Instrument # 201500001423 03/31/2015 At 02:55PM Recording 3 Pages, AFFIDAVIT \$36.00 Angela N. King, Recorder, Mercer County, OH Dropped Off By: MTL/KAREN

TRANSFERRED

DESCRIPTION SUFFICIENT FOR TAX MAPPING PURPOSES

MAR 3 1 2015

MERCER COUNTY
TAX MAP DEPARTMENT

MAR 3 1 2015

RANDALL E. GRAPNER COUNTY AUDITOR MERCER COUNTY, OHIO Examption paragraph, conveyance fee
The Grantor and Grantae of this dead have exampled with the provisions of R.C. See Bas, 202 Randell E. Grapner Marcer Caunty Auditor.

3/31/2015 Beauty Aud. Beize

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 I. Warren

Notary Clause

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

Notary Public - James A. Tesno Commission has no expiration.

TO AVIOLET AT LAN

OF ANY PUBLIC FOR STATE OF OHIO

OF ANY PUBLIC

SEAL

This instrument prepared by: MEIKLE, TESNO & LUTH, Attorneys 100 N. Main Street, Celina, OH 45822 Phone (419) 586-6481 Reg. Dist. No.

Primary Reg. Dist. No. 0201

Ohio Department of Health VITAL STATISTICS

*CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

State File No. 2014074306

	Registrar's N	°. 0200-	201400	0946			permanent blue		- 5	ri 	State F	. Clino van	2017C	71430	U,	-5: /
- / /-	ADAM DEAN	ame(Include AK I WARRE	A's if any)(Fir	st Middle,	LAST, suf	ffix,	W	1 .			2. Sex	· .			/Day/Year 5, 201	
Wind the state of	4. Social Security Nu	nber 5a Age (Years) 34	5b. Under Months	Days	5c. Und Hours	er,1 day Minutes	June 16		1 'F'		plące(City a		r.Foreign	Country)	- Andrew State	
	8a. Residence State		8b. County MERC				و الأرق		City or		IMA	× 18 1	- 1	ď ý		Ç .
	8d. Street and Number 74 Riley St	er 	, ·		a क्यु	25	3 , 0		8e. Apt. N		8f. Zipcod 45866		0.00		nside City	Limits?
	9. Ever in US Armed F Yes	orces? 10. Mar	rital Status at ried	Time of D	Death, j	3°.,6°.	11. Surviving	Spouse's					arriage)		16 26 2 3	11 State
	12. Decedent's Educa HIGH SCHOO GED		ATE OR	No	Decedent	of Hispanio		•		ecedent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 1 //		A.
	15. Father's Name ALAN, WARF		4,	6			16. Mother's DEBRA				e)		G. a	(Tabe	115 81	3.
	17a. Informant's Name TRISTA WA		·	\$ 2	· tand T		17b. Relation Wife	ship to D	ecedent	5 b	. Mailing A		(Street and	Number, C	ity, State, Z	ip Code)
	Hospital - Inp	atient	ivo atroot 9 m		18 CH				 	2 1	ONTEZ	ŮMA, C			¥	14 83!
·	STRITA'S M	EDICAL C	ENTER			, OH 4	State and Zip Co 15801	'. ₁ '	ن ن	30		8d. County ALLE) .∰	~ 34 .	. ;
ه ي	19. Signature of Funer		see or Other	Agent	er and		License Number 7545	(of licen			1. Name ar					A Comment
	Removal fron			()	4 0	.º 22b	Date of Dispos	tion	,		/ILLEŔ	FUNE	BRAL,	НОМ	EINC	
	22c. Place of Disposition			atory, or o	ther place) 22d	. Location (City/ /INGSTO	Fown and	State)		605 CE	11791	,	<i>1</i>	() F	* 7
_	23. Registrar a Signat	ure	<u> </u>	1	# p . r	3		24. Dat	e Filed			an 100	9, O11	4300		Of On Dr.
	25a. Name of Person	Issuing Burial P	ermit	Rei				25b. Dis	itrict No.	<u>ي</u>		0/ \/ 25c. Date B	urial Per	mit leeued	<i>*</i>	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
۱ 	MILLER, KEN 26a. Certifier	IT ~	, I=			, <u></u>	* }	060	. •	^T g		August	- 1		•	
,	(Check only one)			the best of Coroner	ig Physici≋ fmyknowled	n Ige, death o	ccurred at the time,	date, and p	lace; and di	ue to the o	cause(s) and r	nanner state	1.			
	26b. Time of Death			n the basis	of examinati	on and/or inv	restigation in my or	inion door	h aaaa	of the time		i.				
				1 26	6c. Date P	ronounced	Dead (Mo/Day/	Year)	in occurred a	at the till	e, date, and p	ace; and due	to the caus	se(s) and m	anner state	d.
	2215	e of decition	, ,		8c. Date Po 08/25/2	ronounced	Dead (Mo/Day/	Year)	į.	6.	e, date, and p	6d. Was ca Yes	se referr	se(s) and med to core	anner state oner?	d. 89.
	2215 26e: Signature and Tit	L B	asle	<u> </u>	3c. Date Pi 08/25/2	2014 DO	Dead (Mo/Day/	Year) 26f, Lic	ense num	ber	e, date, and p	6d. Was ca	ase referre	ed to cord	oner?	d. 82. √ Ga.
-	2215 26e: Signature and Tit 27. Name (Last, First, N BEASLEY, G	Siddle) and Addr	ess of Person	who Cor	08/25/2 08/25/2 00 00 00 00 00 00 00 00 00 00 00 00 00	DO DO TREE	ath	Year) 26f, Lic 34.	ense пит 00445	nber 59	2	6d. Was ca Yes 26g./Date	Signed	se(s) and med to core	oner?	885 27 (a)
-	2215 26e::Signature and Tit 27. Name (Lest, First, N BEASLEY, G) 28. Part I. Enter the dis- only one cause	hiddle) and Addr ARY R., 1 pase, injuries, or co se on each line. Typ	ess of Person 01 N EL mplications that the or print in per	who Con IZABE caused the manent blue	DECEMBER 1987	DO ause of De. TREE	ath LIMA, ② mode of dying, suc	Year) 26f, Lic 34. 458	ense num 00445 301	ber 59	shock, or he	6d. Was ca Yes 26g./Date	e Signed	ed to cord	oner?	38
	2215 26e: Signature and Tit 27. Name (Lest, First, M BEASLEY, G) 28. Part I. Enter the disconly one caus Immediate Cause (Final disease or condition resulting in death)	ARY R., 1 ARY R.	ess of Person 01 N EL implications that be or print in per ATORY	who Cor IZABE caused the manent blu	DECEMBER 1987	DO ause of De. TREE	ath	Year) 26f, Lic 34. 458	ense num 00445 301	ber 59	shock, or he	6d. Was ca Yes 26g./Date	e Signed	ed to cord	oner?	38
	2215 26e: Signature and Tit 27. Name (Lest, First, N BEASLEY, G) 28. Part I. Enter the disconly one caus Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	fiddle) and Addr ARY R., 1 lasse, injuries, or co se on each line. Tyn a. RESPIR b. Due to (or as HANGIN	ess of Person 01 N EL mplications that se or print in per AATORY Consequence	who Cor IZABE caused the manent blu FAILU	DECEMBER 1987	DO ause of De. TREE	ath LIMA, ② mode of dying, suc	Year) 26f, Lic 34. 458	ense num 00445 301	ber 59	shock, or he	A Company of the Comp	e Signed	ed to cord	oner?	38
	2215 26e: Signature and Tit 27. Name (Lest, First, N BEASLEY, G) 28. Part I. Enter the discondition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause	ARY R., 1 ARY R.	ess of Person 01 N EL mplications that se or print in per AATORY Consequence	who Cor IZABE caused the manent blu FAILU	DECEMBER 1987	DO ause of De TREE TREE TO COND	ath T LIMA, © mode of dying, suc	Year) 26f, Lic 34. 458	ense num 00445 301	nber 59 tory arrest	shock, or he	A Company of the Comp	ase referred as Signed as Signed as Signed as Application and	9 - 2 oproximate oproximate OAY	oner?	38
	2215 26e: Signature and Tit 27. Name (Lest, First, N BEASLEY, G) 28. Part I. Enter the distonly one cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause.	a RESPIR b. Due to (or as	ess of Person 01 N EL mplications that ne or print in per RATORY Consequence G	who Cor IZABE caused the manent blu FAILU se of)	5c. Date P 08/25/2) Monitor	DO ause of De TREET TREET CONDA	ath T LIMA, © mode of dying, suc	Year) 26f, Lic 34 34 458 38 cardia	ense num 00445 301	nber 59 tory arrest	shock, or he	A Company of the Comp	ase referred a Signed	9 - 2 poproximate	oner?	38
	2215 26e: Signature and Tit 27. Name (Lest, First, N BEASLEY, G) 28. Part I. Enter the disconly one cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	iddie) and Addr ARY R., 1 asse, injuries, or co e on each line. Tyr a. RESPIR b. Due to (or as HANGIN c. Due to (or as	ess of Person O1 N EL mplications that be or print in per RATORY Consequence G s Consequence s Consequence s Consequence	who Cor IZABE caused the manent blu FAILU ce of)	in Date Pi)8/25/2	DO ause of De TREET TREET CONDA	ath T LIMA, © mode of dying, suc	Year) 26f, Lic 34 . H 458 as cardia	ense num 00445 301	horistory arrest	shock, or he	6d. Was care Yes 26g / Date art failure. Lit	ase referred as Signed as Signed as I L	9 - 2 pproximate DAY DAY	e Interval	Beath .
	2215 26e: Signature and Tit 27. Name (Lest, First, N BEASLEY, G) 28. Part I. Enter the disconly one cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	iddie) and Addr ARY R., 1 asse, injuries, or co e on each line. Tyr a. RESPIR b. Due to (or as HANGIN c. Due to (or as	ess of Person O1 N EL mplications that be or print in per RATORY Consequence G s Consequence s Consequence s Consequence	who Cor IZABE caused the manent blu FAILU ce of)	in Date Pi)8/25/2	DO ause of De TREET TREET CONDA	ath T LIMA, © mode of dying, suc	Year) 26f, Lic 34 . H 458 as cardia	ense num 00445 301	horistory arrest	shock, or he URY	6d. Was ca Yes 26g/Data art falture. Li topsy 29 Av Ca	ase referred as Signed as Signed as I L	ed to correct to corre	e interval set and I	Beath .
F	2215 26e: Signature and Tit 27. Name (Lest, First, N. BEASLEY, G. 28. Part I. Enter the disconsional condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death) Part II. Other significant conditions.	diddle) and Addr ARY R., 1 base, Injuries, or co se on each line. Try a. RESPIR b. Due to (or as HANGIN c. Due to (or as	ess of Person O1 N EL mplications that ne or print in per RATORY Consequence G s Consequence s Consequence to the consequence	who Cor IZABE caused the manent blue FAILU se of)	in Date Pi)8/25/2	DO DUSE OF DE TREE TOTO ENTER THE CONDA	ath T LIMA, © mode of dying, suc	Year) 26f, Lic 34 . H 458 as cardia	ense num 00445 301	Diser 59 NINJ Perfo NO 32. M	shock, or he URY	6d. Was car Yes 26g / Data 26g / Data	ase referred as Signed A D D D D D D D D D D D D D D D D D D	ed to correct to corre	e interval set and I	Beath .
	2215 26e: Signature and Tit 27. Name (Lest, Firm, N BEASLEY, G) 28. Part I. Enter the disconly one cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death) 2art II. Other significant conditions and the conditions of t	iddie) and Addr ARY R., 1 asse, injuries, or co e on each line. Typ B. Due to (or as C. Due to (or as d. Due to (or as d. Due to (or as Altitions contributir contribute to De Day/Year) PRIOR 9	ess of Person O1 N EL mplications that be or print in per ATORY Consequence of C	who Correlated the manent blue of) FAILU ce of) ce of) Female, FT APF njury 33,	mpleted Caper H S Great H	DO Juste of De TREE Tot enter the COND Juste of De Tree Tot enter the Tree Tree Tree Tree Tree Tree Tree Tr	ath LIMA Dead (Mo/Day/ ath LIMA ARY TO AN ARY TO AN	Year) 26f, Lic 34 .	ense num 00445 801 c or respirat	100 Suite Su	Shock, or he URY Was An Au Immed?	6d. Was ca Yes 26g/Data art falture. Li topsy 29 Av Ca li eath	ase referred as Signed as Signed as Signed as Apple 1 L	pproximate the population of t	e interval set and I	Death .
	2215 26e: Signature and Tit 27. Name (Lest, Firm.) BEASLEY, G. 28. Part I. Enter the disconly one cause Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Oisease or injury that initiated events resulting in a death) Part II. Other significant conditions. 30. Did Tobacco Use C. NO. 33a. Date of Injury (Mof August 24, 2014	iddle) and Addr ARY R., 1 Jase, injuries, or co se on each line. Try a. RESPIR b. Due to (or as d. Due to (or as d. Due to (or as d. Due to (or as graphic and Autority Contribute to De Day/Year) Q (Street and Nur REET, MC	ess of Person O1 N EL mplications that be or print in per ATORY Consequence of C	who Cornizable Caused the manent blue FAILU Ce of) Ce of) TAPF JAPF Jarry 334 Route N	mpleted Carlot Sound Frequency Pregnancy PLICAE C. Place of OME	DO Juste of De TREE Tot enter the COND Juste of De Tree Tot enter the Tree Tree Tree Tree Tree Tree Tree Tr	ath LIMA Dead (Mo/Day/ ath LIMA ARY TO AN ARY TO AN	Year) 26f. Lic 34. 458 16 16 16 16 16 16 16 1	ense num 00445 801 c or respirat BRAII	100 Suite Su	Was An Aurmed?	66. Was care Yes 26g / Data art fallure. Life art fallure art fall	ase referred as Signed as Signed as Signed as Apple 1 L	pproximate the proximate the p	e Interval set and I	Death .

HEREBY CERTIFY THIS
DOCUMENT IS AN EXACT
CATHE RECORDION FILE WITH
ON'O DESCRIPTION FROM HEALTH.

AU 29 14 9 1 9 5 1 1

CHRISTING SHRIDER, LORAL REGISTRAR OFFICE OF VITAL STATISTICS WITHESS MY SIGNATURE & SEAL