

TRANSFERRED

AUG 23 2010

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

AUG 23 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.
[Signature] 8/23/2010
Deputy Aud. Date

AFFIDAVIT
(O.R.C. 5302.17)

STATE OF OHIO, COUNTY OF MERCER, SS:

DANNY L. HUEY aka DANNY LEE HUEY, being duly cautioned and sworn,
deposes and says that:

- 1] He is the age of majority and is a resident of 5568 Mercer Road, Mendon,
Mercer County, Ohio.
- 2] He is the surviving spouse of **Charlotte E. Huey**, who died February 13,
2010, a resident of Mendon, Mercer County, Ohio. A certified copy of the death certificate
of Charlotte E. Huey is attached hereto.
- 3] There is a **Survivorship Deed** dated April 25, 1990, and recorded on
September 12, 1990, at 10:48 A.M., in Mercer County, Ohio, in **Deed Volume 314, Page
723**, Mercer County, Ohio, Recorder's Records, which conveyed to Danny Lee Huey and
Charlotte E. Huey, husband and wife, for their joint lives, remainder to the survivor of them,
the following described real estate:

Situated in the **TOWNSHIP of DUBLIN, VILLAGE of MERCER, COUNTY of
MERCER, and STATE of OHIO**, to-wit:

Parcel #1
Lot Number One (1) in the Village of Mercer.

LESS AND EXCEPT THE FOLLOWING: Commencing at the Southeast
corner of said Lot #1; thence North 47 feet and 6 inches; thence West 86
feet to the North line of S.R. #33; thence in a southeasterly course 68 feet to
the place of beginning.

ALSO LESS AND EXCEPT: Easement to the State of Ohio for highway
purposes as same is recorded in Volume 164, Page 446 of the Mercer
County, Ohio, Easements Record.

TAX PARCEL NO. 07-070800.0000 TAX MAP NO. 02-36-101-001

Parcel #2
Lot Number Two (2) in the Village of Mercer.

LESS AND EXCEPT THE FOLLOWING: Beginning at the southeast corner
of Lot #2; thence North 31 feet; thence West 67 feet to the line between Lots
#1 and #2; thence in a Southeasterly course on and along the South line of
Lot #2, 75 feet to the place of beginning.

TAX PARCEL NO. 07-070900.0000 TAX MAP NO. 02-36-101-002

Parcel #3

The North half (N ½) of Lot Number Four (4) and the North half (N ½) of Lot Number Five (5) in the Village of Mercer.

TAX PARCEL NO. 07-071100.0000
(N ½ Lot 4)

TAX MAP NO. 02-36-101-003

TAX PARCEL NO. 07-071400.0000
(N ½ Lot 5)

TAX MAP NO. 02-36-101-004

Subject to all legal highways, and subject to, and with the benefit of all restrictions, conditions, limitations, reservations and easements of record, if any, and to zoning restrictions which have been imposed thereon, if any.

4] There is a **Survivorship Deed** dated August 23, 2007, and recorded on August 27, 2007, at 4:13 P.M., in Mercer County, Ohio, in **Instrument Number 200700005423**, Mercer County, Ohio, Recorder's Records, which conveyed to Danny L. Huey and Charlotte E. Huey, husband and wife, for their joint lives, remainder to the survivor of them, the following described real estate:


Situated in the **VILLAGE of ROCKFORD, COUNTY of MERCER**, and **STATE of OHIO**, to-wit:

Being Lot Number One Hundred Thirty-nine (139) of the revised numbering of the lots in the Village of Rockford, Ohio, as the same is shown on the recorded plat, formerly known and described as Lot Number Twenty (20) of Fordyce and Wisterman's Addition to the Village of Shane's Crossing now the Village of Rockford, Ohio, subject to all conditions, restrictions, easements and limitations.

TAX PARCEL NUMBER 08-019700.0000
TAX MAP NUMBER 02-17-281-006

5] The Estate is being administered under **Mercer County Probate Court Case Number 20101054**, and there are no requirements for filing an Ohio Estate Tax Return. All costs of the last sickness and funeral expenses have been paid by the surviving spouse, Danny L. Huey aka Danny Lee Huey.

6] That by virtue of the death of Charlotte E. Huey, Affiant is the fee simple owner of the above described real estate and the Mercer County Auditor and the Mercer County Recorder are requested to record the transfer of the decedent's interest to the surviving spouse, Danny L. Huey aka Danny Lee Huey.




Danny L. Huey
Aka Danny Lee Huey

SWORN TO BEFORE ME and subscribed in my presence this 20th day of AUGUST, 2010.



Margie Ann Schwartz
Notary Public • State of Ohio
My Commission Expires:
September 5, 2011
Recorded in Mercer County



Notary Public for the State of Ohio
My Commission expires: 09/05/2011.

This instrument prepared by: **Knapke Law Office, LLC, 115 N. Walnut St., Celina, Ohio**

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. 2010000040

CERTIFICATE OF DEATH

State File No.

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) CHARLOTTE E HUEY						2. Sex Female		3. Date of Death (Mo/Day/Year) February 13, 2010					
4. Social Security Number [REDACTED]		5a. Age (Years) 65		5b. Under 1 Year Months 0		5c. Under 1 day Hours 0		5d. Under 1 day Minutes 0		6. Date of Birth (Mo/Day/Year) August 12, 1944		7. Birthplace (City and State or Foreign Country) PIQUA, OHIO	
8a. Residence State OHIO				8b. County MERCER				8c. City or Town MENDON					
8d. Street and Number 5568 Mercer Road				8e. Apt. No.				8f. Zipcode 45862		8g. 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) DANNY HUEY							
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 RAYMOND MILLER						16. Mother's Name (prior to first marriage) LOVA WELBAUM							
17a. Informant's Name DANNY HUEY						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 5568 Mercer Road MENDON, OHIO 45862					
18a. Place of Death Decedent's Home						18b. Facility Name (If not Institution, give street & number) 5568 Mercer Road							
18c. City or Town, State and Zip Code MENDON, OH 45862						18d. County of Death MERCER							
19. Signature of Funeral Service Licensee or Other Agent <i>Mauree Dick Hellwarth</i>						20. License Number (of licensee) 009115		21. Name and Complete Address of Funeral Facility W H DICK & SONS-HELLWARTH FH 218 W MARKET ST CELINA, OH 45822					
22a. Method of Disposition Burial						22b. Date of Disposition February 16, 2010		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Mercer Memory Gardens					
22d. Location (City/Town and State) CELINA, OH													
23. Registrar's Signature <i>Denise Brown</i>						24. Date Filed <i>February 26, 2010</i>		25a. Name of Person Issuing Burial Permit BROWN, DENISE					
25b. District No. 5400						25c. Date Burial Permit Issued February 16, 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 03:45		26c. Date Pronounced Dead (Mo/Day/Year) FEBRUARY 13, 2010		26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier <i>Chalasani P. M.D.</i>						26f. License number 35.074537		26g. Date Signed FEBRUARY 22, 2010					
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death CHALASANI, PADMAJA, 1300 GREENVILLE RD ST MARYS, OH 45885													
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 CARDOPULMONARY ARREST								Approximate Interval Between Onset and Death IMMEDIATE			
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) CHRONIC RESPIRATORY FAILURE								FEW MONTHS			
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of) CHRONIC OBSTRUCTIVE PULMONARY DISEASE								FEW YEARS			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DIABETES, CARCINOMA LUNG, HYPERTENSION, OSTEOARTHRITIS.													
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input checked="" 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		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 checked="" 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.

FE 26 10 011641

SEAL

Denise Brown
DENISE BROWN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL