

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

APR 08 2016

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

APR 08 2016

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.

[Signature]
Deputy Aud. Date

4/8/16

Affidavit of Survivorship

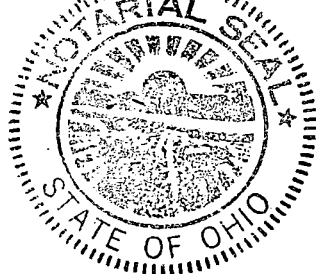
State of Ohio, County of Montgomery, ss:

RONALD E. CARPENTER ("Affiant"), being first duly sworn, deposes and says:

1. Affiant is the surviving spouse of CARLA E. CARPENTER ("Decedent"), who died on January 10, 2016, a resident of Mercer County, Ohio.
2. Affiant resides at 5581 Johnston Road, Celina, Ohio 45822-9003.
3. The real property ("The Property") described on Exhibit 1, which is attached to and incorporated by reference into this Affidavit, was conveyed to Affiant and Decedent for their joint lives, remainder to the survivor of them, in a Warranty Deed ("The Deed") that was duly executed pursuant to Chapter 5301 of the Ohio Revised Code on April 8, 2015.
4. Decedent's interest in The Property vested in Affiant upon Decedent's death because The Deed created a survivorship tenancy in the grantees, Affiant and Decedent. Therefore, Affiant is now the sole owner of and vested with the entire fee simple title to The Property.
5. A certified copy of Decedent's Certificate of Death is attached to and incorporated by reference in this Affidavit.
6. This Affidavit is given to record the transfer to Affiant of Decedent's interest in The Property pursuant to Section 5302.17 and Section 5302.20 of the Ohio Revised Code.

Ronald E. Carpenter
RONALD E. CARPENTER

Sworn to before me and subscribed in my presence by RONALD E. CARPENTER on this 18 day of March, 2016.



Amy Cary
Notary Public

AMY CARY, Notary Public
In and for the State of Ohio
My Commission Expires Nov. 9, 2018

This Affidavit was prepared by Nancy A. Roberson, Attorney at Law, 1225 East David Road, Kettering, Ohio 45429-5701 at Affiant's request without examination or legal opinion of title. Telephone 937.643.2000. Attorney Registration: 0012410.

Exhibit 1

Parcel identity: 02-000300.0400.

Map identity: 08-13-400-022.

Property location: 5581 Johnston Road, Celina, Ohio 45822-9003.

Mailing address: 5581 Johnston Road, Celina, Ohio 45822-9003.

Prior instrument reference: Warranty Deed at Instrument 201500001604, Mercer County, Ohio, Deed Records.

Legal description: Situated in Butler Township, Mercer County, Ohio, and being Lot FOUR (4) of the Water's Edge Addition Phase One, as shown on the recorded plat thereof, as recorded in Cabinet 1, Pages 313-314, Mercer County, Ohio, Plat Records.

Reg. Dist. No. 54

Ohio Department of Health

Primary Reg. Dist. No. 5400

VITAL STATISTICS

Registrar's No. 2016000008

CERTIFICATE OF DEATH

State File No. 2016002681

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)						2. Sex		3. Date of Death (Mo/Day/Year)			
CARLA E CARPENTER						FEMALE		JANUARY 10, 2016			
5a. Age (Years)		5b. Under 1 Year		5c. Under 1 day		6. Date of Birth (Mo/Day/Year)		7. Birthplace (City and State or Foreign Country)			
66		Months		Days		NOVEMBER 05, 1949		CELINA, OHIO			
8a. Residence State			8b. County			8c. City or Town					
OHIO			MERCER			CELINA					
8d. Street and Number						8e. Apt. No.		8f. Zipcode		8g. Inside City Limits?	
5581 JOHNSTON RD								45822		NO	
9. Ever in US Armed Forces?		10. Marital Status at Time of Death				11. Surviving Spouse's Name (If wife, give name prior to first marriage)					
NO		MARRIED				RONALD E CARPENTER					
12. Decedent's Education				13. Decedent of Hispanic Origin		14. Decedent's Race					
HIGH SCHOOL GRADUATE OR GED				NO		WHITE					
15. Father's Name						16. Mother's Name (prior to first marriage)					
CARL GERLACH						ARLENE BADER					
17a. Informant's Name						17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)			
RONALD E CARPENTER						HUSBAND		5581 JOHNSTON RD			
18a. Place of Death						18c. City or Town, State and Zip Code					
DECEDENT'S HOME						CELINA, OHIO 45822					
18b. Facility Name (If not institution, give street & number)						18d. County of Death					
5581 JOHNSTON RD						MERCER					
19. Signature of Funeral Service Licensee or Other Agent				20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility					
<i>Kristi Timmerman</i>				008625		CISCO FUNERAL HOME					
22a. Method of Disposition				22b. Date of Disposition (Mo/Day/Year)							
BURIAL				JANUARY 14, 2016							
22c. Place of Disposition (Name of Cemetery, Crematory, or other place)				22d. Location (City/Town and State)		6921 SR 703					
ELM GROVE CEMETERY				ST MARYS, OH		CELINA, OH 45822					
23. Registrar's Signature				24. Date Filed (Mo/Day/Year)							
<i>Kristi Timmerman</i>				January 15, 2016							
25a. Name of Person Issuing Disposition Permit				25b. District No.		25c. Date Disposition Permit Issued (Mo/Day/Year)					
TIMMERMAN, KRISTI				5400		January 11, 2016					
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				26c. Date Pronounced Dead (Mo/Day/Year)		26d. Was the Medical Examiner or Coroner Contacted?					
7:30 AM				January 10, 2016		NO					
26e. Signature and Title of Certifier				26f. License number		26g. Date Signed (Mo/Day/Year)					
<i>Kristi Timmerman</i>				35.050734		1-11-16					
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death											
JOHN MICHAEL THUNEY, 4441 FAR HILLS AVE, KETTERING, OH 45429											
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)		a. CEREBRAL VASCULAR ACCIDENT						5 years			
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) DIABETES MELLITUS TYPE TWO						10 years			
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.											
endometrial CARCINOMA											
30. Did Tobacco Use Contribute to Death?				31. If Female, Pregnancy Status				32. Manner of Death			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably				<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				<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)							
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.

JA 15 16 521322

Kristi Timmerman
KRISTI TIMMERMAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL