61) feet to a point; thence East a distance of One Hundred Sixty-two (162) feet to a point; thence South Sixty-one (61) feet to a point; thence West a distance of One Hundred Sixty-two (162) feet to the place of beginning, subject to a Thirty (30) foot right-of-way for street purposes off the entire West side of such property.

Deed Reference: Instrument #200600004591, Mercer County Official Records.

Tax ID #05-002200.0000

Tax Map #08-27-303-003

6. This Affidavit is made pursuant to Section 5302.222, Ohio Revised Code, for the purpose of establishing that Ronald A. Braun and Gerald L. Braun are the sole record owners of, and vested with the entire fee simple interest in and to, the above-described real estate.

7. The Estate of Margaret A. Braun is being administered in Case No. 20101088, Mercer County Probate Court.

8. No estate tax return is required to be filed because the gross estate, which includes the above-described real estate, falls below the filing requirements set forth in Ohio Revised Code Section 5731.21(A)(3). The above-described real estate shall be free of any lien for estate taxes under Ohio Revised Code Section 5731.02 and 5731.19(A).

9. Further Affiants sayeth not.

Ronald A. Braun  
Ronald A. Braun

Gerald L. Braun  
Gerald L. Braun

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Ronald A. Braun and Gerald L. Braun on this 4th day of June, 2010.

Randall K. Evers  
Notary Public



RANDALL K. EVERS, Notary Public  
In and for the State of Ohio  
My Comm. Expires Sept. 3, 2013

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

State File No.

Registrar's No. 2010000090

## 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) <b>MARGARET ANN BRAUN</b>						2. Sex <b>Female</b>		3. Date of Death (Mo/Day/Year) <b>April 22, 2010</b>			
4. Social Security Number <b>[REDACTED]</b>		5a. Age (Years) <b>87</b>		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) <b>September 16, 1922</b>		7. Birthplace (City and State or Foreign Country) <b>BIG STONE GAP, VIRGINIA</b>	
8a. Residence State <b>OHIO</b>				8b. County <b>MERCER</b>				8c. City or Town <b>COLDWATER</b>			
8d. Street and Number <b>503 N. Second St.</b>						8e. Apt. No.		8f. Zipcode <b>45828</b>		8g. Inside City Limits? <b>Yes</b>	
9. Ever in US Armed Forces? <b>No</b>		10. Marital Status at Time of Death <b>Widowed (and not remarried)</b>				11. Surviving Spouse's Name (If wife, give name prior to first marriage)					
12. Decedent's Education <b>UNKNOWN</b>				13. Decedent of Hispanic Origin <b>No</b>				14. Decedent's Race <b>White</b>			
15. Father's Name <b>HAMPTON B FLEENOR</b>						16. Mother's Name (prior to first marriage) <b>EVA GILLIAM</b>					
17a. Informant's Name <b>RON BRAUN</b>						17b. Relationship to Decedent <b>Son</b>		17c. Mailing Address (Street and Number, City, State, Zip Code) <b>317 E. College St COLDWATER, OHIO 45828</b>			
18a. Place of Death <b>Nursing Home/Long Term Care Facility</b>						18b. Facility Name (If not institution, give street & number) <b>Briarwood Village</b>					
18c. City or Town, State and Zip Code <b>COLDWATER, OH 45828</b>						18d. County of Death <b>MERCER</b>					
19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>						20. License Number (of licensee) <b>007618</b>		21. Name and Complete Address of Funeral Facility <b>N J HOGENKAMP SONS INC 715 E MAIN ST COLDWATER, OH 45828</b>			
22a. Method of Disposition <b>Burial</b>						22b. Date of Disposition <b>April 26, 2010</b>		22c. Location (City/Town and State) <b>COLDWATER, OH</b>			
22d. Place of Disposition (Name of Cemetery, Crematory, or other place) <b>St. Elizabeth Cemetery</b>						22e. Date Burial Permit Issued <b>April 23, 2010</b>					
23. Registrar's Signature <i>[Signature]</i>						24. Date Filed <b>April 26, 2010</b>					
25a. Name of Person Issuing Burial Permit <b>HOGENKAMP, BRIAN JAMES</b>						25b. District No. <b>5400</b>		25c. Date Burial Permit Issued <b>April 23, 2010</b>			
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 <b>18:50</b>					
26c. Date Pronounced Dead (Mo/Day/Year) <b>April 22, 2010</b>						26d. Was case referred to coroner? <b>No</b>					
26e. Signature and Title of Certifier <i>[Signature]</i>						26f. License number <b>35.046330</b>		26g. Date Signed <b>April 23, 2010</b>			
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>NAVEAU, JOHN J., 407 SOUTH OAK STREET COLDWATER, OH 45828</b>											
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. <b>Carcinoma of Ovary</b>								Approximate Interval Between Onset and Death <b>6 weeks</b>	
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. <b>Hypertensive Heart Disease Alzheimer Dementia</b>											
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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined						32a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
32b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						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.

AP 26 10 012199

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

REV. 6/2009

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW