

DESCRIPTION  
**SUFFICIENT**  
FOR TAX MAP PURPOSES  
  
DEC 09 2013  
  
MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**  
  
DEC 09 2013  
  
RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

Exemption paragraph, consequence 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.  
  
KP 12-9-13  
Deputy Aud. Date

*Affidavit for Transfer to Survivor*

STATE OF OHIO, COUNTY OF MERCER, ss:

H. Steven Franke, being first duly sworn, hereby states that his wife, Catherine M. Franke, died a resident of Mercer County, Ohio, on October 12, 2013, as shown by a certified copy of the official death certificate attached hereto and incorporated herein by reference; that a general Warranty Deed recorded in Volume 20, Page 230 of the Official Records of Mercer County, Ohio, conveyed to H. Steven Franke, aka Steven Franke, and Catherine M. Franke, aka Catherine Franke, husband and wife, for their joint lives, remainder to the survivor of them, the real property described as follows:

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

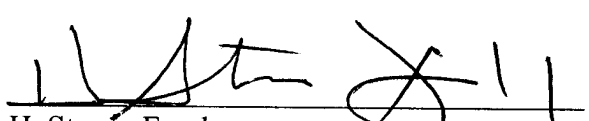
Being Lot Numbered 73 in Bass Landing as recorded in Plat Cabinet 1, Page 250 of the Plat Records of Mercer County, Ohio, subject to all easements, conditions, and restrictions of record, including, but not limited to, those set forth in the Declaration of Covenants, Conditions, Restrictions and Assessments for Bass Landing, Inc., as recorded in Volume 11, Page 984 of the Official Records of Mercer County, Ohio, all supplements and amendments thereto, and all taxes and assessments.

Tax Parcel Number: 09-000773.0000 (*Part*)

Tax Map Number: 09-16-352-017 (*Part*)

that at the time of delivery of said Deed, the said H. Steven Franke and Catherine M. Franke were husband and wife, and continued in that relationship until the death of Catherine M. Franke; that this Affidavit is made for the purpose of showing H. Steven Franke to be the sole owner of said tract, vested with the entire fee simple title thereto, and for the purpose of obtaining a transfer by the Auditor of Mercer County, Ohio, on his Tax Duplicate, as provided by the Ohio Revised Code; and that the address of H. Steven Franke is 5611 Island View Drive, Celina, Ohio 45822.

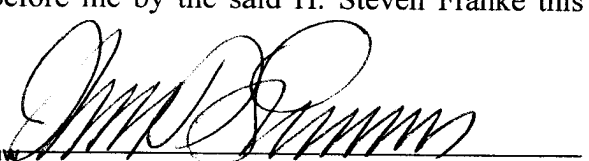
Further Affiant saith not.

  
H. Steven Franke

6<sup>th</sup> Subscribed in my presence and sworn to before me by the said H. Steven Franke this day of December, 2013.

SEAL

THOMAS D. LAMMERS, Attorney At Law  
Notary Public- State of Ohio  
My Commission Has No Expiration  
Section 147.03 ORC

  
Notary Public, State of Ohio

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF DEATH  
Type or print in permanent blue or black ink

Reg. Dist. No. 19  
Primary Reg. Dist. No. 1900  
Registrar's No. 2013000397

State File No. 2013089034

DECEDENT	1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) CATHERINE MARIE FRANKE						2. Sex Female		3. Date of Death (Mo/Day/Year) October 12, 2013							
	5a. Age (Years) 65		5b. Under 1 Year Months		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) March 02, 1948		7. Birthplace (City and State or Foreign Country) TOLEDO, OHIO							
	8a. Residence State OHIO			8b. County MERCER			8c. City or Town CELINA									
	8d. Street and Number 5611 Island View Dr.						8e. Apt. No.		8f. Zipcode 45822		8g. Inside City Limits? No					
	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) HERBERT STEVEN FRANKE									
	12. Decedent's Education BACHELORS DEGREE (E.G., BA, AB, BS)				13. Decedent of Hispanic Origin No				14. Decedent's Race White							
	15. Father's Name JOHN W BERRY						16. Mother's Name (prior to first marriage) RUTH BRAHM									
	17a. Informant's Name HERBERT S. FRANKE						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 5611 Island View Dr. CELINA, OHIO 45822							
	18a. Place of Death Auto Accident Scene						18b. Facility Name (If not Institution, give street & number) Intersection of Rhynard-Fink Rd. and St. Rt. 705						18c. City or Town, State and Zip Code NEW WESTON, OH 45348		18d. County of Death DARKE	
	DISPOSITION	19. Signature of Funeral Service Licensee or Other Agent <i>Ronald R. Brockman</i>						20. License Number (of licensee) 006642		21. Name and Complete Address of Funeral Facility BROCKMAN-BOECKMAN FUNERAL HOME 308 S WAYNE ST FORT RECOVERY, OH 45846						
22a. Method of Disposition Cremation						22b. Date of Disposition October 15, 2013		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Van Wert Crematory								
22d. Location (City/Town and State) VAN WERT, OH																
23. Registrar's Signature <i>Terrence L. Holman</i>						24. Date Filed 10-15-13		25a. Name of Person Issuing Burial Permit HOLMAN, TERRENCE								
25b. District No. 1900						25c. Date Burial Permit Issued 10-15-13										
CERTIFIER	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 1313		26c. Date Pronounced Dead (Mo/Day/Year) 10/12/2013		26d. Was case referred to coroner? Yes					
	26e. Signature and Title of Certifier <i>Timothy D. Kathman</i> MD, CORONER						26f. License number 35.048005		26g. Date Signed Oct 14, 2013							
	27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death KATHMAN, TIMOTHY DANIEL, 504 S. BROADWAY GREENVILLE, OH 45331															
	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 MINUTES					
	Immediate Cause (Final disease or condition resulting in death) a. Multiple Blunt Force Trauma To Head And Chest															
CAUSE OF DEATH	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.															
	29a. Was An Autopsy Yes										29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? Yes					
30. Did Tobacco Use Contribute to Death? No						31. If Female, Pregnancy Status UNKNOWN				32. Manner of Death Accident						
33a. Date of Injury (Mo/Day/Year) October 12, 2013				33b. Time of Injury 12:21		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Roadway				33d. Injury at Work? No						
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) Intresection of State Route 705 And Rhynard-Fink Rd, NEW WESTON, OHIO																
33f. Describe How Injury Occurred: Motor Vehicle Accident								33g. If Transportation Injury, Specify: DRIVER / OPERATOR								

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.

0C 15 13 01 4 736

*Terrence L. Holman*  
TERRENCE L. HOLMAN DVM, LOCAL REGISTRAR  
OFFICE OF VITAL STATISTICS  
WITNESS MY SIGNATURE & SEAL