

**TRANSFERRED**

TRANSFER NOT NECESSARY

JUN 29 2010

MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

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MERCER COUNTY, OHIO

DESCRIPTION  
**SUFFICIENT**  
FOR TAX MAPPING PURPOSES

JUN 29 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.

KP 6-29-10  
Deputy Aud. Date

**AFFIDAVIT**

(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

Dorothy M. Kanney, of 402 N. Eastern Avenue, St. Henry, OH 45883, being first duly sworn, deposes and says that she is the surviving spouse of Robert O. Kanney, Sr., who died on April 15, 2010, at St. Henry, Mercer County, Ohio; and at the time of his death, this affiant and Robert O. Kanney, Sr. were wife and husband, and all of the joint owners of the following described real estate:

*sub* Situated in the Village of St. Henry, County of Mercer, State of Ohio, and bounded and described as follows:

Being Lot No. Twenty-eight (28) in the Jutte Subdivision Phase II to the Village of St. Henry, Ohio, as the same is shown on the recorded plat thereof at Plat Cabinet 3, Page 95, Plat Records of Mercer County, Ohio, subject to the covenants and restrictions as recorded at Volume 8, Page 743, Miscellaneous Records, Mercer County, Ohio.

Last Transfer: Official Record Book 195, Page 2598, Mercer County Recorder's Office.

Tax ID #23-001312.0142

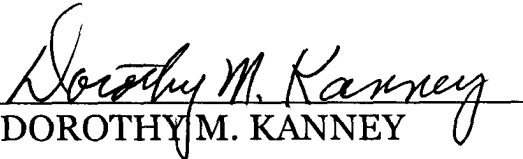
MAP# 11-16-478-028

By virtue of the death of Robert O. Kanney, Sr., the undersigned is the sole surviving owner of the above-described property.

The Estate of Robert O. Kanney, Sr. is being administered in the Probate Court of Mercer County, Ohio, under Case No. 20101106.

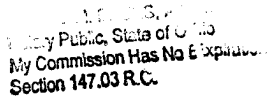
A certified copy of the death certificate is attached hereto.

Further this affiant sayeth not.

  
DOROTHY M. KANNEY

Sworn to me before me and subscribed in my presence by Dorothy M. Kanney this 27th day of JUNE, 2010.

SEAL

  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Section 147.03 R.C.

  
Notary Public – State of Ohio

Instrument prepared by:  
David Wm. Brun  
Attorney Reg. #0002539  
123 West Main Street  
Coldwater, OH 45828  
Phone: 419-678-4317

VERIFY PRESENCE OF ODH WATERMARK      HOLD TO LIGHT TO VIEW

Reg. Dist. No. 54  
Primary Reg. Dist. No. 5400  
Registrar's No. 2010000084

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF DEATH  
Type or print in permanent blue or black ink

State File No.

DECEDENT	1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) ROBERT O KANNEY SR						2. Sex Male	3. Date of Death (Mo/Day/Year) April 15, 2010	
	4. Social Security Number [REDACTED]		5a. Age (Years) 80	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) August 11, 1929		7. Birthplace (City and State or Foreign Country) COLDWATER, OHIO	
	8a. Residence State OHIO		8b. County MERCER			8c. City or Town SAINT HENRY			
	8d. Street and Number 402 N. Eastern Ave					8e. Apt. No.	8f. Zipcode 45883	8g. Inside City Limits? Yes	
	9. Ever in US Armed Forces? Yes		10. Marital Status at Time of Death Married			11. Surviving Spouse's Name (If wife, give name prior to first marriage) DOROTHY DREES			
	12. Decedent's Education UNKNOWN		13. Decedent of Hispanic Origin No			14. Decedent's Race White			
	15. Father's Name ALOYSIUS KANNEY				16. Mother's Name (prior to first marriage) ALVINA BRAUN				
	17a. Informant's Name DOROTHY KANNEY				17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 402 N. Eastern Ave SAINT HENRY, OHIO 45883		
	18a. Place of Death Decedent's Home				18b. Facility Name (If not institution, give street & number) 402 N. Eastern Ave				18c. City or Town, State and Zip Code SAINT HENRY, OH 45883
	18d. County of Death MERCER								
REGISTRAR	19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>				20. License Number (of licensee) 007618		21. Name and Complete Address of Funeral Facility N J HOGENKAMP SONS INC 221 MAIN ST ST HENRY, OH 45883		
	22a. Method of Disposition Burial				22b. Date of Disposition April 19, 2010				
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place) St. Henry Cemetery				22d. Location (City/Town and State) SAINT HENRY, OH				
	23. Registrar's Signature <i>[Signature]</i>				24. Date Filed April 15, 2010				
	25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES				25b. District No. 5400		25c. Date Burial Permit Issued April 15, 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 07:30		26c. Date Pronounced Dead (Mo/Day/Year) APRIL 15, 2010		26d. Was case referred to coroner? No				
	26e. Signature and Title of Certifier <i>[Signature]</i> MD				26f. License number 35.087101		26g. Date Signed 4/15/2010		
	27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death Kleinhenz, Heather Ann, St RT 118 MARIA STEIN, OH 45860								
	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.								
CAUSE OF DEATH	Immediate Cause (Final disease or condition resulting in death)		a. Lung Cancer					Approximate Interval Between Onset and Death 7 months	
	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. Coronary Artery Disease Chronic Kidney Disease Type II Diabetes Mellitus Hypertension COPD								
	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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		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 15 10 012116

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