

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

**TRANSFERRED**

JUN 13 2016

JUN 13 2016

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.

MERCER COUNTY  
TAX MAP DEPARTMENT

RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

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,  
20/4 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 16, 2020

STATE OF TEXAS CERTIFICATION OF VITAL RECORD

DEPARTMENT 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

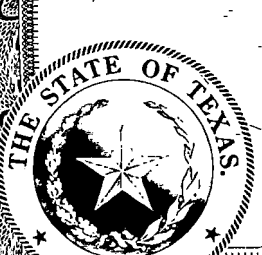
Form containing fields for: 1. LEGAL NAME OF DECEASED (RICHARD DUNN), 2. DATE OF DEATH (NOVEMBER 13, 2014), 3. SEX (MALE), 4. DATE OF BIRTH (JUNE 6, 1942), 5. AGE (72), 6. BIRTHPLACE (ATHENS, OH), 7. SOCIAL SECURITY NUMBER, 8. MARITAL STATUS (Married), 9. SURVIVING SPOUSE'S NAME (JOYCE A. SURBER), 10. RESIDENCE STREET ADDRESS (1525 TULL DR.), 10a. COUNTY (HARRIS), 10b. STATE (TEXAS), 10c. ZIP CODE (77449), 10d. INSIDE CITY LIMITS? (Yes), 11. FATHER'S NAME (GEORGE DUNN), 12. MOTHER'S NAME (PHYLLIS DELONG), 13. PLACE OF DEATH (OAKMONT NURSING HOME), 14. COUNTY OF DEATH (HARRIS), 15. CITY/TOWN, ZIP (KATY, 77449), 16. FACILITY NAME (OAKMONT NURSING HOME), 17. INFORMANT'S NAME & RELATIONSHIP (ROBERT C. DUNN - SON), 18. MAILING ADDRESS (22531 HEATHER WAY CT., KATY, TX 77449), 19. METHOD OF DISPOSITION (Cremation), 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR (RILEY L. SMITH, BY ELECTRONIC SIGNATURE - 11360), 21. SIGNATURE AND LICENSE NUMBER OF PERSON ACTING AS SUCH (Unknown), 22. PLACE OF DISPOSITION (MEMORIAL CREMATORY), 23. LOCATION (HOUSTON, TX), 24. NAME OF FUNERAL FACILITY (CLAIRE BROTHERS FUNERAL HOME), 25. COMPLETE ADDRESS OF FUNERAL FACILITY (7901 HILLCROFT, HOUSTON, TX 77081), 26. CERTIFIER (MARK L BING), 27. SIGNATURE OF CERTIFIER (BY ELECTRONIC SIGNATURE), 28. DATE CERTIFIED (NOVEMBER 18, 2014), 29. LICENSE NUMBER (F7346), 30. TIME OF DEATH (04:45 PM), 31. PRINTED NAME, ADDRESS OF CERTIFIER (MARK L BING, 21700 KINGSLAND STE 201, KATY, TX 77450), 32. TITLE OF CERTIFIER (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. CAUSE OF DEATH: a. ALZHEIMERS DISEASE, Due to (or as a consequence of): b. c. d. 34. WAS AN AUTOPSY PERFORMED? (No), 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? (No), 36. MANNER OF DEATH (Natural), 37. DID TOBACCO USE CONTRIBUTE TO DEATH? (No), 38. IF FEMALE: (Not pregnant within past year), 39. IF TRANSPORTATION INJURY, SPECIFY: (None), 40a. DATE OF INJURY, 40b. TIME OF INJURY, 40c. INJURY AT WORK?, 40d. PLACE OF INJURY, 40e. LOCATION, 40f. COUNTY OF INJURY, 41. DESCRIBE HOW INJURY OCCURRED, 42a. REGISTRAR FILE NO (0219273), 42b. DATE RECEIVED BY LOCAL REGISTRAR (NOVEMBER 19, 2014), 42c. REGISTRAR (REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED), EDR NUMBER (000001604328)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 195.188B



VS-112 REV 1/2006

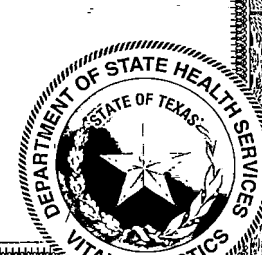


This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED NOV 21 2014

Geraldine R. Harris

GERALDINE R. HARRIS STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE