

DESCRIPTION  
**SUFFICIENT**  
FOR TAX MAPPING PURPOSES  
  
JUL 22 2014  
  
MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**  
  
JUL 22 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.  
  
HS 7/22/2014  
Deputy Aud. Date

**Joint and Survivorship Affidavit**

Patricia L. McCowan, of 624 W. Walnut Street, Coldwater, Mercer County, Ohio 45828, 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 Arthur G. McCowan, who died a resident of Coldwater, Mercer County, Ohio on May 31, 2014. A certified copy of death certificate is attached hereto.
- 3. Arthur G. McCowan and I held fee simple title, with rights of survivorship, to the following described real estate by virtue of a Survivorship Deed dated July 15, 2004, filed for record on August 4, 2008 at 1:09 p.m., and recorded in Volume OR188, Page 1780, Mercer County Official Records:

Situated in the Village of Coldwater, County of Mercer and State of Ohio:

Being Lot Number Three Hundred Ninety-five (395) in Birkmeyer Heights Addition to the Incorporated Village of Coldwater, Ohio, as the same is numbered and delineated upon the recorded plat of said addition on record in the County Recorder's Office of Mercer County, State of Ohio.

Deed Reference: Volume OR188, Page 1780, Mercer County Official Records.

Tax ID #05-077500.0000  
Tax Map #8-33-205-011

4. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Patricia L. McCowan is the sole record owner of, and vested with the entire fee simple interest in and to, the above-described real estate, and to enable the Auditor and Treasurer of Mercer County, Ohio to transfer ownership of said property upon the County's Tax Records into the name of Patricia L. McCowan.

- 5. No probate estate will be administered all assets owned by decedent were non-probate.
- 6. Further affiant sayeth not.

Patricia L. McCowan  
Patricia L. McCowan

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Patricia L. McCowan on this 15th day of July, 2014.



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

[Signature]  
Notary Public

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

Registrar's No. 0200-2014000616

CERTIFICATE OF DEATH

State File No. 2014048576

Type or print in permanent blue or black ink

DECEDENT	1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) ARTHUR GARY MCCOWAN						2. Sex Male	3. Date of Death (Mo/Day/Year) May 31, 2014
	5a. Age (Years) 58		5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) August 04, 1955	7. Birthplace (City and State or Foreign Country) MUNCIE, INDIANA		
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town COLDWATER			
	8d. Street and Number 624 W Walnut St.				8e. Apt. No.	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) PAT WILL			
	12. Decedent's Education 9TH THRU 12TH GRADE; NO DIPLOMA		13. Decedent of Hispanic Origin No		14. Decedent's Race White			
	15. Father's Name ARTHUR MCCOWAN			16. Mother's Name (prior to first marriage) PANSY BILBREY				
	17a. Informant's Name PAT MCCOWAN			17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 624 W. Walnut St. COLDWATER, OHIO 45828		
	18a. Place of Death Hospital - Inpatient			18b. City or Town, State and Zip Code LIMA, OH 45801		18c. County of Death ALLEN		
	19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>			20. License Number (of licensee) 008625		21. Name and Complete Address of Funeral Facility CISCO FUNERAL HOME 6921 SR 703 CELINA, OH 45822		
DISPOSITION	22a. Method of Disposition Cremation		22b. Date of Disposition 6-4-14		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Tri County Crematory			
	22d. Location (City/Town and State) LIMA, OH		22e. Date Filed June 4, 2014					
	23. Registrar's Signature <i>[Signature]</i>		24. Date Filed June 4, 2014		25. District No. 0200			
	25a. Name of Person Issuing Burial Permit SHRIDER, CHRISTINE		25b. Date Burial Permit Issued June 4, 2014		25c. Date Burial Permit Issued June 4, 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 10:40 PM					
	26c. Signature and Title of Certifier <i>[Signature]</i>		26d. License number 35.072242		26e. Date Signed June 3, 2014			
	27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death WHITE, PETER REGINALD, 801 PRO DRIVE 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 Prostate Cancer		b. Due to (or as Consequence of)		Approximate Interval Between Onset and Death 72yr.			
	Sequentially list conditions, if any, leading to immediate cause. 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 <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 2734 Rev. 01/07

HEREBY CERTIFY THIS DOCUMENT IS AN EXACT TRUE COPY OF THE ORIGINAL FILE WITH THE OHIO DEPARTMENT OF HEALTH.

SEAL

414949901

*[Signature]*  
LOCAL REGISTRAR  
OFFICE OF VITAL STATISTICS  
OFFICIAL SIGNATURE & SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW