

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAY 22 2014

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

MAY 22 2014

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, ~~conveyance fee~~ ES
The Grantor and Grantee of this deed have
complied with the provisions of R.C. Sec 320,
202 Randall E. Grapner Mercer County Auditor.

KP 5-22-14
Deputy Aud. Date

AFFIDAVIT OF DEATH TERMINATING JOINT INTEREST

STATE OF OHIO
AUGLAIZE COUNTY ss:

Jane Ellen Topp, being first sworn, states that Stanley Lafe Topp who was an owner of a joint interest in the hereinafter desribed premises by virtue of a Survivorship Deed recorded at Instrument No.: 201300003588, Mercer County Recorder, died September 14, 2013 a resident of Auglaize County, Ohio. A copy of his death certificate is attached hereto.

By virtue of his death, Jane Ellen Topp became the sole owner of said real estate.

The real estate described in said deed and this affidavit is:

Situated in the Township of Granville, County of Mercer and State of Ohio,
bounded and described as follows:

Being a parcel of land situated in Granville Township, Mercer County, Ohio, in
the North half of the Southwest Quarter of Section 10, Township 7 South, Range 2 East.
Being more particularly described as follows:

Commencing for reference at the cornerstone at the Southwest corner of said
Section 10; thence North 01 degrees 43' 00" east, along the west line of the southwest
quarter of said Section 10 and the centerline of State Route 118, a distance of 1611.11
feet to a mine spike. Said point being the place of beginning for the parcel of land to be
conveyed by this instrument; thence continuing north 01 degrees 43' 00" east, along
the last described line, a distance of 200.07 feet to a mine spike; thence, South 88
degrees 29' 01" East, a distance of 359.00 feet to a point in the approximate centerline
of an open ditch, thence, southeasterly, along the approximate centerline of said open
ditch, the following courses and distances: South 02 degrees 52' 38" East, a distance
of 61.60 feet to a point; South 05 degrees 05' 00" East, a distance of 127.38 feet to a
point; South 13 degrees 29' 11" east, a distance of 12.54 feet to a point; thence, leaving
the approximate centerline of said open ditch, North 88 degrees 29' 01" West, a
distance of 382.31 feet to the place of beginning.

Containing 1.695 acres of land, more or less.

Referece is made to a survey of this area by Gordon L. Geeslin, Professional
Surveyor 5372, dated December 10, 1992, and revised March 3, 2001. On file in the
County Engineer's Office.

Permanent Parcel No. 20-001800.0101

Map No: 11-10-300-007

The above premises is presently owned by Jane Ellen Topp, whose tax mailing
address is: 628 Fox Street, New Bremen, OH 45869.

MINOR SUBDIVISION

O.R. Book 122, Page 1192

Jane Ellen Topp
Jane Ellen Topp

Subscribed in my presence by Jane Ellen Topp this 21st day of May, 2014.



ANDREA R. BALL Andrea R Ball
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires June 3, 2018

This instrument prepared by
James F. Hearn
Attorney at Law
5 Willipie Street
Wapakoneta, OH 45895
(419) 738-8171

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 57

Ohio Department of Health

Primary Reg. Dist. No. 5701

VITAL STATISTICS

State File No. 2013081317

Registrar's No. 5700-2013005081

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) STANLEY LAFE TOPP				2. Sex Male		3. Date of Death (Mo/Day/Year) September 14, 2013									
4. Social Security Number [REDACTED]		5a. Age (Years) 66		5b. Under 1 Year Months [REDACTED]		5c. Under 1 day Hours [REDACTED] Minutes [REDACTED]		6. Date of Birth (Mo/Day/Year) November 13, 1946		7. Birthplace (City and State or Foreign Country) NEW BREMEN, OHIO					
8a. Residence State OHIO		8b. County AUGLAIZE				8c. City or Town NEW BREMEN		8e. Apt. No. [REDACTED]		8f. Zipcode 45869		8g. Inside City Limits? Yes			
9. Ever in US Armed Forces? Yes		10. Marital Status at Time of Death Married				11. Surviving Spouse's Name (If wife, give name prior to first marriage) JANE E MUTER									
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin No				14. Decedent's Race White							
15. Father's Name LAPE TOPP						16. Mother's Name (prior to first marriage) MARIE OTTE									
17a. Informant's Name JANE E TOPP						17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 628 Fox Street NEW BREMEN, OHIO 45869							
18a. Place of Death NonHospital - Hospice Facility						18b. Facility Name (If not Institution, give street & number) Dayton VA Medical Center Hospice and Palliative Care Unit						18c. City or Town, State and Zip Code DAYTON, OH 45417		18d. County of Death MONTGOMERY	
19. Signature of Funeral Service Licensee or Other Agent [Signature]						20. License Number (of licensee) 008625		21. Name and Complete Address of Funeral Facility CISCO FUNERAL HOME 1175 E GREENVILLE RD SAINT MARYS, OH 45885							
22a. Method of Disposition Burial						22b. Date of Disposition September 18, 2013		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) German Protestant Cemetery				22d. Location (City/Town and State) NEW BREMEN, OH			
23. Registrar's Signature [Signature]						24. Date Filed 10/1/2013		25a. Name of Person Issuing Burial Permit SANDERS, BETH				25b. District No. 0600		25c. Date Burial Permit Issued September 17, 2013	
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 19:20						26c. Date Pronounced Dead (Mo/Day/Year) 09/14/13		26d. Was case referred to coroner? No	
26e. Signature and Title of Certifier Loveleen Bains						26f. License number 35.084394		26g. Date Signed 9/20/13							
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death BAINS, LOVELEEN, 4100 West 3rd St DAYTON, OH 45428															
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			
Immediate Cause (Final disease or condition resulting in death)		a. GLIOBLASTOMA MULTIFORME										MONTHS			
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.												28a. Was An Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" 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 <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined							
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 checked="" 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

SEAL

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

OC -1 130081317

Roy E. Jordan

ROY E. JORDAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE AND SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW