

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

OCT 08 2014


MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

OCT 08 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.

 10/8/14
Deputy Auditor

Joint and Survivorship Affidavit

Eugene A. Brunswick, of 4039 St. Anthony 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 Jeanette R. Brunswick who died a resident of Butler Township, Mercer County, Ohio on August 22, 2014. A certified copy of her death certificate is attached hereto.
3. Jeanette R. Brunswick 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 June 10, 2014, filed for record on June 10, 2014 at 1:48 p.m., and recorded in Instrument #201400002393, Mercer County Recorder's Office:

Situate in the Township of Butler, in the County of Mercer and State of Ohio:

Being Three and Fourteen Hundredths (3.14) acres of land, more or less, out of the South one-half (1/2) of the Southwest Quarter (1/4) of Section Sixteen (16), Town Six (6) South, Range Two (2) East, and more specifically described as follows:

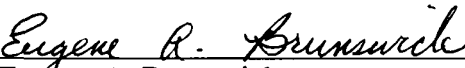
Beginning for the same Two Hundred Eighty-three (283) feet East of the Southwest corner of Section Sixteen (16), as the place of beginning; thence East Three Hundred Eleven (311) feet; thence North Four Hundred Forty (440) feet; thence West Three Hundred Eleven (311) feet; thence South Four Hundred Forty (440) feet to the place of beginning.

Deed Reference: Instrument #201400002393, Mercer County Recorder's Office.

Tax ID #03-006700.0000

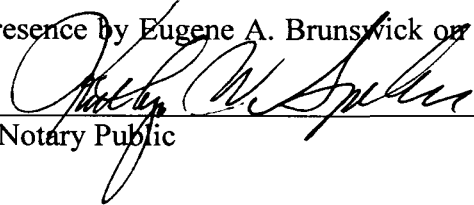
Tax Map #08-16-300-005

4. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Eugene A. Brunswick 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.


Eugene A. Brunswick

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Eugene A. Brunswick on this 3rd day of September, 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. 54

Ohio Department of Health

Primary Reg. Dist. No. 5400

VITAL STATISTICS

Registrar's No. 2014000195

CERTIFICATE OF DEATH

State File No. 2014073429

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) JEANETTE RITA BRUNSWICK						2. Sex Female		3. Date of Death (Mo/Day/Year) August 22, 2014									
4. Social Security Number		5a. Age (Years) 67		5b. Under 1 Year Months		5c. Under 1 day Hours		5d. Under 1 day Minutes		6. Date of Birth (Mo/Day/Year) March 10, 1947		7. Birthplace (City and State or Foreign Country) VERSAILLES, OHIO					
8a. Residence State OHIO				8b. County MERCER				8c. City or Town CELINA				8e. Apt. No.		8f. Zipcode 45822		8g. Inside City Limits? No	
8d. Street and Number 4039 St. Anthony Rd.				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) EUGENE BRUNSWICK					
12. Decedent's Education MASTERS DEGREE (E.G., MA, MS..)				13. Decedent of Hispanic Origin No				14. Decedent's Race White									
15. Father's Name SEBASTIAN KREMER				16. Mother's Name (prior to first marriage) MARTHA BENANZER													
17a. Informant's Name EUGENE BRUNSWICK				17b. Relationship to Decedent Husband				17c. Mailing Address (Street and Number, City, State, Zip Code) 4039 St. Anthony Rd.									
18a. Place of Death Decedent's Home				18b. Facility Name (If not institution, give street & number) 4039 St. Anthony Rd.				18c. City or Town, State and Zip Code CELINA, OH 45822				18d. County of Death MERCER					
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 N J HOGENKAMP SONS INC									
22a. Method of Disposition Burial				22b. Date of Disposition August 25, 2014				22c. Place of Disposition (Name of Cemetery, Crematory, or other place) St. Elizabeth Cemetery				22d. Location (City/Town and State) COLDWATER, OH					
23. Registrar's Signature <i>[Signature]</i>				24. Date Filed August 26, 2014				25a. Name of Person Issuing Burial Permit HOGENKAMP, BRIAN JAMES				25b. District No. 5400					
25c. Date Burial Permit Issued August 25, 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 0512				26c. Date Pronounced Dead (Mo/Day/Year) August 22, 2014				26d. Was case referred to coroner? No									
26e. Signature and Title of Certifier <i>[Signature]</i>				26f. License number 34010406				26g. Date Signed 8/26/2014									
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death WINNER, JONATHAN, 909 E. Wayne St, Ste 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 ENDOMETRIAL CANCER										Approximate Interval Between Onset and Death 4 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 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 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.

AU 26 14 4 19538

Kristi Timmerman
KRISTI TIMMERMAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL