

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUL 13 2015

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUL 13 2015

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance for EU
The Grantor and Grantee of this deed have
complied with the provisions of R.C. Sec. 5302,
202 Randall E. Grapner Mercer County Auditor.

KG 7/13/2015
Deputy Aud. Date

Affidavit of Trustee
(O.R.C. Sections 317.22 and/or 5302.171)

I, Annette Hensley, being first duly sworn according to law, deposes and states as follows:

PART A. Disclosure of Trust (O.R.C. 317.22)

1. Affiant is the Successor Trustee of the Trust referenced herein: the Paul David Tebbe Revocable Trust dated November 26, 2014, which is in full force and effect, and is the subject of this affidavit;
2. The Trust Instrument is located at: 22461 State Route 198, Lima, OH 45806;
3. The powers of the successor trustee with respect to the transfer of real property include, but are not limited to, the following: full power and authority to manage and control the trust estate, to borrow money from any source (including the power to borrow from a Trustee or any affiliate of a Trustee) and to sell, exchange, lease, grant options, rent, mortgage, pledge, assign, transfer or otherwise dispose of or encumber all or any part of the trust estate (for terms extending beyond the termination of the trust estate or otherwise), upon such terms and conditions as they may see fit;
4. The name of the person who transferred the real property to the Trust is: Paul David Tebbe aka Paul D. Tebbe aka Paul Tebbe, recorded in instrument number 201500000359 of the Mercer County Recorder's Office;

PART B. Succession of Trustee (O.R.C. 5302.171)

1. Affiant is the Successor Trustee of the Trust reference herein;
2. The name of the Trustee that served immediately prior to the Successor Trustee, is Paul David Tebbe of 1864 Oregon Road, Celina, OH 45822;
3. The prior Trustee has ceased to be a trustee of the Trust by reason of Death, a certified copy of the death certificate is attached hereto as Exhibit A;
4. The names and addresses of any other Trustee(s) are as follows:

NAME

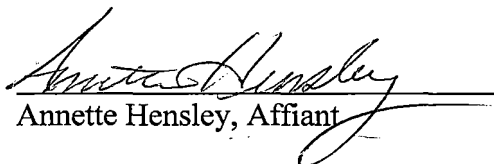
None

ADDRESS

5. The description of the property subject to the Trust is attached hereto and incorporated herein as Exhibit B;
6. The information in this Affidavit shall be presumed to continue to be accurate, and in the future it may be relied upon as to the authority of the above named Trustee(s) and as an affidavit complying with R.C. 317.22 and or an affidavit complying with OSBA Title Standard 3.18, effective November 15, 1986, unless an instrument revoking, amending, or otherwise modifying this Affidavit is recorded in the office of the county recorder in which this Affidavit has been recorded.

STATE OF OHIO
COUNTY OF Mercer

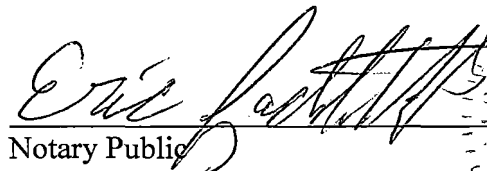
Further affiant sayeth naught.

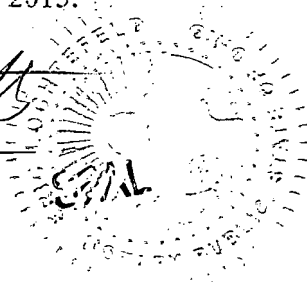

Annette Hensley, Affiant

Sworn to before me and subscribed in my presence this 13 day of July, 2015.



ERIC LOCHTEFELD
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
July 29, 2018
Recorded in
Mercer County


Notary Public



This instrument prepared by: Mark A. Van Dyne; The Law Firm of Fitzgerald, Reese & Van Dyne Co., 121 W. High Street, Suite 905, Lima, Ohio 45801

Reg. Dist. No. 06
Primary Reg. Dist. No. 0601
Registrar's No. 0600-201500008

Ohio Department of Health
VITAL STATISTICS

State File No. 2015025739

CERTIFICATE OF DEATH

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) PAUL D TEBBE		2. Sex Male	3. Date of Death (Mo/Day/Year) March 12, 2015		
5a. Age (Years) 54	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) March 15, 1960	7. Birthplace (City and State or Foreign Country) ST MARYS, OHIO	
8a. Residence State OHIO		8b. County MERCER		8c. City or Town CELINA	
8d. Street and Number 1864 Oregon Rd		8e. Apt. No.	8f. Zipcode 45822	8g. Inside City Limits? No	
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Divorced (and not remarried)		11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin No		14. Decedent's Race White	
15. Father's Name LEO TEBBE		16. Mother's Name (prior to first marriage) MARY CRAFT			
17a. Informant's Name MARY TEBBE		17b. Relationship to Decedent Mother		17c. Mailing Address (Street and Number, City, State, Zip Code) 00995 Southland Rd	
18a. Place of Death Nursing Home/Long Term Care Facility		18b. Facility Name (If not institution, give street & number) Vancrest of St. Marys			
18c. City or Town, State and Zip Code ST MARYS, OH 45885		18d. County of Death AUGLAIZE			
19. Signature of Funeral Service Licensee or Other Agent <i>Beth Sanders</i>		20. License Number (of licensee) 007545		21. Name and Complete Address of Funeral Facility MILLER FUNERAL HOME INC	
22a. Method of Disposition Burial		22b. Date of Disposition March 16, 2015		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Gethsemane Cemetery	
22d. Location (City/Town and State) ST MARYS, OH		22e. Date of Disposition March 16, 2015			
23. Registrar's Signature <i>Beth Sanders</i>		24. Date Filed March 20, 2015			
25a. Name of Person Issuing Burial Permit MILLER, KENT		25b. District No. 0600		25c. Date Burial Permit Issued March 13, 2015	
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 0225			
26c. Date Pronounced Dead (Mo/Day/Year) 03/12/2015		26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier <i>Beth Sanders</i>		26f. License number 35.043325		26g. Date Signed March 17, 2015	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death HOLLERAN, NEAL EVAN, 208 S MAIN ST 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.				Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) Metastatic Brain Tumor				3 months	
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) Malignant Carcinoid Tumor				6 months	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) c. Due to (or as Consequence of) Depression				4 yrs.	
d. Due to (or as Consequence of) Hypertension				5 yrs.	
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 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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <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

JL 13 15 | 21816

Beth Sanders
BETH SANDERS, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

EXHIBIT B

Situated in the TOWNSHIP of LIBERTY, COUNTY of MERCER, and STATE of OHIO:

Being a parcel of land situated in Liberty Township, Mercer County, Ohio, in the Southeast Quarter ($\frac{1}{4}$) of Section 10, Township 5 South, Range 1 East, and being more particularly described as follows:

Beginning at a P.K. nail set on the centerline of Oregon Road and the South line of the Southeast Quarter, 1343.85 feet West of a One inch iron rod found marking the Southeast Quarter of the intersection of the centerline of Burrville Road with the centerline of Oregon Road; thence on and along the centerline of Oregon Road and the South line of the Southeast Quarter, West, for a distance of 208.72 feet to a P.K. nail east; thence North $0^{\circ} 31' 04''$ West, for a distance of 417.44 feet to an iron pin set, passing at 20.00 feet an iron pin set; thence East, for a distance of 208.72 feet to an iron pin set; thence South $0^{\circ} 31' 04''$ East, for a distance of 417.44 feet to the point of beginning, passing at 397.44 feet an iron pin set.

Containing in all 2.000 acres of land, subject, however, to all legal easements and rights of way.

TAX#30-020100-0100 04-10-400-002
NOTE: All bearings refer to the centerline of Oregon Road and the South line of the Southeast quarter as being West.

Reference is made to a survey of this area by Robert E. Chambers, Registered Surveyor #6081, dated December 18, 1986.