

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

JUN 12 2015

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

JUN 12 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 310,  
202 Randall E. Grapner Mercer County Auditor.

KP 6-12-15  
Deputy Aud. Date

## Joint and Survivorship Affidavit

Nancy Boeckman of 4806 County Road 219A, 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 James Boeckman who died a resident of Franklin Township, Mercer County, Ohio on June 3, 2015. A certified copy of his death certificate is attached hereto.
3. James Boeckman and I held fee simple title, with rights of survivorship, to the following described real estate by virtue of a Survivorship Deed dated August 23, 2003, filed for record on August 25, 2003 at 4:56 p.m. in Volume OR173, Page 1450, and re-recorded on September 11, 2003 at 2:43 p.m. in Volume OR174, Page 1896, Mercer County Official Records:

Situated in the Township of Franklin, County of Mercer and State of Ohio:

Being a parcel of land situated in the south one half of the northeast quarter of Section Twenty-nine (29), Town Six (6) South, Range Three (3) East, of Franklin Township, Mercer County, Ohio, and more particularly described as follows:

Commencing for reference at a corner stone at the center of the aforesaid Section Twenty-nine (29); thence North 00°15' West along the west line of the northeast quarter of said Section Twenty-nine (29) a distance of Four Hundred Forty-one and Sixty-seven Hundredths feet (441.67') to a railroad spike which is the PLACE OF BEGINNING for the parcel herein conveyed; thence North 89°45' East a distance of One Hundred Eighty-three feet (183') to a point; thence South 00°15' East a distance of One Hundred and Ninety-nine Hundredths feet (100.99') to a point; thence South 89°45' West a distance of One Hundred Eighty-three feet (183') to a point; thence North 00°15' West a distance of One Hundred and Ninety-nine Hundredths feet (100.99') to the PLACE OF BEGINNING.

**Containing Forty-two Hundredths (0.42) acre of land, more or less.**

Subject to all legal highways and easements of record. The west line of the northeast quarter of Section Twenty-nine (29) was assumed to bear North 00°15' West.

ALSO: Being a parcel of land situated in the south one half of the northeast quarter of Section Twenty-nine (29), Town Six (6) South, Range Three (3) East, of Franklin Township, Mercer County, Ohio, and more particularly described as follows:

Commencing for reference at a corner stone at the center of the aforesaid Section Twenty-nine (29); thence North 00°15' West along the west line of the northeast quarter of said Section Twenty-nine (29) a distance of Four Hundred Forty-one and Sixty-seven Hundredths feet (441.67') to a railroad spike which is the PLACE OF

BEGINNING for the parcel herein conveyed; thence continuing North 00°15' West along the last described line a distance of One Hundred Nineteen and One Hundredth feet (119.01') to a point; thence North 89°45' East a distance of One Hundred Eighty-three feet (183') to a point; thence South 00°15' East a distance of One Hundred Nineteen and One Hundredth feet (119.01') to a point; thence South 89°45' West a distance of One Hundred Eighty-three feet (183') to the place of beginning.

**Containing one-half (1/2) acre of land, more or less**, subject to all legal highways and easements of record.

The West line of the Northeast Quarter (1/4) of Section Twenty-nine (29) was assumed to bear North 00°15' West with all other bearings calculated from actual angles turned in the field.

Subject to all legal highways, and subject to, and with the benefit of all restrictions, conditions, limitations, reservations and easements of record, if any, and to zoning restrictions which have been imposed thereon, if any.

Deed Reference: Volume OR173, Page 1450 and Volume OR174, Page 1896, Mercer County Official Records.

Tax ID #09-117400.0100

Tax Map #09-29-200-004

4. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Nancy Boeckman 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 Mercer County Auditor's Office and Mercer County Treasurer's Office to have their records reflect that Nancy Boeckman is the sole owner of the above-described real estate.

5. No probate estate will be administered because all assets owned by the decedent were non-probate.

6. The decedent never received any Medicaid from the State of Ohio.

7. The State of Ohio has no claim against the decedent's property nor has it filed a certificate of lien under Section 5111.111 of the Ohio Revised Code.

8. Further affiant sayeth not.

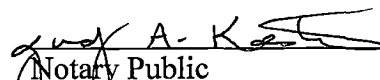
  
Nancy Boeckman

STATE OF OHIO, COUNTY OF MERCER, SS:

BE IT REMEMBERED, that on this 10th day of June, 2015, before me, the subscriber, a notary public in and for said State, personally appeared **Nancy Boeckman**, the Affiant in the foregoing Joint and Survivorship Affidavit, and acknowledged the signing thereof to be her voluntary act and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

SEAL

  
Notary Public  
JUDY A. KOESTERS, Atty. At Law  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Has No Expiration Date  
Section 147.03 O.R.C.

Instrument Prepared By: Judy A. Koesters, Attorney at Law, 201 E. Vine Street, Coldwater, Ohio 45828 (419) 678-2378 j&sboeckman6.15/pro15/mr

Reg. Dist. No. 02

Ohio Department of Health

Primary Reg. Dist. No. 0201

VITAL STATISTICS

State File No. 2015052974

Registrar's No. 0200-2015000597

CERTIFICATE OF DEATH

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>JAMES ROBERT BOECKMAN</b>						2. Sex <b>Male</b>		3. Date of Death (Mo/Day/Year) <b>June 03, 2015</b>					
	5a. Age (Years) <b>65</b>		5b. Under 1 Year Months		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) <b>January 25, 1950</b>		7. Birthplace (City and State or Foreign Country) <b>CINCINNATI, OHIO</b>					
	8a. Residence State <b>OHIO</b>		8b. County <b>MERCER</b>				8c. City or Town <b>CELINA</b>							
	8d. Street and Number <b>4806 County Rd. 219A</b>						8e. Apt. No.		8f. Zipcode <b>45822</b>		8g. Inside City Limits? <b>No</b>			
	9. Ever in US Armed Forces? <b>Yes</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>NANCY RUTSCHILLING</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>UNKNOWN</b>						16. Mother's Name (prior to first marriage) <b>UNKNOWN</b>							
	17a. Informant's Name <b>NANCY BOECKMAN</b>						17b. Relationship to Decedent <b>Wife</b>		17c. Mailing Address (Street and Number, City, State, Zip Code) <b>4806 County Rd. 219A</b>					
	18a. Place of Death <b>Hospital - Inpatient</b>						18b. Facility Name (If not institution, give street & number) <b>ST RITA'S MEDICAL CENTER</b>							
	18c. City or Town, State and Zip Code <b>LIMA, OH 45801</b>						18d. County of Death <b>ALLEN</b>							
REGISTRAR DISPOSITION	19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>						20. License Number (of licensee) <b>007618</b>		21. Name and Complete Address of Funeral Facility <b>N J HOGENKAMP SONS INC</b>					
	22a. Method of Disposition <b>Burial</b>						22b. Date of Disposition <b>June 06, 2015</b>		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) <b>St. Elizabeth Cemetery</b>					
	22d. Location (City/Town and State) <b>COLDWATER, OH</b>						22e. Mailing Address (Street and Number, City, State, Zip Code) <b>715 E MAIN ST COLDWATER, OH 45828</b>							
	23. Registrar's Signature <i>[Signature]</i>						24. Date Filed <b>June 11, 2015</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>June 4, 2015</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>19:17</b>		26c. Date Pronounced Dead (Mo/Day/Year) <b>June 03, 2015</b>		26d. Was case referred to coroner? <b>No</b>			
	26e. Signature and Title of Certifier <i>[Signature]</i>						26f. License number <b>35.059399</b>		26g. Date Signed <b>06/09/2015</b>					
	27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>SCHWIETERMAN, JAMES THOMAS, 8381 ST RT 119 MARIA STEIN, OH 45860</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.										Approximate Interval Between Onset and Death			
	CAUSE OF DEATH	Immediate Cause (Final disease or condition resulting in death)		a. <b>Squamous Cell Carcinoma of Tongue</b>						3 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.										29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable		
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

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

SEAL

JUN 11 15 9 24 455

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