

MEMORANDUM/AFFIDAVIT OF TRUST
(O.R.C. 5301.255)

STATE OF OHIO
COUNTY OF AUGLAIZE, ss:

Now come **KATHLEEN ANN SCOTT**, as Successor Trustee of that certain trust known as the **"YOUNG FAMILY LIVING TRUST"**, a Revocable Living Trust, dated October 29, 2001, being first duly sworn, depose and state as follows:

1. (a) That Max M. Young and Virginia B. Young were the Donors of the above trust. Max M. Young is deceased. A Memorandum/Affidavit of Trust of Surviving Co-Trustee was recorded on July 2, 2013 at Instrument #201300004043, Mercer County Recorder's Office.
~~(b) VIRGINIA B. YOUNG is deceased.~~ She died on April 10, 2016. A copy of her death certificate is attached hereto as Exhibit "A."
(c) There is no record of any probate proceedings and the estates were not subject to Ohio Estate Tax by virtue of the marriage deduction and personal exemption.
2. The current name and address of the Successor Trustee of said trust is:

Kathleen Ann Scott
5269 Tavistock Drive
Toledo, OH 43623

A copy of the trust provision designating the Affiant as the Successor Trustee is attached hereto as Exhibit "B".

3. The present location of the trust instrument is:

Kathleen Ann Scott
5269 Tavistock Drive
Toledo, OH 43623

4. The trust was executed on:

October 29, 2001

5. The powers of the Trustee specified in this trust regarding any real estate which has been transferred to the Trustee are described in the attached Exhibit "C":

6. The restrictions upon the above described powers are as follows:

None.

7. The Trust has not been revoked or amended since the date it was created.

8. The person who transferred real property to the trust is:

The Donors as named in paragraph 1 above.

9. The real property transferred to the trust by a Quit Claim Deed recorded at Volume 132, Page 1327 of the Official Records of Mercer County, Ohio as described in the attached Exhibit "D".

Further Affiant Sayeth Not.

X Kathleen Ann Scott, Successor Trustee
Kathleen Ann Scott, Successor Trustee

Sworn to before me a Notary Public of the State of Ohio by Kathleen Ann Scott, Successor Trustee, this 27 day of May, 2016.

Victoria S. Hitchen
Notary Public

Revised: May, 1996
Am.Sub.S.B.158



VICTORIA S. HITCHEN
Notary Public, State of Ohio
My Comm. Expires 2-15-20

Prepared by:
NOBLE, MONTAGUE & MOUL, LLC
Attorneys at Law
146 East Spring Street
St. Marys, Ohio 45885
F:\Trusts\Affidav\Young Family Trust (Max & Virginia).wpd

Reg. Dist. No. 54

Ohio Department of Health

EXHIBIT "A"

Primary Reg. Dist. No. 5401

VITAL STATISTICS

State File No. 2016034129

Registrar's No. 2016000079

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) VIRGINIA B YOUNG						2. Sex FEMALE		3. Date of Death (Mo/Day/Year) APRIL 10, 2016							
4. Social Security Number [REDACTED]		5a. Age (Years) 93		5b. Under 1 Year Months		5c. Under 1 day Hours		5d. Under 1 day Minutes		6. Date of Birth (Mo/Day/Year) DECEMBER 11, 1922		7. Birthplace (City and State or Foreign Country) CELINA, OHIO			
8a. Residence State OHIO				8b. County MERCER				8c. City or Town CELINA							
8d. Street and Number 1128 SHIMP DRIVE						8e. Apt. No.		8f. Zipcode 45822		8g. Inside City Limits? YES					
9. Ever in US Armed Forces? NO		10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)						11. Surviving Spouse's Name (If wife, give name prior to first marriage)							
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED						13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE							
15. Father's Name JOHN WILLIAM SHEETS						16. Mother's Name (prior to first marriage) HELEN MARIE GRAY									
17a. Informant's Name KATHLEEN SCOTT						17b. Relationship to Decedent STEP-DAUGHTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 5269 TAVISTOCK DRIVE TOLEDO, OHIO 43623							
18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY						18b. Facility Name (If not institution, give street & number) CELINA MANOR						18c. City or Town, State and Zip Code CELINA, OH 45822		18d. County of Death MERCER	
19. Signature of Funeral Service Licensee or Other Agent <i>Mary Dick Hellwarth</i>						20. License Number (of licensee) 009115		21. Name and Complete Address of Funeral Facility W H DICK & SONS-HELLWARTH FH							
22a. Method of Disposition BURIAL						22b. Date of Disposition (Mo/Day/Year) APRIL 14, 2016		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) NORTH GROVE CEMETERY				22d. Location (City/Town and State) CELINA, OH		22e. Date of Disposition (Mo/Day/Year) APRIL 14, 2016	
23. Registrar's Signature <i>Kristi Timmerman</i>						24. Date Filed (Mo/Day/Year) April 14, 2016		25a. Name of Person Issuing Disposition Permit TIMMERMAN, KRISTI				25b. District No. 5400		25c. Date Disposition Permit Issued (Mo/Day/Year) APRIL 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 11:10 AM						26c. Date Pronounced Dead (Mo/Day/Year) April 10, 2016		26d. Was the Medical Examiner or Coroner Contacted? NO	
26e. Signature and Title of Certifier <i>Christa A. Masser</i>						26f. License number 35.049039		26g. Date Signed (Mo/Day/Year) April 12, 2016							
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death PHILIP RAY MASSER, 801 PRO DRIVE, CELINA, OH 45822															
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. Acute Myocardial Infarction										Approximate Interval Between Onset and Death Instant			
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) Arteriosclerotic Heart Disease										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. Hypertension, Alzheimers Dementia															
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input 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. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Not Applicable	
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 A TRUE
COPY OF THE ORIGINAL
THE ORIGINAL IS WITH
THE OHIO DEPARTMENT OF HEALTH.

AP 14 16 521662

KRISTI TIMMERMAN
OFFICE OF THE REGISTRAR
WITHDRAWN SEAL

EXHIBIT "B"
DECLARATION OF TRUST

This declaration of trust is made by MAX M. YOUNG and VIRGINIA B. YOUNG as of October 29, 2001. This trust shall be governed by the laws of the State of Ohio.

*** ARTICLE ONE ***
NAME OF TRUST AND APPOINTMENTS

A. NAME OF TRUST:

This trust shall be known as the **YOUNG FAMILY LIVING TRUST**
DATED OCTOBER 29, 2001.

B. PRIMARY TRUSTEES:

We hereby designate ourselves as the primary trustees of this trust. Either or both of us may exercise dominion and control over any and all of the trust assets, except as to amendment or revocation of this trust, which shall be pursuant to the provisions of Article Three. Upon the death of one of us, the survivor shall continue to act as the primary trustee of this trust with full power and authority to deal with any and all of the assets of this trust in any manner that said survivor sees fit, except as otherwise provided in Article Two and/or Article Three of this trust. During the existence of this trust, each grantor shall have the right to partition, enabling each grantor to restrict, transfer, or withdraw one-half of the assets in this trust.

C. SUCCESSOR TRUSTEE:

We designate KATHLEEN ANN SCOTT as the successor trustee of this trust. Our successor trustee is to assume the duties as trustee hereunder upon the resignation of both of us or the survivor of us, the death of the survivor of us, the disappearance of both of us or the survivor of us, or if both of us or the survivor of us is certified in writing to be incompetent as provided under Article Five of this Declaration of Trust. Except as otherwise specified within the provisions of this Declaration of Trust, in the event of the incompetency or resignation of both of us or the survivor of us, our successor trustee is to use the income and assets of this trust exclusively for the health, education, support, and maintenance of both of us or the survivor of us.

D. ALTERNATE SUCCESSOR TRUSTEE:

If KATHLEEN ANN SCOTT is unable or unwilling to act as successor trustee, we appoint JANET SPRINGER as successor trustee to serve with all rights and responsibilities given to the original successor trustee.

EXHIBIT "C"

*** ARTICLE FOUR ***
TRUSTEE(S)' POWERS

A. MANAGEMENT OF TRUST PROPERTY:

With respect to property governed by any trust created under this agreement, except as otherwise specifically provided in this trust, the trustee(s) shall have all the rights, powers and authority to deal with and manage the assets of this trust that an individual owner would have if there was no trust and the trustee(s) were acting as legally competent individual(s) dealing with their own property. This includes, but is by no means limited to the right to borrow against or pledge any of the trust assets, including the right to mortgage real estate and margin stocks or other securities owned by the trustee(s) of the trust. This includes all powers now or hereafter conferred upon trustee(s) by applicable state law, and also those powers appropriate to the orderly and effective administration of the trust. Any expenditure involved in the exercise of the trustee(s)' powers shall be borne by the trust.

Trustee(s)' powers shall include, but shall not be limited to, the following powers:

1. To sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert or allot the trust property, including real and personal property, and to sell upon deferred payments; to lease for terms within or extending beyond the duration of the trust for any purpose; to enter into covenants and agreements relating to the property so leased or any improvements which may be erected on such property.
2. To abandon or retain underproductive or nonproductive assets, and to invest and reinvest the trust funds in such property as the trustee(s), in the exercise of reasonable business judgment, may deem advisable, including stock of the trustee(s) and investments in any common trust fund now or hereafter established by trustee(s), except in regard to marital deduction property, in which case the surviving spouse shall have the power to direct the trustee(s) to make the property income producing.
3. To deal with itself or affiliates, to borrow money for any purpose; to place, replace, renew or extend any encumbrance upon any trust property by mortgage, deed of trust, pledge or otherwise, regardless of the purpose of any such action.
4. To establish lines of credit and to guarantee any and all loans made to the grantor(s) regardless of the purpose of the loan.
5. To participate in voting trusts, pooling agreements, foreclosures, reorganizations, consolidations, mergers and liquidations and, in connection therewith, to deposit securities with and transfer title and all rights and responsibilities to any protective or other committee as the trustee(s) may deem advisable.

EXHIBIT "D"

Instrument Book Page
200100007858 OR 132 1327

200100007858
Filed for Record in
MERCER COUNTY, OHIO
TAMARA K BARGER
11-05-2001 01:40 pm.
QUIT C DEED 14.00
OR Book 132 Page 1327 - 1327

Exemption paragraph, conveyance Fee ET
The Grantor and Grantee of this deed have
complied with the provisions of R. C. Sec.
319, 202 Mark Giesige Mercer
County Auditor.

KP 11-5-01
Deputy Aud. Date

QUIT CLAIM DEED

200100007858
LSN, INC
DEED DEPT
4141 SOUTH EAST STREET
INDIANAPOLIS, IN 46227

MAX M. YOUNG and VIRGINIA B. YOUNG, husband and wife, for valuable consideration paid, grant to MAX M. YOUNG and VIRGINIA B. YOUNG, as co-trustees, or their successors, of the YOUNG FAMILY LIVING TRUST DATED OCTOBER 29, 2001, whose tax-mailing address is 1128 Shimp Drive, Celina, Ohio 45822, the following REAL PROPERTY: Situated in the State of Ohio, County of Mercer and in the City of Celina.

Being Ninety-six (96) feet of uniform width out of Lot Number Four (4) Shimp's Subdivision to the City of Celina, Ohio and more particularly described as follows, to wit:

Beginning Five (5) feet North of the Southwest corner of Lot Number Four(4); thence North on the Lot Line Ninety-six (96) feet to a point; thence East parallel with the Lot Line One Hundred Forty (140) feet to a point on the East Lot Line; thence South on the East Lot Line Ninety-six (96) feet to a point, Five (5) feet North of the Southeast corner of said Lot; thence West to the point of beginning.

COMMONLY KNOWN AS: 1128 Shimp Drive, Celina, Ohio 45822
Tax district number and parcel number: 27-452200-0000
Street address of Property: 1128 Shimp Drive, Celina, Ohio 45822
Prior Instrument Reference: Vol. 212 Page 37 of the Deed Records of Mercer County, Ohio.

Signed this 29th day of October, 2001.

Signed and acknowledged
in the presence of:

Suzanne Shuman Rister
Witness:
Lorna S. Maves
Witness:

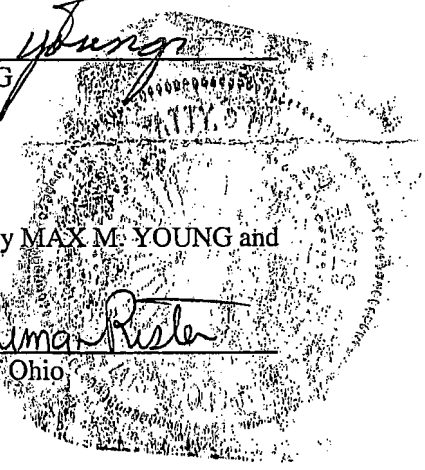
Max M. Young
MAX M. YOUNG
Virginia B. Young
VIRGINIA B. YOUNG

STATE OF OHIO
COUNTY OF MERCER

The foregoing instrument was acknowledged before me this 29th day of October, 2001, by MAX M. YOUNG and VIRGINIA B. YOUNG, the Grantors

SUZANNE SHUMAN RISTER, ATTY
NOTARY PUBLIC • STATE OF OHIO
My Commission Has No Expiration Date
Section 147.03 O.R.C.

Suzanne Shuman Rister
Notary Public, State of Ohio
My Commission



Auditor's and Recorder's Stamps

This instrument was prepared by Suzanne Shuman Rister, Attorney-at-Law, P.O. Box 100, Antwerp, Ohio 45815
AFTER RECORDING, please return to LSN, Inc., Deed Dept., 4141 South East Street, Indianapolis, IN 46227
FOR SUFFICIENT TAX MAPPING PURPOSES

TRANSFERRED

NOV 05 2001

TAX MAP #: 6-31-180-011

NOV 05 2001
MERCER COUNTY
TAX MAP DEPARTMENT

MARK GIESIGE
COUNTY AUDITOR
MERCER COUNTY, OHIO