

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.

RS 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 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 2/3 feet South of the Northeast corner of aforesaid lot, thence South 18 7/12 feet; thence West 10 rods to Wayne Street, thence North 18 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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000040

EDR No 00000505778

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

6a. Age - Yrs 55; 6b. Under 1 Year; 6c. Under 1 Month; 6d. Under 1 Day; 6e. Under 1 Hour; 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? No; 10. If Death Occurred In A Hospital: Inpatient; 10a. If Death Occurred Somewhere Other Than A Hospital: Decedent's Home

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: Married

15. Surviving Spouse's Name: BOB SUTTER; 15a. (If WfW) 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; 18c. Street And Number: 1455 NORTH CR 200 WEST; 18d. Apt. No.; 18e. Zip Code: 47371; 18f. Inside City Limits? 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: Burial; 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): MOUNT ZION CEMETERY; 25c. Location: City, Town, And State: PORTLAND, IN

26. Was Coroner Contacted? 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; 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? No; 30. Were Autopsy Finding Available To Complete The Cause Of Death? No

31. Did Tobacco Use Contribute To Death? No; 32. If Female: Not Pregnant Within Past Year; 33. Manner Of Death: Natural

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? 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: Driver/Operator

41. Signature, Of Person Certifying Cause Of Death: EDWARD E. HOSBACH II, BY ELECTRONIC SIGNATURE; 42. Certifier (Check Only One): Certifying Physician; 44. License Number: 02002043A; 45. Date Certified: 04/14/2016

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: EDWARD E. HOSBACH II, 1237 W SR 67, PORTLAND, IN 47371; 47. Akas

46. Additional Funeral Service Provider: HOGENKAMP AND SONS; 48. Signature of Local Health Officer: JERRY WARREN WHETZEL, VIA ELECTRONIC SIGNATURE; 49. For Registrar Only - Date Filed (Month/Day/Year): APR 15 2016

CERTIFIED COPY ISSUED APR 15 2016 JAY CO HEALTH OFFICER

State Form 53395 - ATTENTION ESTATE: The Social Security # is being requested by this state agency for identification purposes. Disclosure is voluntary and there will be no penalty for refusal.