

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JAN 19 2012

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JAN 19 2012

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, ~~and~~ ~~Finance 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 1/19/2012
Deputy Aud. Date

Joint and Survivorship Affidavit

Anna M. Wappelhorst, of 415 E. Walnut Street, Coldwater, Mercer County, Ohio 45828, 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 Carl R. Wappelhorst who died a resident of Coldwater, Mercer County, Ohio on January 9, 2012. A certified copy of his death certificate is attached hereto.
3. Carl R. Wappelhorst and I held fee simple title, with rights of survivorship, to the following described real estate by virtue of a Joint and Survivorship Deed dated December 12, 2001, filed for record on December 14, 2001 at 9:24 a.m., and recorded in Volume OR135, Page 147, Mercer County Official Records:

Situated in the County of Mercer, State of Ohio and in the Village of Coldwater and bounded and described as follows:

Beginning Fifty (50) feet East of the Northwest corner of Lot #275, thence South One Hundred Thirty-two (132) feet more or less to an alley, thence East along said alley Fifty (50) feet, thence North One Hundred Thirty-two (132) feet more or less to Walnut Street, thence West along Walnut Street Fifty (50) feet to the place of beginning.

Being part of Lot #275 and part of Out-Lot #55, and being Twenty-six (26) feet of uniform width off of the entire East side of Lot #275 and Twenty-four (24) feet of uniform width off of the west side of Out-Lot #55.

Deed Reference: Volume OR135, Page 147, Mercer County Official Records

Tax ID #05-065200.0000
Tax Map #08-34-113-004


4. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Anna M. Wappelhorst is the sole record owner of, and vested with the entire fee simple interest in and to, the above-described real estate.
5. 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).
6. No probate estate will be administered as all assets owned by the decedent were non-probate.
7. Further affiant sayeth not.

Anna M. Wappelhorst
Anna M. Wappelhorst

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by **Anna M. Wappelhorst** on this 18th day of January, 2012.

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. 54 Ohio Department of Health
Primary Reg. Dist. No. 5400 VITAL STATISTICS
Registrar's No. 2012000006 CERTIFICATE OF DEATH State File No.

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) CARL RICHARD WAPPELHORST						2. Sex Male	3. Date of Death (Mo/Day/Year) January 09, 2012
4. Social Security Number [REDACTED]	5a. Age (Years) 90	5b. Under 1 Year Months	5c. Under 1 day Days	5d. Under 1 day Hours	5e. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) June 08, 1921	7. Birthplace (City and State or Foreign Country) SAINT HENRY, OHIO
8a. Residence State OHIO		8b. County MERCER			8c. City or Town COLDWATER		
8d. Street and Number 415 E. Walnut St			8e. Apt. No.	8f. Zipcode 45828	8g. Inside City Limits? Yes		
9. Ever in US Armed Forces? Yes	10. Marital Status at Time of Death Married			11. Surviving Spouse's Name (If wife, give name prior to first marriage) ANNA BURDEN			
12. Decedent's Education UNKNOWN			13. Decedent of Hispanic Origin No		14. Decedent's Race White		
15. Father's Name JOESPH WAPPELHORST				16. Mother's Name (prior to first marriage) EMMA DANIEL			
17a. Informant's Name ANNA WAPPELHORST			17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 415 E. Walnut ST		
18a. Place of Death Nursing Home/Long Term Care Facility						18b. City or Town, State and Zip Code COLDWATER, OH 45828	
18c. Facility Name (If not institution, give street & number) Briarwood Village			18d. County of Death MERCER				
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		
22a. Method of Disposition Burial			22b. Date of Disposition January 12, 2012		22c. Location (City/Town and State) COLDWATER, OH		
22d. Place of Disposition (Name of Cemetery, Crematory, or other place) St. Elizabeth Cemetery			22e. Location (City/Town and State) COLDWATER, OH		22f. Name and Complete Address of Funeral Facility 715 E MAIN ST COLDWATER, OH 45828		
23. Registrar's Signature <i>[Signature]</i>				24. Date Filed January 11, 2012			
25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES				25b. District No. 5400		25c. Date Burial Permit Issued January 9, 2012	
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 5:30			26c. Date Pronounced Dead (Mo/Day/Year) Jan 9, 2012	
26d. Was case referred to coroner? No			26e. License number 35.046330		26f. Date Signed Jan 10, 2012		
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. Congestive Heart Failure						Three Years	
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) Atherosclerotic Heart 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. Chronic Renal Failure						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 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,
JA 11 12 4 15 880
Heather Bohman
HEATHER BOHMAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW