

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAR 06 2013

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

MAR 06 2013

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.

R. E. Grapner 3/6/13
County Auditor Date

AFFIDAVIT ON DEATH

STATE OF OHIO, COUNTY OF MERCER, ss:

I, Carolyn M. Bruns, being absolutely sworn, state that:

1. I am the surviving spouse of James E. Bruns, who died December 27, 2012. A certified copy of the Certificate of Death of James E. Bruns, aka James Edward Bruns, is attached hereto and incorporated herein by reference.
2. Pursuant to a Joint and Survivorship Deed recorded in Mercer County Recorder's Office Official Records, Volume 51, Page 528, James E. Bruns and Carolyn M. Bruns owned real estate described as follows:
Situating in the Township of Franklin, County of Mercer and State of Ohio, to-wit:

Being Lots Numbered Six (6) and Seven (7) in Wooded Acres Subdivision as same are set forth on the recorded plat thereof in Plat Cabinet 1, Page 49, in the Recorder's Office of Mercer County, Ohio, subject to all easements and restrictions of record imposed thereon and as set forth in Volume 7, Page 822, of the Miscellaneous Records of Mercer County, Ohio.

Parcel No. 09-076300.0800 and ~~09-076300.0700~~
Tax Map No. 09-22-252-004 and ~~09-22-252-005~~

3. By reason of the death of James E. Bruns, Carolyn M. Bruns has become the sole owner of said real estate.
4. A probate case for the decedent is pending in Case No. 20131005, Mercer County Common Pleas Court, Probate Division.

5. Further, the debts and expenses of James E. Bruns have been paid in full and no estate tax is due.

Further, affiant saith naught.

Carolyn M. Bruns
Carolyn M. Bruns

Sworn to absolutely and subscribed in my presence by Carolyn M. Bruns, at Celina, Ohio, this 5th day of March, 2013.

Thomas L. Luth
Notary Public



THOMAS LUTH, ATTORNEY AT LAW
Notary Public for State of Ohio
My Comm. has no Expiration
O.R.C. 147.03

This instrument prepared by:
Meikle, Tesno & Luth, Attys.
100 N. Main St., Celina, OH 45822
Phone (419) 586-6481

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 57

Ohio Department of Health
VITAL STATISTICS

Primary Reg. Dist. No. 5701

CERTIFICATE OF DEATH

Registrar's No.

5700-201200686

Type or print in permanent blue or black ink

State File No.

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) JAMES EDWARD BRUNS						2. Sex Male		3. Date of Death (Mo/Day/Year) December 27, 2012	
5a. Age (Years) 65		5b. Under 1 Year Months		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) April 14, 1947		7. Birthplace (City and State or Foreign Country) CELINA, OHIO	
8a. Residence State OHIO		8b. County MERCER				8c. City or Town CELINA			
8d. Street and Number 5292 Edgewood						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) CAROLYN BRAND			
12. Decedent's Education COLLEGE, BUT NO DEGREE				13. Decedent of Hispanic Origin No				14. Decedent's Race White	
15. Father's Name CLARENCE BRUNS						16. Mother's Name (prior to first marriage) VELMA HEITKAMP			
17a. Informant's Name CAROLYN BRUNS						17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 5292 Edgewood	
18a. Place of Death Hospital - Inpatient						18b. Facility Name (If not institution, give street & number) MIAMI VALLEY HOSPITAL			
18c. City or Town, State and Zip Code DAYTON, OH 45409						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	
22a. Method of Disposition Burial						22b. Date of Disposition December 31, 2012		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) St. John Cemetery	
22d. Location (City/Town and State) MARIA STEIN, OH						22e. Date Signed DEC 31, 2012			
23. Registrar's Signature <i>[Signature]</i>						24. Date Filed 1/9/2013			
25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES						25b. District No. 5400		25c. Date Burial Permit Issued December 28, 2012	
26a. Certifier (Check only one) <input 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 checked="" 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 1440			
26c. Date Pronounced Dead (Mo/Day/Year) 12/27/2012						26d. Was case referred to coroner? Yes			
26e. Signature and Title of Certifier <i>[Signature]</i> Ph.D., M.D.						26f. License number 35.055188		26g. Date Signed DEC 31, 2012	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death LEHMAN, LEE DANIEL, 361 WEST THIRD ST. DAYTON, OH 45402									
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. Blunt Force Trauma To The Head						Approximate Interval Between Onset and Death HOURS	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)							
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. Arteriosclerotic Cardiovascular Disease									
29a. Was An Autopsy Performed? No						29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? Not Applicable			
30. Did Tobacco Use Contribute to Death? Unknown				31. If Female, Pregnancy Status NOT APPLICABLE.				32. Manner of Death Accident	
33a. Date of Injury (Mo/Day/Year) December 26, 2012		33b. Time of Injury 99:99		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) At Home				33d. Injury at Work? No	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 5292 Edgewood Drive, CELINA, OHIO									
33f. Describe How Injury Occurred: Fall						33g. If Transportation Injury, Specify:			

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 - 913208254

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