

TRANSFERRED

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

NOV 18 2015

MERCER COUNTY
TAX MAP DEPARTMENT

NOV 18 2015

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

AFFIDAVIT

Exemption paragraph, compliance fee **EN**
The Grantor and Grantee of this deed have
complied with the provisions of R.C. Sec 330,
202 Randall E. Grapner Mercer County Auditor.

RS 11/18/2015
Deputy Aud. Date

STATE OF OHIO)
) SS:
COUNTY OF MONTGOMERY)

Robert Ramsey, being first duly sworn, deposes and says that he resides at 5281 Channel Drive, Celina, OH 45822, and that he is the surviving spouse of Charlotte A. Ramsey, who died August 29, 2015, at Dayton, Ohio, and that her will was filed for record at Case No. 20151183, on the records of the Probate Court of Mercer County, Ohio.

Affiant says that at the time of the death of the said Charlotte A. Ramsey, she and this Affiant, who were then husband and wife, held title to the hereinafter described real estate by Survivorship Deed dated September 17, 1991, and recorded September 24, 1991, in Volume 317, Page 634 in the Deed records in the Office of the Recorder of Mercer County, Ohio and described as follows:

Situate in the Township of Franklin, County of Mercer, and in the State of Ohio and described as follows:

Being Lot Number Five (5) of The Landings Subdivision, as the same is numbered and delineated upon the recorded plat thereof, of record in Plat Cabinet 1 Page 113, Recorder's Office, Mercer County, Ohio.

Parcel ID No. 09-069600-0500 **09-22-277-027**

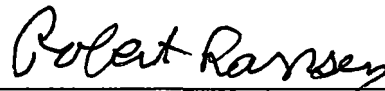
Prior Deed Reference: Volume 317, Page 634 and 635

Property Address: 5281 Channel Drive, Celina, Ohio 45822

Affiant further says that by reason of the death of the said Charlotte A. Ramsey, title to the above described real estate now vests in the Affiant and this Affidavit is made for the purpose of making record thereof in the office of the County Recorder and County Auditor.

A certified copy of said decedent's certificate of death is attached hereto.

Further Affiant saith not.



Robert Ramsey, surviving spouse of
Charlotte A. Ramsey, deceased

Subscribed in my presence and sworn to before me by the said Robert Ramsey, the Affiant in the foregoing, this 16th day of October, 2015.


Notary Public

BROOKS A. COMPTON, Attorney at Law
Notary Public, State of Ohio
My Commission has no expiration date.
Section 147.03 O. R. C.

SEAL

This Instrument Prepared by:

Murr, Compton, Claypoole & Macbeth
Brooks A. Compton
Attorney at Law
401 East Stroop Road
Kettering, OH 45429
(937) 298-1054

Reg. Dist. No. 57

Ohio Department of Health

Primary Reg. Dist. No. 5701

VITAL STATISTICS

Registrar's No.

5701-2015004823

CERTIFICATE OF DEATH

State File No. 2015079667

Type or print in permanent blue or black ink

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) CHARLOTTE ANN RAMSEY						2. Sex FEMALE		3. Date of Death (Mo/Day/Year) AUGUST 29, 2015					
	5a. Age (Years) 69		5b. Under 1 Year Months		5c. Under 1 day Hours		6. Date of Birth (Mo/Day/Year) MAY 06, 1946		7. Birthplace (City and State or Foreign Country) DAYTON, OHIO					
	8a. Residence State OHIO			8b. County MERCER			8c. City or Town CELINA			8d. Inside City Limits? NO				
	8d. Street and Number 5281 CHANNEL DR.						8e. Apt. No.		8f. Zipcode 45822		8g. Inside City Limits? NO			
DISPOSITION	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) ROBERT RAY RAMSEY								
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE							
	15. Father's Name VERNON CHARLES LEWIS				16. Mother's Name (prior to first marriage) CECELIA WHITMORE									
	17a. Informant's Name ROBERT RAY RAMSEY				17b. Relationship to Decedent SPOUSE		17c. Mailing Address (Street and Number, City, State, Zip Code) 5281 CHANNEL DR. CELINA, OHIO 45822							
REGISTRAR	18a. Place of Death NONHOSPITAL - HOSPICE FACILITY				18b. City or Town, State and Zip Code DAYTON, OH 45420									
	18b. Facility Name (If not Institution, give street & number) HOSPICE OF DAYTON INC				18d. County of Death MONTGOMERY									
	19. Signature of Funeral Service Licensee or Other Agent <i>Rodney Guthrie</i>				20. License Number (of licensee) 008323		21. Name and Complete Address of Funeral Facility BOONSHOFT SCHOOL OF MEDICINE 3640 Col. Glenn Highway DAYTON, OH 45435							
	22a. Method of Disposition DONATION				22b. Date of Disposition (Mo/Day/Year) AUGUST 31, 2015		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) WRIGHT STATE UNIVERSITY							
CERTIFIER	22d. Location (City/Town and State) FAIRBORN, OH				23. Registrar's Signature <i>Rodney Guthrie</i>				24. Date Filed (Mo/Day/Year) 09/08/2015					
	25a. Name of Person Issuing Disposition Permit GUTHRIE, RODNEY				25b. District No. 5700		25c. Date Disposition Permit Issued (Mo/Day/Year) AUGUST 31, 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 0358				26c. Date Pronounced Dead (Mo/Day/Year) 8/29/15		26d. Was the Medical Examiner or Coroner Contacted? NO			
	26e. Signature and Title of Certifier <i>Rodney Guthrie</i> DO				26f. License number 34.005293		26g. Date Signed (Mo/Day/Year) 8/31/15							
CAUSE OF DEATH	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death TIMOTHY ALAN MACLEAN 324 WILMINGTON AVE, DAYTON, OH 45420													
	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. Toxic Metabolic Encephalopathy Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) Autoimmune Liver Disease Enter Underlying Cause (Disease or injury that initiated events resulting in a death) c. Due to (or as Consequence of) Multisystem organ failure										Approximate Interval Between Onset and Death Days Months			
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Multisystem organ failure										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 checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> Not Applicable	
	30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Probably		31. If 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				33d. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)						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 SUPPLIED WITH THE OHIO DEPARTMENT OF HEALTH.

SP 16 15 01 94 73

Ray E. Spangler
REGISTRAR