

TRANSFERRED

MAR 02 2011

MARK GIESIGE  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

MAR 02 2011

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.  
VP 3-2-11  
Deputy Aud. Date

Joint and Survivorship Affidavit

Betty L. Kress, of 5210 Grove Drive, Celina, Mercer County, Ohio 45822, being first duly cautioned and sworn, deposes and states as follows:

- 1. I have knowledge of the facts set forth herein and am competent to testify concerning same in open court.
- 2. I am the wife of Oscar W. Kress, who died a resident of Franklin Township, Mercer County, Ohio on February 15, 2011. A certified copy of his death certificate is attached hereto.
- 3. Oscar W. Kress and I held fee simple title, with rights of survivorship, to certain real estate by virtue of a Quit Claim Deed dated April 22, 2008, filed for record on April 14, 1998 at 4:59 p.m., and recorded in Instrument #200800002315, Mercer County Recorder's Office.
- 4. The real estate affected by this Affidavit is more particularly described as follows:

Situated in the Township of Franklin, County of Mercer and State of Ohio, bounded and described as follows:

Lots No. Eighteen (18) and Nineteen (19) of Section D of Coldwater Beach, as the same appear upon the Recorded Plat thereof of record in Plat Book 4, Page 39, of the Mercer County Plat Records, and subject to all easements, restrictions, conditions, and rights of way of record.

Grantors further grant and convey to the Grantees herein and their successors in title to Lot 19-D, the right and privilege to cross on and over the GROVE, from Grove Drive west to the Grand Reservoir, which right and privilege may be at a later date confined within the boundaries of a road or driveway that Coldwater Beach may establish through said GROVE from Grove Drive west to the Reservoir.

Deed Reference: Instrument #200800002315, Mercer County Deed Records

Tax ID #09-040000.0000 and #09-040100.0000  
Tax Map #09-20-333-009 and #09-20-333-008

- 5. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Betty L. Kress is the sole record owner of, and vested with the entire fee simple interest in and to, the above-described real estate.
- 6. 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).
- 7. No probate estate will be administered as all assets owned by the decedent were non-probate.

8. Further affiant sayeth not.

Betty L. Kress  
Betty L. Kress

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Betty L. Kress on this 28th day of February, 2011.

SEAL

Judy A. Koesters  
Notary Public  
JUDY A. KOESTERS, Atty. At Law  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Has No Expiration Date  
Section 147.03 O.R.C.

VERIFY PRESENCE OF ODH WATERMARK

Reg. Dist. No. 54  
Primary Reg. Dist. No. 5400  
Registrar's No. 2011000034Ohio Department of Health  
VITAL STATISTICSCERTIFICATE OF DEATH  
Type or print in permanent blue or black ink

State File No.

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) <b>OSCAR KRESS</b>				2. Sex <b>Male</b>		3. Date of Death (Mo/Day/Year) <b>February 15, 2011</b>					
4. Social Security Number [REDACTED]		5a. Age (Years) <b>67</b>		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) <b>August 29, 1943</b>		7. Birthplace (City and State or Foreign Country) <b>DAYTON, OHIO</b>	
8a. Residence State <b>OHIO</b>				8b. County <b>MERCER</b>				8c. City or Town <b>CELINA</b>			
8d. Street and Number <b>5210 Grove St.</b>				8e. Apt. No.		8f. Zipcode <b>45822</b>		8g. Inside City Limits? <b>No</b>			
9. Ever in US Armed Forces? <b>No</b>		10. Marital Status at Time of Death <b>Married</b>				11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>BETTY HATTON</b>					
12. Decedent's Education <b>8TH GRADE OR LESS</b>				13. Decedent of Hispanic Origin <b>No</b>				14. Decedent's Race <b>White</b>			
15. Father's Name <b>OSCAR KRESS</b>						16. Mother's Name (prior to first marriage) <b>ERMA UNKNOWN</b>					
17a. Informant's Name <b>BETTY KRESS</b>						17b. Relationship to Decedent <b>Wife</b>		17c. Mailing Address (Street and Number, City, State, Zip Code) <b>5210 Grove St. CELINA, OHIO 45822</b>			
18a. Place of Death <b>Decedent's Home</b>						18b. Facility Name (If not institution, give street & number) <b>5210 Grove St.</b>					
18c. City or Town, State and Zip Code <b>CELINA, OH 45822</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>008023</b>		21. Name and Complete Address of Funeral Facility <b>LEHMAN-HOGENKAMP-DZENDZE L FH 901 MYERS RD CELINA, OH 45822</b>			
22a. Method of Disposition <b>Cremation</b>						22b. Date of Disposition <b>February 19, 2011</b>		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) <b>Van Wert Crematory</b>			
22d. Location (City/Town and State) <b>VAN WERT, OH</b>											
23. Registrar's Signature <i>[Signature]</i>						24. Date Filed <b>February 18, 2011</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>2/18/11</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>10:04 a.m.</b>					
26c. Date Pronounced Dead (Mo/Day/Year) <b>feb. 15, 2011</b>						26d. Was case referred to coroner? <b>No</b>					
26e. Signature and Title of Certifier <i>[Signature]</i>						26f. License number <b>34.003323</b>		26g. Date Signed <b>2/17/11</b>			
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>ROODE, TERRY DEAN, 801 PRO DRIVE CELINA, OH 45822</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) <b>ACUTE RESPIRATORY FAILURE</b>											
Sequentially list conditions, if any, leading to immediate cause. <b>CONGESTIVE HEART FAILURE</b>											
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) <b>RENAL FAILURE, AORTIC VALVE DISEASE, DIABETES</b>											
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.											
29a. Was An Autopsy Performed? <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 type="checkbox"/> Not Applicable											
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <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											
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 18 11 014527

Heather Bohman

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW