

# TRANSFERRED

DEC 15 2011


RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

DESCRIPTION  
**SUFFICIENT**  
FOR TAX MAPPING PURPOSES

DEC 15 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 Randall E. Grapner Mercer County Auditor.

 12/15/11  
Deputy Aud. Date

## Joint and Survivorship Affidavit

Lavern E. Schmit of 6982 Laketree Court, 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 Charline E. Schmit who died a resident of Franklin Township, Mercer County, Ohio on August 30, 2011. A certified copy of her death certificate is attached hereto.

3. Charline E. Schmit and I held fee simple title, with rights of survivorship, to certain real estate by virtue of a Joint and Survivorship Deed dated May 31, 1994, filed for record on June 2, 1994 at 10:08 a.m., and recorded in Volume 328, Page 45, Mercer County Recorder's Office.

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

Situate in Franklin Township, Mercer County, State of Ohio, to-wit:

Being Lot Number Seven (7) in Timberwood Estates Subdivision as the same is shown on the recorded plat thereof at Plat Cabinet 1, Page 135, Plat Records of Mercer County, Ohio.

This conveyance is subject to all covenants, restrictions, easements, and conditions as shown on said plat and as set forth in the Miscellaneous Records of Mercer County, Ohio, at Volume 8, Page 815.

Deed Reference: Volume 328, Page 45, Mercer County Recorder's Office.

Tax ID #09-003700.0107

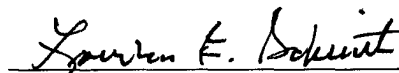
Tax Map #09-17-476-008

5. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Lavern E. Schmit 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).

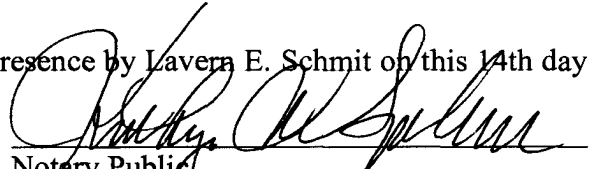
7. No probate estate will be administered as all assets owned by the decedent were non-probate.

8. Further affiant sayeth not.

  
Lavern E. Schmit

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Lavern E. Schmit on this 14th day of December, 2011.

  
Notary Public



KATHRYN W. SPEELMAN  
Notary Public-State of Ohio  
Commission has no expiration  
Section 147.03 R.C.

Reg. Dist. No. 54  
Primary Reg. Dist. No. 5400  
Registrar's No. 20110000172Ohio Department of Health  
VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No.

1. Decedent's Legal Name (include AKA's if any) (First Middle, LAST, suffix) CHARLINE ELIZABETH SCHMIT						2. Sex Female		3. Date of Death (Mo/Day/Year) August 30, 2011			
4. Social Security Number [REDACTED]		5a. Age (Years) 83		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) August 20, 1928		7. Birthplace (City and State or Foreign Country) MCCARTYVILLE, OHIO	
8a. Residence State OHIO				8b. County MERCER				8c. City or Town CELINA			
8d. Street and Number 6982 Laketree Ct						8e. Apt. No.		8f. Zipcode 45822		8g. Inside City Limits? Yes	
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) LAVERN SCHMIT					
12. Decedent's Education UNKNOWN				13. Decedent of Hispanic Origin No				14. Decedent's Race White			
15. Father's Name AUGUST BARHORST						16. Mother's Name (prior to first marriage) MARY HERBERT					
17a. Informant's Name LAVERN SCHMIT						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 6982 Laketree Ct			
18a. Place of Death Nursing Home/Long Term Care Facility						18b. Facility Name (if not institution, give street & number) CELINA, OHIO 45822					
18c. City or Town, State and Zip Code Briarwood Village						18d. County of Death COLDWATER, OH 45828		18e. County of Death MERCER			
19. Signature of Funeral Service Licensee or Other Agent [Signature]						20. License Number (of licensee) 007618		21. Name and Complete Address of Funeral Facility N J HOGENKAMP SONS INC			
22a. Method of Disposition Burial						22b. Date of Disposition September 03, 2011		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) 715 E MAIN ST			
22d. Location (City/Town and State) Our Lady of Guadalupe Cemetery						22e. Date Signed MONTEZUMA, OH		22f. Date Signed COLDWATER, OH 45828			
23. Registrar's Signature [Signature]						24. Date Filed September 1, 2011		25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES			
25b. District No. 5400						25c. Date Burial Permit issued August 30, 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 1:45						26c. Date Pronounced Dead (Mo/Day/Year) Aug 30, 2011		26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier [Signature]						26f. License number 35.046330		26g. Date Signed Aug 31, 2011			
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death NAVEAU, JOHN J., 407 SOUTH OAK STREET COLDWATER, OH 45828											
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. Stroke								Approximate Interval Between Onset and Death One Week	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) Atherosclerotic Cerebrovascular Disease								Ten Years	
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. Diabetes Mellitus											
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 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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <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

I HEREBY CERTIFY THIS  
DOCUMENT IS AN EXACT  
COPY OF THE RECORD ON FILE WITH  
THE OHIO DEPARTMENT OF HEALTH.

SP - 11015302

[Signature]  
HEATHER BOHMAN, LOCAL REGISTRAR  
OFFICE OF VITAL STATISTICS  
WITNESS MY SIGNATURE & SEAL