

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

MAY 05 2016

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

MAY 05 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.

48 5/5/2016  
Deputy Aud. Date

## Joint and Survivorship Affidavit

Robert C. Sutter of 1455 North 200 East, Portland, Jay County, Indiana 47371, 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 Jeanette M. Sutter, aka Jeannette M. Sutter, who died a resident of Portland, Jay County, Indiana on April 8, 2016. A certified copy of her death certificate is attached hereto.
3. Jeannette M. Sutter and I held fee simple title, with rights of survivorship, to the following described real estate by virtue of a Survivorship Deed dated December 28, 2011, filed for record on January 9, 2012 at 3:48 p.m., and recorded in Instrument #201200000149, Mercer County Recorder's Office:

TRACT I: Situated in the County of Mercer, in the State of Ohio, and in the Village of Ft. Recovery, and bounded and described as follows:

Commencing at the Northwest corner of Lot Number Three (3) Old Plat, thence East on and along the north line of said lot, Ninety-four (94) feet to a point; thence South Twenty-two (22) feet and Eight (8) inches to a point; thence West Ninety-four (94) feet to the West line of said Lot #3; thence North Twenty-two (22) feet Eight (8) inches to the place of beginning, Gibson Township side of the Village of Ft. Recovery.

TRACT II: Situated in the Township of Gibson, County of Mercer, State of Ohio, to-wit:

Being part of Inlot #3 in the Village of Ft. Recovery, Ohio and more particularly described as follows: Commencing at a point 22  $\frac{2}{3}$  feet South of the Northwest corner of Inlot #3 of the incorporated Village of Ft. Recovery, Mercer County, Ohio, Old Plat, Gibson Township side; thence East 10 rods to a point 22  $\frac{2}{3}$  feet South of the Northeast corner of aforesaid lot, thence South 18  $\frac{7}{12}$  feet; thence West 10 rods to Wayne Street, thence North 18  $\frac{7}{12}$  feet to the place of beginning.

SAVE AND EXCEPT: The East 71 feet as transferred by the decedent, et al to Lowell E. Zimmerman and Wilma A. Zimmerman as recorded in the Mercer County Recorder's Office, Volume 284, Page 231, dated approximately May, 1972

Deed Reference: Instrument #201200000149, Mercer County Recorder's Office.

Tax ID #17-011200.0000

Tax Map #13-09-376-001

4. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, for the purpose of establishing that Robert C. Sutter is the sole record owner of, and vested with the

entire fee simple interest in and to, the above-described real estate. The Mercer County Auditor and Mercer County Treasurer are directed to have their records reflect that Robert C. Sutter is the sole owner of the above-described real estate.

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

6. 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.

7. Further affiant sayeth not.

Robert C Sutter  
Robert C. Sutter

STATE OF OHIO, COUNTY OF MERCER, SS:

BE IT REMEMBERED, that on this 5th day of May, 2016, before me, the subscriber, a notary public in and for said State, personally appeared **Robert C. Sutter**, the Affiant in the foregoing Joint and Survivorship Affidavit, and acknowledged the signing thereof to be his 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.



Judy A. Koesters  
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.

## CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH																	
Local No. 000040			EDR No. 000000505778			State No.											
1. Decedent's Legal Name (First, Middle, Last) JEANNETTE MARIE SUTTER			1a. Maiden Name (If female) PIERRE		2. Sex FEMALE		3. Time Of Death 08:35 PM		4. Date Of Death (Month/Day/Year) 04/08/2016								
5a. Age - Yrs 55		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours		5e. Under 1 Hour Minutes		7. Date Of Birth (Month/Day/Year) 03/17/1961							
8. Birthplace (City and State or Foreign Country) JACKSONVILLE, FL																	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																	
10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival																	
10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)																	
11. Facility Name (If Not Institution, Give Street and Number) 1455 NORTH CR 200 WEST																	
12. City Or Town, State, And Zip Code PORTLAND, IN 47371						13. County Of Death JAY			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown								
15. Surviving Spouse's Name BOB SUTTER				15a. (If Wfio) Give Maiden Last Name				16. Decedent's Usual Occupation MANAGEMENT		17. Kind Of Business/Industry FARM/EQUIPMENT							
18. Residence - State INDIANA			18a. County JAY			18b. City Or Town PORTLAND			18d. Apt. No.		18e. Zip Code 47371						
18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White									
22. Father's Name (First, Middle, Last) DAVID PIERRE				23. Mother's Name (First, Middle, Last) PATRICIA PIERRE				23a. Mother's Maiden Last Name GARRISON									
24. Informant's Name BOB SUTTER				24a. Relationship To Decedent HUSBAND				24b. Mailing Address (Street And Number, City, State, Zip Code) 1455 NORTH CR 200 WEST, PORTLAND, IN 47371									
25. Place Of Disposition 25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): MOUNT ZION CEMETERY																	
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) PORTLAND, IN																	
25c. Location - City, Town, And State																	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility WILLIAMSON, SPENCER & PENROD FUNERAL HOME-PORTLAND, 208 N.COMMERCE ST, PORTLAND, IN 47371				27a. Funeral Home License Number: FH11400026									
27b. Signature Of Indiana Funeral Service Licensee: TODD ALAN PENROD, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01023411											
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. MALIGNANT MELANOMA OF SKIN WITH METASTASIS TO LIVER AND LUNG Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Approximate Interval: Onset To Death: 1 YEAR																	
Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I:																	
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <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				33. 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									
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number				38c. Apt. No.					
38d. Zip Code				39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)									
41. Signature, Of Person Certifying Cause Of Death: EDWARD E. HOSBACH II, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: EDWARD E. HOSBACH II, 1237 W SR 67, PORTLAND, IN 47371						44. License Number 02002043A						45. Date Certified 04/14/2016					
46. Additional Funeral Service Provider: HOGENKAMP AND SONS						47. Akas:											
48. Signature of Local Health Officer: JERRY WARREN WHETZEL, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 15 2016											
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																	
APR 15 2016																	
State Form 53395 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume responsibility. Disclosure is voluntary and there will be no penalty for refusal.																	
JAYCO HEALTH OFFICER																	

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA