Instrument # 201200001555 03/21/2012 At 09:21AM Recording 3 Pages, AFFIDAVIT \$40.00 Tamara K. Barger, Recorder, Mercer County, OH Dropped Off By: DUNGAN/SALLY

DESCRIPTION SUFFICIENT FOR TAX MAPPING PURPOSES

TRANSFERRED

Exemption paragraph, conveyance See

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

MAR 2 1 2012

MAR 2 1 2012

RANDALL E. GRAPNER COUNTY AUDITOR MERCER COUNTY, OHIO

)

)

)

K8 3/21/20/2
Deputy Aud. Date

MERCER COUNTY
TAX MAP DEPARTMENT
ME

Richard A. Murphy, Deceased

STATE OF OHIO, COUNTY OF MIAMI, SS:

-to-

Celina, OH 45822

Barbara J. Murphy )
5336 Behm Rd.

AFFIDAVIT FOR TRANSFER OF JOINT AND SURVIVORSHIP REAL ESTATE

Nancy Peck, being first duly sworn, says that Barbara J. Murphy is the surviving spouse of Richard A. Murphy, deceased, and that the said Richard A. Murphy died on the 19<sup>th</sup> day of October, 2011.

Affiant further says that the said Richard A. Murphy and Barbara J. Murphy acquired, by deed from John W. Wilt and Genevieve R. Wilt, dated August 4, 1993, recorded in Volume 324, Page 1037, Mercer County Deed Records, the following described real estate, to-wit:

Situated in the Township of Franklin, County of Mercer and State of Ohio, to wit:

Being a parcel of land situated in Franklin Township, Mercer County, Ohio, in the Southwest Quarter (¼) of the Northwest Quarter (¼) of Section Twenty-four (24), Township Six (6) South, Range Three (3) East, being more particularly described as follows:

Beginning at the corner stone at the Northwest corner of said Southwest Quarter (½) of the Northwest Quarter (½) of Section Twenty-four (24); thence South 01° 07' 51" West along the West line of said Southwest Quarter (½) of the Northwest Quarter (½) and the centerline of Behm Road a distance of One Hundred Twenty-four and Ninety-seven Hundredths (124.97) feet to a railroad spike; thence South 87° 30' 59" East a distance of Four Hundred Sixty-three and Seventeen Hundredths (463.17) feet to a 5/8 inch iron bar in the property line of the State of Ohio; thence along said State of Ohio property line, North 00° 40' 06" West a distance of Ninety-four and Ninety Hundredths (94.90) feet to a 5/8 inch iron bar; thence continuing along said State of Ohio property line, North 42° 44' 51" West a distance of Sixty-one and Seventy-six Hundredths (61.76) feet to a 5/8 inch iron bar in the North line of said Southwest Quarter (½) of the Northwest Quarter (½) of Section Twenty-four (24); thence North 89° 20' 33" West along said North line of the Southwest Quarter (½) of the Northwest Quarter (½) a distance of Four Hundred Seventeen and Twenty-six Hundredths (417.26) feet to the place of beginning.

Containing One and Three Hundred Seventy-nine Thousandths (1.379) acres of land, more or less, subject to all easements and right-of-way of record.

Reference is made to a survey of this area by Gordon L. Geeslin, Registered Surveyor No. 5372, dated September, 1979, and revised on March 10, 1986, on file in the County Engineer's Office.

Parcel No. 09-109900.0100 Map No. 09-24-151-001

Affiant further says that said real estate was conveyed to Richard A. Murphy and Barbara J. Murphy, a joint life estate with remainder over in fee simple to the survivor of them, their heirs and assigns, and that by reason of the death of the said Richard A. Murphy, the said Barbara J. Murphy, residing at 5336 Behm Rd., Celina, OH 45822, acquired complete ownership of the above described real estate in fee simple.

Affiant further says that no estate tax return is required to be filed because the gross estate, which includes all real property, falls below the filing requirements set forth in Section 5731.21(A)(3) of the O.R.C. and attached hereto is a certificate of death.

Further Affiant saith not.

Mancy Peck Nancy Peck

Sworn to before me and subscribed in my presence this \_\_\_\_\_\_ day of February, 2012.

LAURA M. SCHAAF, Notary Public

In and for the State of Ohio

My Commission Expires 5-4-/3

Recorded in Montgomery County

THIS INSTITUTION WAS PREPARED BY:

J. ANDREW WANNEMACHER

DUNGAN & LeFEVRE CO., L.P.A. ATTORNEYS AT LAW, TROY, OH 45373

629	
37	
5376	

Decement Legal Name (Murphry Murphry Murphry Murphry Murphry St. (1974)   Security Number (197	No.	State File No.	STICS OF DEATH	RTIFIC	V	(V/2)	_	<b>-</b>	. Dist	Primary Reg.	i.
Security	3. Date of Death (Mo/Day/Year) October 19, 2011		y)(First Middle, LAST, suffix)				's if any)(F	Include AKA	ame/	1 Decedent's Legal Na	
Specified Symbol Strong Strongs Name   If wile, give name prior to Vest									mbei	4. Social Security Nurr	
Specified Symbol Strong Strongs Name   If wile, give name prior to Vest						•					Í O
Specified Symbol Strong Strongs Name   If wile, give name prior to Vest	8g. Inside City Limits? NO	45822					,				Э Ш
Second   S	o first marriage)	e, give name prior to first marria	iving Spouse's Name (if BARA KLING		Death	it Time of	rital Status ried	10. Mar Mar	orces		
CHARLES EDWARD MURPHY  To intervenish Name BARBARA MURPHY  18a. Place of Death Hospital - Inpatient 17b. Relitionship to Decedent Wife  5336 Behm CELINA, OF 18b. Feetility Name of Death Hospital - Inpatient 18b. Time of Death 18b. Certifier Check crity one)  22b. Deate of Disposition Columna 22b. Deate of Disposition Columna 22b. Deate of Disposition Columna 22b. Death Columna 22c. Death Columna 22b. Death Columna 22c. Death Columna 22b. Death		dent's Race		of Hispanic					tion	12. Decedent's Educat UNKNOWN	
Tr. Informant's Name   175. Relationship to Decedent   170. Malling Address   180. High   180. Fixer of Death   180. Fixer of Deat	,	rriage)	L GOSSETTE			Y	MURPH	/ARD N	DW	15. Father's Name CHARLES ED	
18a. Piece of Desth   Hospital - Impatient   Impatie		17c. Mailing Address (Street 5336 Behm Rd.	lationship to Decedent						0	17a. Informant's Name	
18-0.   18-0		CELINA, OHIO 45								18a. Place of Death	
22. Name of Death  23. Name (Last, First, Midglet) and Addreigh of Person, who Compared to the size of control of the service of	County of Death UGLAIZE	18d. County of D				number) PRIAL	ve street & T MEMO	nstitution, gi DISTRIC	not In HIP		
222. "Disfrict of Disposition (Name of Cometery, Crematory)  225. Place of Disposition (Name of Cometery, Crematory, or other place)  226. Place of Disposition (Name of Cometery, Crematory, or other place)  227. Place of Disposition (Name of Cometery, Crematory)  228. Name of Person Issuing Burlal Permit  229. District No.  220. District No.  221. Leense a unimber  222. District No.  223. District No.  224. Leense a unimber  225. District No.  226. Tisrice No.  226. Tisrice No.  226. District No.  227. Name (Liss, First, Micple) and Addresh of Person, part No.  228. Part I. Erist Padissan, Planes, Planes,	Complete Address of Funeral Facility	1	umber (of licensee)		<u></u>	41100	see to Othe	vice Licen	al S	19 Signature of Funer	
Van Wert Crematory  23. Registrar's Signature  25s. Name of Person issuing Burial Permit  HOGENKAMP, BRIAN JAMES  25s. Cartifier (Check only one)  25c. District No. 5400  25c. Scartifier (Check only one)  25c. District No. 5400  25c. Cartifier (Check only one)  25c. District No. 5400  25c. Cartifier (Check only one)  25c. District No. 5400  25c. District No. 25c.	THE STATE OF THE S	12b. Date of Disposition						1	sition		<u>2</u>
23. Registrar's Signature  25a. Name of Person issuing Burial Permit  HOGENKAMP, BRIAN JAMES  25b. District No.  25c. 15d. District No.  25c. Certifying Physician To the best of my knowledge, death occurred at the time, date, and placer, and due to the cause(s) and manner.  Check only one)  25b. Time of Death  25b. Time of Death  25b. Time of Death  25b. Time of Death  25c. Signature and Title and Cartifler  25c. Signature and Title and Cartifler  25c. Signature and Title and Cartifler  27. Name (Last, First, Middel) and Addresh of Person, who Person, who Person, who Person, who Person, who Person		715 E MAIN ST COLDWATER, C	Location (City/Town and State) 715 E I			natory, or	netery, Cre			22c. Place of Disposition	
## HOGENKAMP, BRIAN JAMES  26a. Certifler (Check only one)  26a. Certifler (Check only one)  To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; and flace; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date, and place; Coroner On the basis of exemination and/or exemin	24 2011	October 24	24. Date Filed	111		2/1	m	m	iture	23. Registrar's Signati	n L
26s. Certifier (Check only one)  The best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner  26b. Time of Death  2 Coroner On the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner  26b. Time of Death  2 Coroner On the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner  26c. Signature and Tilta ni Cartifler  26c. Signature and Tilta ni Cartifler  27. Name (Last, First, Middel) and Addresh of Person, who Cartiflered Cause of Peath  27. Name (Last, First, Middel) and Addresh of Person, who Cartiflered Cause of Peath  27. Name (Last, First, Middel) and Addresh of Person, who Cartiflered Cause of Peath  27. Name (Last, First, Middel) and Addresh of Person, who Cartiflered Cause of Peath  27. Name (Last, First, Middel) and Addresh of Person, who Cartiflered Cause of Peath  28. Part I. Enter the disease, injuries, or completing the cause of Peath  29c. Part I. Enter the disease, injuries, or completing the cause of Peath  29c. Part I. Enter the disease, injuries, or completing the cause of Peath  29c. Part I. Enter the disease, injuries, or completing the cause of Peath  29c. Part I. Enter the disease, injuries, or completing the cause of Peath  29c. Verson the middle of the my die of dying, such as cardiac or respiratory areas, shock, or heard factory or cause of the my die of dying, such as cardiac or respiratory areas, shock, or heard factory or cardinal members of dying, such as cardiac or respiratory areas, shock, or heard factory or cardinal members of dying, such as cardiac or respiratory areas, shock, or heard factory or cardinal members or cardinal members of dying, such as cardiac or respiratory areas, shock, or heard factory or cardinal members or cardinal members of dying, such as cardiac or respiratory areas, shock, or heard factory or cardinal members or respiratory areas, shock, or heard factory or cardinal members or respiratory areas, shock, or heard fac	Date Burial Permit Issued	25c. Date Buria		ж.	m()	, <u> </u>					2
Coroner	oner stated	o the cause(s) and manner stated		an	ing Physi	XI Certify		DHIAN	<u> </u>	26a, Certifier	1
266. Signature and Title of Cartiller  27. Name (Last, First, Midglet) and Addresty of Person, who Completed Cause of Qeath  27. Name (Last, First, Midglet) and Addresty of Person, who Completed Cause of Qeath  28. Part I. Enter the disease, Injuries, of 20th pictages that cause of Quality on Cause on each first. Type or print in parmanent blue or what, ink.  Immediate Cause  (Final disease or condition  18. Sequentially list  18. Conditions, if any,  18. Least of injury that  18. Interest of Cause  18. Conditions, if any,  18. Sequentially list  28. Was An Autopa  29. Was					ar	Coron			(	(0.100, 0.11)	χ.
27. Name (Last, First, Middle) and Addrest of Person, who Compiled Cause of Death PAGUIRIGAN, ALREDO ARUGAY, 1132 HAGER OTST MARYS, OH 45850  28. Part I. Enter the disease, injuries, or compileations that cause Martin London on the Cause of Cause (Injury Cause Consequence of Cause	. Was case referred to coroner?	/ 26d. Was case r	/Day/Year)	Pronounced	26c, Date			2.00	2 1	26b. Time of Death	
PAGUIRIGAN, ALEREDO ARUGAY, 1132 HAGER STST MARYS, OH 45850  28. Part I. Enter the diseases, injuries, or displaced that causes the death. Do not enter the middle of dying, such as cardiac or respiratory arrest, shock, or heart fall only one cause on each fine. Type or print in permanent blue by the death in the conditions, it any, leading to immediate cause.  Due to (or as Consequence of)  Enter Underlying Cause (Disease or injury that initiated events resulting in a death)  Part II. Other significant conditions contributing to death but go resulting in the underlying cause given in Part I.  29s. Was An Autops Performed?  Performed?  Yes Unknown  Not pregnant within past year  Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year  33s. Date of injury (Mo/Day/Year)  33b. Time of injury  33c. Place of injury (e.g., Decedent's home, construction site, restaurant, woo	6g. Date Signed October 24, 2011	175 1.45	291. License num		٠,			Certifier .	itle of	•	9
28. Part I. Enter the disease, injuries, or differentiations that causes the death. Do not enter the middle of dying, such as cardiac or respiratory arrest, shock, or heart is only one cause on each line. Type or print in permanent blue or estack ink.  Immediate Cause  (Final disease or condition insulting in death)  Sequentially list conditions, it any, leading to immediate cause.  Enter Underlying Cause (Disease or injury that initiated events resulting in a death)  Part II. Other significant conditions contributing to death but gas resulting in the underlying cause given in Part I.  29s. Was An Autops Performed?    Yes		45850	ST MARYS, OF	HAGE	<b>113</b>	JGAY	DO AR	<b>MEREI</b>	Ν. Υ	PAGUIRIGAN	,
Cirical disease or condition resulting in death)   Sequentially list conditions, if any, leading to immediate cause.   Cirical Security of the conditions contributing to death but not resulting in a death)   Sequentially list initiated events resulting in a death)   Cirical Security of the conditions contributing to death but not resulting in the underlying cause given in Part I.   29a. Was An Autops Performed?   Yes   No   No   Security of the conditions contribute to Death?   St. if Female, Preparaty Status   St. Manner of Death   Not pregnant Within past year   Preparaty at time of death   Not pregnant, but pregnant 43 days of death   Not pregnant, but pregnant 43 days to 1 year before death   Suicide   Suicide   Suicide   Suicide   St. Consequence of   St. If Female, Preparaty at time of death   Not pregnant within the past year   Preparaty at time of death   Suicide   Suicid	failure. Lisi Approximate Interval Between Onset and Death	arrest, shock, or heart failure. List	ng, such as cardiac or respira	not enter the lnk.	he death.	at caused to ermanent b	pe or print in	injuries, or co each line. Ty	sease, use on	28. Part I. Enter the dist	
C. Due to (or as Consequence of)  Enter Underlying Cause (Disease or injury that initiated events resulting in a death)  Part II. Other significant conditions contributing to death but not require the initiated events resulting in a death)  30. Did Tobacco Use Contribute to Death?  31. If Fernale, 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 within 42 days of death Not pregnant, but pregnant within the past year  Pregnant, but pregnant within the past year  Not pregnant, but pregnant within the past year  Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant within 42 days to 1 year before death Unknown if pregnant within the past year  33s. Date of injury (Mo/Day/Year)  33b. Time of injury  33c. Place of injury (e.g., Decedent's home, construction site, restaurant, woods)  33f. Describe How injury Occurred:  33g. If Tree	2 min			tes	Ar	<u>.                                    </u>	idic	<u> </u>	B.	(Final disease or condition	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)  Part II. Other significant conditions contributing to death but no resulting in the underlying cause given in Part I.  29a. Was An Autops Performed?  Yes No  30. Did Tobacco Use Contribute to Death? 31. If Female, Programy Status Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant within the past year 33a. Date of injury (Mo/Day/Year)  33b. Time of injury 33c. Place of injury (e.g., Decedent's home, construction site, restaurant, woo  33f. Describe How injury Occurred:  33g. If Tra	15 hrs.	conditions, if any, leading to immediate Arrhythmia 15 Mrs									
Part II. Other significant conditions contributing to death but not resulting in the wholerlying cause given in Part I.  29a. Was An Autops Performed?  Yes No  30. Did Tobacco Use Contribute to Death?  Not pregnant within past year  Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant within the past year  Not pregnant, but pregnant within 42 days of death Suicide  33a. Date of injury (Mo/Day/Year)  33b. Time of injury  33c. Place of injury (e.g., Decedent's home, construction site, restaurant, woo  33f. Describe How injury Occurred:  33g. If Tra	Enter Underlying Cause (Disease or injury that								АТН		
30. Did Tobacco Use Contribute to Death?    31. If Female, Proguency Status   32. Manner of Death   Not pregnant Within past year   Pregnant at time of death   Not pregnant, but pregnant within 42 days of death   Accident   Accident   Suicide   Unknown if pregnant within the past year   Size. Date of Injury (Mo/Day/Year)   33b. Time of Injury   33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, woo   33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)	1 WK			tion	JW.	ince of)	s Consequ	Due to (or a	9 d. 1	initiated events resulting In a death)	OF
30. Did Tobacco Use Contribute to Death?    31. If Female, Proguency Status   32. Manner of Death   Not pregnant Within past year   Pregnant at time of death   Not pregnant, but pregnant within 42 days of death   Accident   Accident   Suicide   Unknown if pregnant within the past year   Size. Date of Injury (Mo/Day/Year)   33b. Time of Injury   33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, woo   33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)	Available Prior To Completion Of	Performed? Availa	in Part I.	underlying o	sulting in i	en sea lud	ting to death	ions contribu	onditi	Part II. Other significant co	AUSE
Yes	I The The Plant Shipmen	U Yes D¶ No □Y		Oma	<u>ua</u>	/'/	<u>ole</u>	1±1	<u>W</u>	1//	Ü
Not pregnant, but pregnant as days to 1 year before death Unknown if pregnant within the past year    Suicide	Homicide	. <i>)</i>		n past year	nant Witl	Not preg	II				
33a. Date of Injury (Mo/Day/Year)  33b. Time of Injury  33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, woo  33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)  33f. Describe How Injury Occurred:  33g. If Tra	Pending Investigation Could not be determined	_ :	l year before death	pregnant wi pregnant 43	nant, but	Not preg Not preg		<u>L</u>	/**	l <u> </u>	
331. Describe How Injury Occurred: 33g. If Tro			ar ent's home, construction	<u>nt within th</u> of injury (e.	i if pregr 3c. Place	<u>Unknowi</u> Injury 3	ib. Time of	/Year) 33	/Day/	33s. Date of Injury (Mo/	
1991, Describe tron signit assertan				City or Tow	Number	ral Route	mber or Ru	eet and Nu	(Stre	33e. Location of Injury	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ransportation injury, Specify: perator Pedestrian Passenger	Driver/Operator						ccurred:	ary Oc	33f. Describe How injur	

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

MR -812 1 1 5 2 7 7

TAMRA WIFORD, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

HEA 2724 Rev. 01/07