Instrument # 201300007037 12/09/2013 At 10:45AM Recording 2 Pages, AFFIDAVIT \$28.00 Angela N. King, Recorder, Mercer County, OH Dropped Off By: PLS/LOU

DESCRIPTION SUFFICIENT FOR TAX MADPING PURPOSES

DEC 6 9 2013

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

DEC 0 9 2013

RANDALL E. GRAPNER **COUNTY AUDITOR** MERCER COUNTY, OHIO Exemption paragraph, com The Grantor and Grantee of this deed have compiled with the provisions of R.C. Sec 318 262 Rendell E. Grapner Mercer County Auditor

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.

Subscribed in my presence and sworn to before me by the said H. Steven Franke this day of December, 2013.

THOMAS D. LAMMERS, Attorney At Law Notary Public, State of Ohio

My Commission Has No Expiration Section 147.03 ORC

This instrument prepared by:

PURDY, LAMMERS & SCHIAVONE 113 East Market Street, P.O. Box 404, Celina, OH 45822 VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No.

2013089034

Primary Reg. Dist. No. 1900

VITAL STATISTICS CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

Ohio Department of Health

State File No. 2013089034

Registrar's No. 2013000397

3. Date of Death (Mo/Day/Year)

1/3. Informatics harme HERBERT'S, FRANKE Husband 5611 Island View Dr. CELINA, OHIO 45822 180. Caunty of Death Auto Accident Scene 180. Facility Name (If not Institution, give street & number) Intersection of Khymard-Filth Rd. and St. Rt. 705 198. Signature pi-funeral, Springs Licensee or Other Agent WESTON, OH 45348 198. Caunty of Death DARKE 22. Method of Disposition Cremation 22. Place of Disposition (Same of Cemetary, Crematory, or other place) 22. Place of Disposition (Same of Cemetary, Crematory, or other place) 23. Registrar's Signature 24. Name and Complete Address of Funeral Facility BROCKMAN-BOECKMAN FUNERAL HOME TORT RECOVERY, OH 45846 23. Name of Person issuing Burial Permit HOLMAN, TERRENCE 24. Solar Filth St. 25. District No 19015 - 13 26. Cate Person Issuing Burial Permit Issued 100. Cartifying Physician To the basis of enamenating and converted at the time, date, and place, and due to the cause(s) and manner edited 26b. Time of Death 101. 27. Name (Last, First, Midgfs) and Address of Person who Completed Cause of Death 101. 122/2013 26c. Sagerfure and Fully of Complete Check only one) 27. Name (Last, First, Midgfs) and Address of Person who Completed Cause of Death 101. 122/2013 27. Name (Last, First, Midgfs) and Address of Person who Completed Cause of Death 10. The Agent St. 10. The Complete Address of Person who Completed Cause of Death 10. Due to (or as Consequence of) 28. Segorfure and Fully of Complete Address of Person who Completed Cause of Death 10. Due to (or as Consequence of) 28. Segorfure and Fully of Complete Address of Person who Completed Cause of Death 10. Due to (or as Consequence of) 28. Segorfure and Fully of Complete Address of Person who Completed Cause of Death 10. Due to (or as Consequence of) 28. Segorfure and Fully of Complete Address of Person who Completed Cause of Death 10. Due to (or as Consequence of) 28. Segorfure and Fully of Complete Address of Person who Completed Cause of Death 10. Due to (or as Consequence of) 29. Due to (or a	1.Decedent's Legal Nar CATHERINE	ne(include AK/ MARIE F	RANKE	st Middle	LASI, SUM	1x)					Female	0	ctob	er 12, 2013	
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30. Did Tobacco Use Contribute to Death? NO 31. If Female, Pregnancy Status NO 32. Manner of Death Accident 33. Date of Injury (Mo/Day/Year) October 12, 2013 33b. Time of Injury 33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) NO 33c. 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: 33g. If Transportation Injury, Specify:	1									Yes	,			ith?	
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October 12, 2013 12:21 Roadway 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: 33g. If Transportation Injury, Specify:												·			
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Intresection of State Route 705 And Rhynard-Fink Rd, NEW WESTON, OHIO 33f. Describe How Injury Occurred: 33g. If Transportation Injury. Specify:	1					-	Chat:					1 201		NO	
33f. Describe How Injury Occurred: 33g. If Transportation Injury, Specify:	Intresection of	y (Street and N of State F	iumber or R Route 70	urai Rout)5 And	e number, i d Rhyna	ard-Fir	wn, state) 1k Rd. NE	W WE	STON	I, OHI	0				
	33f. Describe How Inju	ury Occurred:									33g. If Trans				

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

00 15 13 0 14 7 3 6

THRENCE L HOUNAN DVM, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

REV. 6/2009

DRIVER / OPERATOR