

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAY 12 2014

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

MAY 12 2014

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 328,
202 Randall E. Grapner Mercer County Auditor.

KS 5/12/2014
Deputy Aud. Bate

AFFIDAVIT OF SURVIVORSHIP

State of Ohio

County of Mercer ss:

Norma J. Homan, a widow and unremarried woman, being first duly sworn, says that her spouse, Eugene V. Homan, died a resident of Coldwater, Mercer County, Ohio, on April 14, 2014, as shown by the attached certified copy of his death certificate.

The affiant states that the warranty deed dated March 16, 2006 and recorded in Instrument # 200600001521 of the Official Records of Mercer County, Ohio conveyed to the said Eugene V. Homan and Norma J. Homan as joint tenants with rights of survivorship, the real estate described as follows:

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

Being a part of Out Lot Number Twenty-six (26) in the Village of Coldwater, Ohio, as the same is numbered and delineated upon the recorded plat thereof of record in the Mercer County, Ohio, Recorder's Office, and more particularly described as follows, to wit:

Beginning at the northwest corner of Out Lot Number Twenty-six (26) aforesaid; thence south 60 feet to a point on the west line thereof; thence east 113 feet to a point on the east line thereof; thence north 60 feet to the northeast corner thereof; thence west 113 feet to the place of beginning.

Tax ID# 05-027100.0000 Tax Map #08-34-129-004

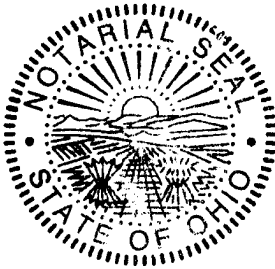
This Affidavit is made for the purpose of showing Norma J. Homan to be the surviving owner, vested with the entire fee simple title to the above described real estate, and for the purpose of obtaining a transfer by the auditor of Mercer County on the Mercer County real estate tax duplicate as provided by Section 319.20, of the Ohio Revised Code.

The address of Norma J. Homan, the owner, for tax billing purposes is 215 S. Sixth Street, Coldwater, OH 45828.

LAST TRANSFER: Instrument #: 200600001521 of the Mercer County, Ohio Official Records.

Norma J. Homan
Norma J. Homan
Affiant

Sworn to before me by the above Norma J. Homan and subscribed in my presence this 9th
day of May, 2014.



PAUL E. HOWELL
Attorney At Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

Paul E. Howell
Notary Public

**This instrument prepared by: Paul E. Howell, Howell, Gast-Schlater & Co., L.P.A.,
Attorneys at Law, 397 N. Eastern Ave., P.O. Box 317, St. Henry, Ohio 45883-0317, 419-678-
7111.**

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. 2014000093

CERTIFICATE OF DEATH

State File No. 2014033521

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) EUGENE VICTOR HOMAN				2. Sex Male		3. Date of Death (Mo/Day/Year) April 14, 2014				
4. Social Security Number [REDACTED]		5a. Age (Years) 75	5b. Under 1 Year Months 75	5c. Under 1 day Hours 75	5d. Under 1 day Minutes 75	6. Date of Birth (Mo/Day/Year) October 13, 1938		7. Birthplace (City and State or Foreign Country) ST PETERS, OHIO		
8a. Residence State OHIO		8b. County MERCER		8c. City or Town COLDWATER		8d. Street and Number 215 S. Sixth St.		8e. Apt. No. 45828	8f. Zipcode 45828	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) NORMA JEAN THOMAS						
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin No		14. Decedent's Race White						
15. Father's Name RAYMOND T HOMAN		16. Mother's Name (prior to first marriage) ELEANOR R THEIN								
17a. Informant's Name NORMA JEAN HOMAN		17b. Relationship to Decedent Spouse		17c. Mailing Address (Street and Number, City, State, Zip Code) 215 S. Sixth St. COLDWATER, OHIO 45828						
18a. Place of Death Decedent's Home		18b. Facility Name (If not institution, give street & number) 215 S. Sixth St.		18c. City or Town, State and Zip Code COLDWATER, OH 45828		18d. County of Death MERCER				
19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>		20. License Number (of licensee) 999999		21. Name and Complete Address of Funeral Facility BOONSHOFT SCHOOL OF MEDICINE 3640 Col. Glenn Highway DAYTON, OH 45435						
22a. Method of Disposition Donation		22b. Date of Disposition April 14, 2014		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Wright State University						
22d. Location (City/Town and State) FAIRBORN, OH										
23. Registrar's Signature <i>[Signature]</i>		24. Date Filed April 21, 2014								
25a. Name of Person Issuing Burial Permit WOODALL, WILLIAM		25b. District No. 5700		25c. Date Burial Permit Issued April 14, 2014						
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 0223		26c. Date Pronounced Dead (Mo/Day/Year) 04/14/2014		26d. Was case referred to coroner? No				
26e. Signature and Title of Certifier <i>[Signature]</i>		26f. License number 34.010406		26g. Date Signed 04/16/2014						
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death WINNER, JONATHAN, 909 E. Wayne St. Suite 124 CELINA, OH 45822										
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. METASTATIC COLON CANCER						Approximate Interval Between Onset and Death 2 YEARS		
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.										
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input 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"/> Accident <input type="checkbox"/> Suicide		32a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
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.

AP 21 14 41 9094

KRISTI TIMMERMAN
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL