

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.

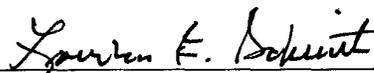
Tax ID #09-003700.0107
Tax Map #09-17-476-008

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).

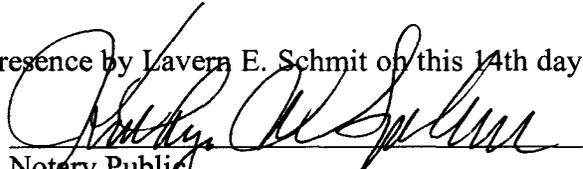
7. No probate estate will be administered as all assets owned by the decedent were non-probate.

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 Ohio Department of Health
Primary Reg. Dist. No. 5400 VITAL STATISTICS
Registrar's No. 2011000172 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 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 CELINA, OHIO 45822
18b. Facility Name (If not institution, give street & number) Briarwood Village 18c. City or Town, State and Zip Code COLDWATER, OH 45828 18d. 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) Our Lady of Guadalupe Cemetery 22d. Location (City/Town and State) MONTEZUMA, OH 715 E MAIN ST COLDWATER, OH 45828
23. Registrar's Signature Heather Bohman 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) 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. 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 11:45 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. Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a. Stroke One Week
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) Atherosclerotic Cerebrovascular Disease Ten Years
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. Diabetes Mellitus
29a. Was An Autopsy Performed? Yes No 29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? Yes No Not Applicable
30. Did Tobacco Use Contribute to Death? Yes Unknown No Probably 31. If Female, Pregnancy Status Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year
32. Manner of Death Natural Homicide Accident Pending investigation Suicide 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? Yes 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: Driver/Operator Pedestrian Passenger Other:

522207

522207

DECEDENT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

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

SEAL

SP - 1 11 015302

Heather Bohman
HEATHER BOHMAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL