

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

MAY 19 2015

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

MAY 19 2015

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 530,  
292 Randall E. Grapner Mercer County Auditor.

K8 5/19/2015  
Deputy Aud. Date

**AFFIDAVIT FOR TRANSFER OF REAL ESTATE**

State of Ohio  
County of Mercer, ss

James G. Zadravetz, being first duly sworn, states that Leslie Zadravetz, aka Leslie A. Zadravetz,, died February 28, 2014, as shown by the Certificate of Death attached hereto; that the deed dated February 20, 2006, and recorded as Instrument Number 200600001107, Recorder's Office, Mercer County, Ohio conveyed to James G. Zadravetz and the said Leslie A. Zadravetz, Husband and Wife, for their joint lives, remainder to the survivor of them, the following real estate:

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

**Tract 1:**

Being Lot Number 1018 in Selhorst Tenth Addition to the incorporated Village of Coldwater, Ohio, as same is set forth on the recorded plat thereof in Plat Book 10, Page 31, in the Recorder's Office of Mercer County, Ohio, subject to all easements and restrictions of record imposed thereon and as set forth in Miscellaneous Volume 5, Page 335, in the Recorder's Office of Mercer County, Ohio, and the zoning ordinances of the Village of Coldwater, Ohio.

**Tract 2:**

Being Fifteen (15) feet of uniform width off the entire East side of Lot Number 1221 in the Oakwood First Addition to the Village of Coldwater, Ohio, as same is set forth on the recorded plat thereof in Plat Cabinet 1, Page \_\_\_, in the Recorder's Office of Mercer County, Ohio

08-AB-306-002

08-AB-306-006

Parcel numbers: 05-142400.0000 and 05-162900.0100

Known as 804 Woodview Drive, Coldwater, Ohio 45828

This affidavit is made pursuant to Ohio Revised Code Sections 5302.17 and 319.20 for the

purpose of showing James G. Zadravetz as the owner in fee simple of the above described real estate and for the purpose of causing the Auditor of Mercer County, Ohio to transfer said real estate to the name of James G. Zadravetz whose tax billing address is 804 Woodview Drive, Coldwater, Ohio 45828.

  
James G. Zadravetz

STATE OF OHIO, COUNTY OF Mercer, SS:

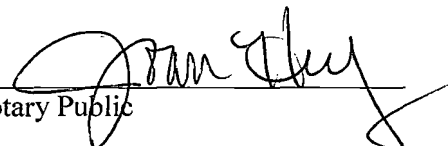
**BE IT REMEMBERED** That on this 9th day of April, 20 15 before me, the subscriber, a Notary Public in and for said state, personally came James G. Zadravetz, known to me, or proved to me on the basis of satisfactory evidence to be the signatory of this instrument, and acknowledged by the signing thereof to be his voluntary act and deed.

*In testimony whereof*, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.



**JOAN HEY**

Notary Public, State of Ohio  
Recorded in Mercer County  
My Commission Expires:  
July 1, 2017

  
Notary Public

This instrument prepared by Vidmar & Hardesty, Ltd., John Vidmar (OH Bar#0076217), 1971 West Fifth Avenue, Suite 4, Columbus, Ohio 43212

Order No: 201503-349-D

Reg. Dist. No. 02  
Primary Reg. Dist. No. 0201

Ohio Department of Health

VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 2014019361

Registrar's No. 0200-2014000271

Type or print in permanent blue or black ink.

DECEDENT	1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) <b>LESLIE ZADRAVETZ</b>						2. Sex <b>Female</b>	3. Date of Death (Mo/Day/Year) <b>February 28, 2014</b>	
	4. Social Security Number <b>[REDACTED]</b>	5a. Age (Years) <b>75</b>	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) <b>October 09, 1938</b>	7. Birthplace (City and State or Foreign Country) <b>DENVER, COLORADO</b>			
	8a. Residence State <b>OHIO</b>		8b. County <b>MERCER</b>		8c. City or Town <b>COLDWATER</b>		8d. Inside City Limits? <b>Yes</b>		
	8d. Street and Number <b>804 N. Woodview Dr.</b>				8e. Apt. No.	8f. Zipcode <b>45828</b>	8g. Inside City Limits? <b>Yes</b>		
REGISTRAR DISPOSITION	9. Ever in US Armed Forces? <b>No</b>		10. Marital Status at Time of Death <b>Married</b>		11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>JAMES ZADRAVETZ</b>				
	12. Decedent's Education <b>COLLEGE, BUT NO DEGREE</b>		13. Decedent of Hispanic Origin <b>No</b>		14. Decedent's Race <b>White</b>				
	15. Father's Name <b>LESTER WEELANS</b>				16. Mother's Name (prior to first marriage) <b>FRANCES WILSON</b>				
	17a. Informant's Name <b>JAMES ZADRAVETZ</b>				17b. Relationship to Decedent <b>Husband</b>		17c. Mailing Address (Street and Number, City, State, Zip Code) <b>804 N. Woodview Dr.</b>		
CERTIFIER	18a. Place of Death <b>Hospital - Inpatient</b>				18c. City or Town, State and Zip Code <b>LIMA, OH 45801</b>				18d. County of Death <b>ALLEN</b>
	18b. Facility Name (If not Institution, give street & number) <b>Kindred Hospital</b>				19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>				20. License Number (of licensee) <b>007618</b>
	22a. Method of Disposition <b>Cremation</b>				22b. Date of Disposition <b>March 5, 2014</b>		21. Name and Complete Address of Funeral Facility <b>N J HOGENKAMP SONS INC</b>		
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place) <b>Van Wert Crematory</b>				22d. Location (City/Town and State) <b>VAN WERT, OH</b>		21. Name and Complete Address of Funeral Facility <b>715 E MAIN ST COLDWATER, OH 45828</b>		
CAUSE OF DEATH	23. Registrar's Signature <i>[Signature]</i>				24. Date Filed <b>MARCH 5, 2014</b>		25a. Name of Person Issuing Burial Permit <b>HOGENKAMP, BRIAN JAMES</b>		
	25a. Name of Person Issuing Burial Permit <b>HOGENKAMP, BRIAN JAMES</b>				25b. District No. <b>5400</b>		25c. Date Burial Permit Issued <b>March 5, 2014</b>		
	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 <b>1918</b>		26c. Date Pronounced Dead (Mo/Day/Year) <b>February 28, 2014</b>		
	26a. Signature and Title of Certifier <i>[Signature]</i>				26f. License number <b>35.078191</b>		26g. Date Signed <b>MARCH 4, 2014</b>		
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>SHANMUGAM, SASIKALA T., 920 WEST MARKET STREET LIMA, OH 45805</b>									
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. <b>INTRACRANIAL BLEED</b>						Approximate Interval Between Onset and Death <b>724 hrs</b>	
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 checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably				31. 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		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

ORIGINAL

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

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