

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUN 10 2014

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUN 10 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 320,
202 Randall E. Grapner Mercer County Auditor.

 6/10/14
Deputy Aud. Date

Joint and Survivorship Affidavit

Marion L. Heindel, of 9491 Celina-Mendon Road, Celina, Mercer County, Ohio 45822,
being first duly cautioned and sworn, deposes and states as follows:

1. I have knowledge of the facts set forth herein and am competent to testify
concerning same in open court.

2. I am the surviving spouse of Rita Heindel who died a resident of Center
Township, Mercer County, Ohio on March 21, 2014. A certified copy of her death certificate is
attached hereto.

3. Rita Heindel and I held fee simple title, with rights of survivorship, to the
following described real estate by virtue of a Joint and Survivorship Deed dated January 23,
2012, filed for record on January 24, 2012 at 9:28 a.m., and recorded in Instrument
#201200000373, Mercer County Recorder's Office:

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

Being a tract of land in the northeast corner of the northeast quarter of the northwest
quarter of Section Eight (8), Town Five (5) South, Range Three (3) East, Center
Township, Mercer County, Ohio, and more particularly described as follows:

Beginning at the North quarter post of Section Eight (8), thence South along the
centerline of Section Eight (8), 165 feet to a point; thence West parallel to the
Section line 216 feet to an iron pipe; thence North parallel with the Section line 165
feet to a point; thence East on the Section line 216 feet to the point of beginning,
containing 0.82 acres of land, more or less.

The above tract of land is subject to half the right of way for the Celina-Mendon
Road along the East side, and half the right of way for the Hasis Road along the
North side.

Deed Reference: Instrument #201200000373, Mercer County Recorder's Office.

Tax ID #06-014700.0000
Tax Map #06-08-100-002

4. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the
purpose of establishing that Marion L. Heindel is the sole record owner of, and vested with the
entire fee simple interest in and to, the above-described real estate.

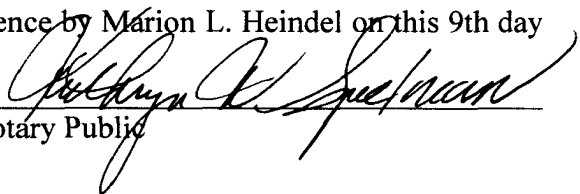
5. No probate estate will be administered as all assets owned by the decedent were
non-probate.

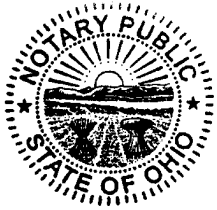
6. Further affiant sayeth not.


Marion L. Heindel

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Marion L. Heindel on this 9th day of June, 2014.


Notary Public



KATHRYN W. SPEELMAN
Notary Public-State of Ohio
Commission has no expiration
Section 147.03 R.C.

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 02

Ohio Department of Health

Primary Reg. Dist. No. 0201

VITAL STATISTICS

State File No. 2014026316

Registrar's No. 0200-2014000384

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) RITA M HEINDEL						2. Sex Female		3. Date of Death (Mo/Day/Year) March 21, 2014					
4. Social Security Number		5a. Age (Years) 74		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) March 15, 1940		7. Birthplace (City and State or Foreign Country) DELPHOS, OHIO			
8a. Residence State OHIO				8b. County MERCER				8c. City or Town CELINA					
8d. Street and Number 9491 Celina-Mendon Rd						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) MARION HEINDEL							
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin No				14. Decedent's Race White					
15. Father's Name CARL WALLEN						16. Mother's Name (prior to first marriage) ISABELL HAMMONS							
17a. Informant's Name MARION HEINDEL						17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 9491 Celina Mendon Rd CELINA, OHIO 45822					
18a. Place of Death Hospital - Inpatient						18b. Facility Name (If not Institution, give street & number) ST RITA'S MEDICAL CENTER							
18c. City or Town, State and Zip Code LIMA, OH 45801						18d. County of Death ALLEN							
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 LEHMAN-HOGENKAMP-DZENDZE L FH 901 MYERS RD CELINA, OH 45822					
22a. Method of Disposition Burial						22b. Date of Disposition March 24, 2014		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Mercer Memory Gardens					
22d. Location (City/Town and State) CELINA, OH													
23. Registrar's Signature <i>[Signature]</i>						24. Date Filed March 1, 2014							
25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES						25b. District No. 5400		25c. Date Burial Permit Issued March 23, 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 7:05 AM				26c. Date Pronounced Dead (Mo/Day/Year) 3-21-2014				26d. Was case referred to coroner? No					
26e. Signature and Title of Certifier <i>[Signature]</i>						26f. License number 35.08763		26g. Date Signed 3-29-2014					
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death Hovest, Amy Sue, 730 W. MARKET ST LIMA, OH 45801													
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. <i>Hypocapnic Respiratory Failure</i>								3 days			
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) <i>Interstitial Lung Disease</i>								3 months			
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. <i>Diastolic and right heart failure, leukocytosis, Diabetes Mellitus, Coronary Artery Disease, Hypertension</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 checked="" 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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		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

SEAL

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

AP-114948824

[Signature]
CHRISTINE SHANAHAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WE NEED ANY SIGNATURE A SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW