

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

OCT 24 2011

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

OCT 24 2011

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance fee EN
The Grantor and Grantee of this deed have
complied with the provisions of R.C. Sec 319,
202 Randall E. Grapner Mercer County Auditor.

KS 10/24/2011
Deputy Aud. Date

Joint and Survivorship Affidavit

Dale J. Barhorst of 4569 St. Anthony Road, 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 husband of Kathy Barhorst who died a resident of Butler Township, Mercer County, Ohio on September 22, 2011. A certified copy of her death certificate is attached hereto.

3. Kathy Barhorst and I held fee simple title, with rights of survivorship, to certain real estate by virtue of a Joint and Survivorship Deed dated August 12, 2011, filed for record on August 15, 2011 at 10:15 a.m., and recorded in Instrument #201100003659, Mercer County Recorder's Office.

4. The real estate affected by this Affidavit is more particularly described as follows:

Situated in the Township of Butler, in the County of Mercer and the State of Ohio:

Being Lot Numbered Eighteen (18) in Wagner Subdivision in Section Fifteen (15), Town 6 South, Range 2 East, Butler Township, as shown on the recorded plat thereof in Volume 9, Page 52 and subject to all conditions, restrictions, easements and reservations of record.

Deed Reference: Instrument #201100003659 and Volume 306, Page 583, Mercer County Recorder's Office.

Tax ID #03-003100.0000

Tax Map #08-15-300-019

5. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Dale J. Barhorst 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.

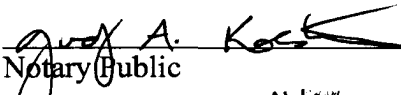
8. Further affiant sayeth not.

Dale J. Barhorst
Dale J. Barhorst

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Dale J. Barhorst on this 21st day of October, 2011.

SEAL


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

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 57

Ohio Department of Health

Primary Reg. Dist. No. 5704

VITAL STATISTICS

Registrar's No.

5700-201100494

CERTIFICATE OF DEATH

State File No.

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) KATHLEEN SUE BARHORST				2. Sex Female		3. Date of Death (Mo/Day/Year) September 22, 2011			
4. Social Security Number [REDACTED]		5a. Age (Years) 54	5b. Under 1 Year Months 	5c. Under 1 day Hours 	6. Date of Birth (Mo/Day/Year) April 17, 1957		7. Birthplace (City and State or Foreign Country) COLDWATER, OHIO		
8a. Residence State OHIO		8b. County MERCER			8c. City or Town CELINA			8d. Street and Number 4569 St. Anthony Rd	
8e. Apt. No. 		8f. Zipcode 45822		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) DALE BARHORST				
12. Decedent's Education ASSOCIATE DEGREE (E.G., AA, AS)		13. Decedent of Hispanic Origin No			14. Decedent's Race White				
15. Father's Name RICHARD WELLMAN				16. Mother's Name (prior to first marriage) RUTH WEIGEL					
17a. Informant's Name DALE BARHORST				17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 4569 St. Anthony Rd CELINA, OHIO 45822			
18a. Place of Death Hospital - Inpatient				18b. Facility Name (If not institution, give street & number) KETTERING MEDICAL CENTER				18c. City or Town, State and Zip Code KETTERING, OH 45429	
18d. County of Death MONTGOMERY									
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 715 E MAIN ST COLDWATER, OH 45828			
22a. Method of Disposition Burial				22b. Date of Disposition September 26, 2011					
22c. Place of Disposition (Name of Cemetery, Crematory, or other place) St. Elizabeth Cemetery				22d. Location (City/Town and State) COLDWATER, OH					
23. Registrar's Signature <i>[Signature]</i>				24. Date Filed 9/30/2011					
25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES				25b. District No. 5400		25c. Date Burial Permit Issued September 27, 2011			
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 7:20				26c. Date Pronounced Dead (Mo/Day/Year) SEPT 22, 2011	
26d. Signature and Title of Certifier <i>[Signature]</i> Medical, MD				26e. License number 35.074577		26f. Date Signed 9/30/2011			
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death MODGIL, PARMINDER, 4000 Miamisburg-Centerville Rd MIAMISBURG, OH 45342									
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.								Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) Asthenyoma								5 yrs.	
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death)									
a. Due to (or as Consequence of)									
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								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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined								33a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33b. 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.

SEAL

SP 30 11 025944

[Signature]
LOCAL REGISTRAR
OF VITAL STATISTICS
WITH MY SIGNATURE & SEAL