

TRANSFERRED

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAR 31 2015

MERCER COUNTY
TAX MAP DEPARTMENT

MAR 31 2015

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 520,
202 Randall E. Grapner Mercer County Auditor.

KR 3/31/2015
Deputy Aud. Date

AFFIDAVIT OF DEATH

STATE OF OHIO, COUNTY OF MERCER, ss:

Trista L. Warren, being absolutely sworn, states that:

1. She is the surviving spouse of Adam D. Warren, who died August 25, 2014. A certified copy of the Certificate of Death of Adam D. Warren is attached hereto and incorporated herein by reference.
2. At the time of his death, Adam D. Warren and Trista L. Warren were the owners of real estate described as follows: as husband and wife, for their joint lives, remainder to the survivor of them.

Situated in the Village of Montezuma, County of Mercer and State of Ohio, to-wit:

Being Lot Number Ninety-nine (99) in Preston Subdivision as the same is shown on the recorded plat thereof, subject to all easements, conditions, restrictions and rights of way of record.

ALSO

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

Being Lot Number One Hundred (100) in Preston's Subdivision in Out Lot Number Seventeen (17) of Montezuma, Ohio, in the Southeast corner of the Northeast Quarter of Section 30, Town Six (6) South, Range Two (2) East, according to plat recorded in 1942, Recorder's Office, Mercer County, Ohio, and subject to all easements, conditions, restrictions and rights of way of record.

Parcel No. 14-014200.0000
14-014300.0000

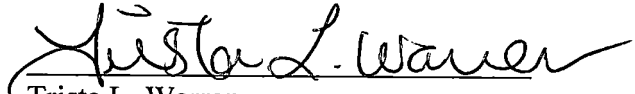
Tax Map No. 09-30-279-003
09-30-279-002

Last transfer of record appears in Instrument #201300000793, Mercer County Recorder's Official Records.

3. By reason of the death of Adam D. Warren, Trista L. Warren is the sole owner of the above-described real estate.


4. Further, no estate tax is due.

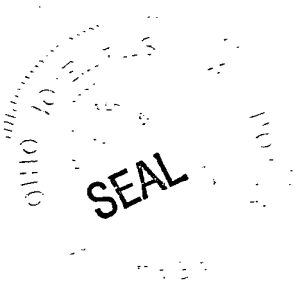
Further, Affiant saith naught.


Trista L. Warren

Notary Clause

Sworn to absolutely and subscribed in my presence by Trista L. Warren, at Celina, Ohio,
this 26 day of February, 2015.


Notary Public - James A. Tesno
Commission has no expiration.
JAMES A. TESNO, ATTORNEY AT LAW
NOTARY PUBLIC FOR STATE OF OHIO
MY COMMISSION HAS NO EXPIRATION, 8-1-10



This instrument prepared by:
MEIKLE, TESNO & LUTH, Attorneys
100 N. Main Street, Celina, OH 45822
Phone (419) 586-6481

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 02

Ohio Department of Health
VITAL STATISTICS

Primary Reg. Dist. No. 0201

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

State File No. 2014074306

Registrar's No. 0200-2014000946

DECEDENT	1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) ADAM DEAN WARREN						2. Sex Male		3. Date of Death (Mo/Day/Year) August 25, 2014							
	4. Social Security Number [REDACTED]		5a. Age (Years) 34		5b. Under 1 Year Months		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) June 16, 1980		7. Birthplace (City and State or Foreign Country) DAYTON, OHIO					
	8a. Residence State OHIO			8b. County MERCER				8c. City or Town MONTEZUMA								
	8d. Street and Number 74 Riley St.						8e. Apt. No.		8f. Zipcode 45866		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) TRISTA SCAGGS									
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin No				14. Decedent's Race White							
	15. Father's Name ALAN WARREN						16. Mother's Name (prior to first marriage) DEBRA MULLINS									
	17a. Informant's Name TRISTA WARREN						17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 74 Riley St. MONTEZUMA, OHIO 45866							
	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) 007545		21. Name and Complete Address of Funeral Facility MILLER FUNERAL HOME INC 1605 CELINA RD SAINT MARYS, OH 45885							
DISPOSITION	22a. Method of Disposition Removal from State						22b. Date of Disposition August 30, 2014									
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Red Hill Community Cemetery						22d. Location (City/Town and State) LIVINGSTON, KY									
	23. Registrar's Signature <i>[Signature]</i>						24. Date Filed Aug 29, 2014									
	25a. Name of Person Issuing Burial Permit MILLER, KENT						25b. District No. 0600		25c. Date Burial Permit Issued August 28, 2014							
	26a. Certifier (Check only one) <input 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 checked="" 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 2215		26c. Date Pronounced Dead (Mo/Day/Year) 08/25/2014		26d. Was case referred to coroner? Yes					
	26e. Signature and Title of Certifier <i>[Signature]</i> DO						26f. License number 34.004459		26g. Date Signed 8-29-2014							
	27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death BEASLEY, GARY R., 101 N ELIZABETH STREET 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. RESPIRATORY FAILURE SECONDARY TO ANOXIC BRAIN INJURY.								1 DAY					
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) HANGING								1 DAY					
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.										29a. Was An Autopsy Performed? No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? Not Applicable				
30. Did Tobacco Use Contribute to Death? No				31. If Female, Pregnancy Status NOT APPLICABLE.				32. Manner of Death Suicide								
33a. Date of Injury (Mo/Day/Year) August 24, 2014 PRIOR TO 08:25		33b. Time of Injury 99:99		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) HOME						33d. Injury at Work? No						
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 74 RILEY STREET, MONTEZUMA, OHIO																
33f. Describe How Injury Occurred: INDIVIDUAL HANGED HIMSELF.								33g. If Transportation Injury, Specify:								

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.

AU 29 14 919511

CHRISTINE SHRIDER, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW