

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

SEP 18 2015

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

SEP 18 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 319,
202 Randall E. Grapner Mercer County Auditor.

KG 9/18/2015
Deputy Aud. Date

AFFIDAVIT FOR TRANSFER TO SURVIVOR

STATE OF OHIO, COUNTY OF MERCER, ss:

Carol Rose Pierstorff, also known as C. Rose Pierstorff, being first duly sworn, hereby states that her husband, James L. Pierstorff, also known as James Laverne Pierstorff, died a resident of Mercer County, Ohio, on August 25, 2015, as shown by a certified copy of the official death certificate attached hereto and incorporated herein by reference; that a Survivorship Deed recorded as Instrument No. 201100005396 in the Recorder's Office of Mercer County, Ohio, conveyed to James L. Pierstorff and C. Rose Pierstorff, husband and wife, for their joint lives, remainder to the survivor of them, the real property described as follows:

Situated in the Township of Dublin, County of Mercer and State of Ohio, to-wit:

Being a tract out of the Southwest Quarter (1/4) of Section Twenty-eight (28), Town Four (4) South, Range Two (2) East, Dublin Township, Mercer County, Ohio, and more particularly described as follows:

Beginning at the Southwest corner of Section Twenty-eight (28), Town Four (4) South, Range Two (2) East, Mercer County, Ohio, said corner being the intersection of the centerlines of State Route 118 and State Route 707; thence North 89° 55' 30" East on and along the centerline of State Route 707 a distance of Two Hundred Fifty-five and Sixty-two Hundredths (255.62) feet to a railroad spike; thence North 0° 04' 30" West a distance of Two Hundred Fifty-five and Sixty-two Hundredths (255.62) feet to an iron pin; thence South 89° 55' 30" West a distance of Two Hundred Fifty-six and Forty-eight Hundredths (256.48) feet to a point on the centerline of State Route 118; thence South 0° 16' East on and along the centerline of State Route 118 a distance of Two Hundred Fifty-five and Sixty-two Hundredths (255.62) feet to the place of beginning.

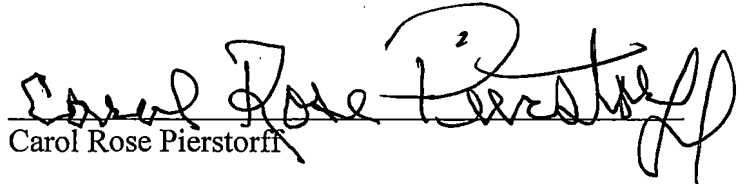
The afore-described tract contains One and Fifty Hundredths (1.50) acres, more or less, of which Fifty Hundredths (0.50) acres is currently utilized for roadway purposes. The tract is taken from the lands as last described and recorded in the Mercer County Record of Deeds.

Tax Parcel Number: 07-056300.0100

Tax Map Number: 02-28-300-004

that at the time of the delivery of said Deed, the said James L. Pierstorff and C. Rose Pierstorff were husband and wife and continued in that relationship until the death of James L. Pierstorff; that this Affidavit is made for the purpose of showing C. Rose Pierstorff to be the sole owner of said tract, vested with the entire fee simple title thereto, and for the purpose of obtaining a transfer by the Auditor of Mercer County, Ohio, on his Tax Duplicate as provided by the Ohio Revised Code; and that the address of C. Rose Pierstorff continues to be 4011 State Route 707, Rockford, Ohio 45882.

Further Affiant saith not.


Carol Rose Pierstorff

Subscribed in my presence and sworn to before me by the said Carol Rose Pierstorff this
17th day of September, 2015.

SEAL


Notary Public, State of Ohio

THOMAS D. LAMMERS, Attorney At Law
Notary Public- State of Ohio
My Commission Has No Expiration
Section 147.03 ORC

This instrument prepared by: PURDY, LAMMERS & SCHIAVONE, ATTYS. (TDL/dg)
113 East Market Street, P.O. Box 404
Celina, OH 45822

Reg. Dist. No. 81
Primary Reg. Dist. No. 8101Ohio Department of Health
VITAL STATISTICS

State File No. 2015078364

Registrar's No. 8100-2015000186

CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JAMES LAVERNE PIERSTORFF						2. Sex MALE	3. Date of Death (Mo/Day/Year) AUGUST 25, 2015
	5a. Age (Years) 80		5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) APRIL 08, 1935	7. Birthplace (City and State or Foreign Country) ROCKFORD, OHIO		
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town ROCKFORD			
	8d. Street and Number 4011 ST. RTE. 707				8e. Apt. No.	8f. Zipcode 45882	8g. Inside City Limits? NO	
	9. Ever in US Armed Forces? NO		10. Marital Status at Time of Death MARRIED		11. Surviving Spouse's Name (If wife, give name prior to first marriage) CAROL ROSE MILLER			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE		
	15. Father's Name VICTOR LEROY PIERSTORFF			16. Mother's Name (prior to first marriage) BEULAH ELIZABETH GEHM				
	17a. Informant's Name CAROL ROSE PIERSTORFF			17b. Relationship to Decedent SPOUSE		17c. Mailing Address (Street and Number, City, State, Zip Code) 4011 ST. RTE. 707 ROCKFORD, OHIO 45882		
	18a. Place of Death HOSPITAL - EMERGENCY ROOM / OUTPATIENT			18b. Facility Name (If not institution, give street & number) VAN WERT COUNTY HOSPITAL				
	18c. City or Town, State and Zip Code VAN WERT, OH 45891			18d. County of Death VAN WERT				
DISPOSITION	19. Signature of Funeral Service Licensee or Other Agent <i>Marcia Ripley</i>			20. License Number (of licensee) 006483		21. Name and Complete Address of Funeral Facility KETCHAM-RIPLEY FUNERAL HOME INC 111 W FIRST ST ROCKFORD, OH 45882		
	22a. Method of Disposition BURIAL			22b. Date of Disposition (Mo/Day/Year) AUGUST 28, 2015		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) RIVERSIDE CEMETERY		
	22d. Location (City/Town and State) ROCKFORD, OH			23. Registrar's Signature <i>Marylou Smith</i>				
	24. Date Filed (Mo/Day/Year) <i>August 26, 2015</i>			25a. Name of Person Issuing Disposition Permit RIPLEY, MARCIA				
	25b. District No. 5400			25c. Date Disposition Permit Issued (Mo/Day/Year) AUGUST 25, 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 or Medical Examiner 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 <i>4:41 AM</i>				
	26c. Date Pronounced Dead (Mo/Day/Year) <i>August 25, 2015</i>			26d. Was the Medical Examiner or Coroner Contacted? NO				
	26e. Signature and Title of Certifier <i>Jerry D. Sell MD</i> MD			26f. License number 35.039829		26g. Date Signed (Mo/Day/Year) <i>August 26, 2015</i>		
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death JERRY DWIGHT SELL, 506 S MAIN ST, ROCKFORD, OH 45882							
	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.							
CAUSE OF DEATH	Immediate Cause (Final disease or condition resulting in death)		a. <i>Congestive Heart Failure</i>				Approximate Interval Between Onset and Death <i>3 days</i>	
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) <i>Atherosclerotic Heart Disease</i>				<i>years</i>	
	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. <i>CHRONIC KIDNEY DISEASE</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 type="checkbox"/> No <input checked="" 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. 07/15

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

AU 26 15 00 22 64

MAYLOU SELL
REGISTRAR
OHIO