

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

JUN 13 2016

MERCER COUNTY  
TAX MAP DEPARTMENT

TRANSFERRED

JUN 13 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.

KP 6-13-16  
Deputy Aud. Date

AFFIDAVIT FOR TRANSFER OF REAL ESTATE  
HELD IN TENANCY BY THE ENTIRETIES OR JOINT AND SURVIVORSHIP  
O.R.C. 319.54 & 5302.17

STATE OF OHIO  
AUGLAIZE COUNTY, SS:

JOYCE DUNN, joint tenant and surviving spouse of RICHARD DUNN,  
deceased, being first duly sworn according to law, states as follows:

That she and said decedent acquired certain real estate,  
hereinafter described, on July 8, 2005, by a Survivorship Deed which  
was recorded on July 13, 2005, in Mercer County, Ohio Deed Records  
Volume 201, Page 1385, Instrument #200500004248.

Affiant further says that RICHARD DUNN died on 11-13-2014,  
2014 as is shown by the certified copy of his death certificate which  
is attached hereto, and that upon his death, the entire interest in  
the below described real estate passed by right of survivorship to  
affiant, JOYCE DUNN.

Said real estate is described as follows:

Situate in the Township of Franklin, County of Mercer, and  
State of Ohio, to-wit:

Being Lot No. Eight (8) in Davis Addition, as it appears in  
Plat Book 5, Page 28, Mercer County Record of Plats.

Prior deed: Volume 201, Page 1385  
Premises address: 5295 Karafit Rd., Celina, OH 45822  
Tax parcel: 09-034100.0000 Map: 09-20-283-010

X Joyce Dunn  
JOYCE DUNN  
Affiant

The foregoing affidavit was sworn to before me and subscribed to  
in my presence by JOYCE DUNN, Affiant, this 9th day of JUNE,  
2016

IN TESTIMONY WHEREOF, I have hereunto set my hand and notarial  
seal the date aforesaid.

X Judy Hemmelgarn  
NOTARY PUBLIC

Prepared by:  
KENNETH E. HITCHEN  
Attorney at Law  
510 West South St.  
St. Marys, Ohio 45885  
Ph: 419-394-7431  
Fax: 419-394-7432



Judy Hemmelgarn  
Notary Public • State of Ohio  
Auglaize County  
My Commission Expires:  
August 10, 2020

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORDDEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

NOV 19 2014

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-14-157172

1. LEGAL NAME OF DECEASED (include AKAs, if any) (First, Middle, Last)				2. DATE OF DEATH (ACTUAL OR PRESUMED) (mm-dd-yyyy)	
RICHARD DUNN				NOVEMBER 13, 2014	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
MALE	JUNE 6, 1942	72	ATHENS, OH		
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		JOYCE A. SURBER		
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
1525 TULL DR.				KATY	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
HARRIS	TEXAS	77449	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
GEORGE DUNN		PHYLLIS DELONG			
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA					
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
HARRIS		KATY, 77449		OAKMONT NURSING HOME	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
ROBERT C. DUNN - SON			22531 HEATHER WAY CT., KATY, TX 77449		
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			RILEY L. SMITH, BY ELECTRONIC SIGNATURE - 11360		
21. Section			21. <input checked="" type="checkbox"/> Unknown		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
MEMORIAL CREMATORY			HOUSTON, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
CLAIRE BROTHERS FUNERAL HOME			7901 HILLCROFT, HOUSTON, TX 77081		
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated					
<input type="checkbox"/> Medical Examiner/Justice of the Peace - 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					
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
MARK L BING, BY ELECTRONIC SIGNATURE			NOVEMBER 18, 2014	F7346	04:45 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
MARK L BING 21700 KINGSLAND STE 201, KATY, TX 77450			MD		
33. PART 1. 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 EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. ALZHEIMERS DISEASE					
Due to (or as a consequence of):					
b.					
Due to (or as a consequence of):					
c.					
Due to (or as a consequence of):					
d.					
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.					
UNKNOWN					
34. WAS AN AUTOPSY PERFORMED?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		<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 one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR			
0219273	NOVEMBER 19, 2014	REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED			

EDR NUMBER 00001604328

VS-112 REV 1/2008

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED NOV 21 2014

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris  
STATE REGISTRAR

LHA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE