

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

SEP 28 2016

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

SEP 28 2016

RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

Exemption paragraph, conveyance Fee LEN  
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  
Deputy Aud. Date

9-28-16

**AFFIDAVIT IN AID OF TITLE**  
**CONVEYING REAL ESTATE OWNERSHIP TO SPOUSE UNDER SURVIVORSHIP**

State of Ohio                                 )  
                                                      )ss:  
County of Putnam                            )

Dolores A. Schroeder (the "Affiant"), being first duly sworn, according to law, deposes and says that she has personal knowledge of the facts set forth in this Affidavit in Aid of Title Conveying Real Estate Ownership to Spouse Under Survivorship.

The Affiant is the wife of Alvin F. Schroeder (the "Decedent"), who died a resident of Putnam County, Ohio on April 18, 2016.

The Death Certificate of the Decedent is attached hereto as an exhibit and is fully incorporated herein as if fully rewritten herein.

The purpose of this Affidavit is to identify for the record the extinguishment of the interest of Alvin F. Schroeder in the below-identified property so that the public record will reflect the full ownership interest of Dolores A. Schroeder in the below-identified property.

The property that is the subject of this Affidavit in Aid of Title Conveying Real Estate Ownership to Spouse Under Survivorship is described as follows:

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

Being Lots Number Five (5) and Six (6) in the Lake Subdivision of Grand Lake St. Marys, as shown on the recorded plat thereof, Plat Book 7 Page 1, subject to all conditions, restrictions, reservations and easements of record.

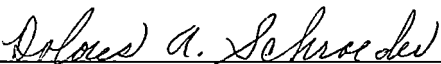
Permanent Parcel Number: 09-023000.0000  
Map Number: 09-20-230-007  
Prior Instrument Reference: Instrument Number 200800002718

The current record Owners of the property prior to recording this Affidavit in Aid of Title Conveying Real Estate Ownership to Spouse Under Survivorship is:

**Alvin F. Schroeder** and **Dolores A. Schroeder**.

The tax mailing address for the property remains 12027 Road R, Columbus Grove, Ohio 45830.

State of Ohio                     )  
                                              )ss:  
County of Putnam                )

  
\_\_\_\_\_  
Dolores A. Schroeder

State of Ohio                     )  
                                              )ss:  
County of Putnam                )

Sworn to before me and subscribed in my presence at Columbus Grove, Ohio on September 27, 2016.



LEE RICHARD SCHROEDER  
Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Section 147.03.R.C.

  
\_\_\_\_\_  
Notary Public – State of Ohio

This Affidavit in Aid of Title Conveying Real Estate Ownership to Spouse Under Survivorship was drafted upon information provided to the preparer. By preparation, the preparer certifies neither title nor accuracy of any property descriptions beyond that which was furnished to the preparer.

This Affidavit in Aid of Title Conveying Real Estate Ownership to Spouse Under Survivorship was prepared by:

Lee R. Schroeder  
Schroeder Law LLC  
100 South High Street, Suite A  
Columbus Grove, Ohio 45830  
Telephone: (419) 659-2058

Reg. Dist. No. 69  
Primary Reg. Dist. No. 6900  
Registrar's No. 6800-2015 000056

Ohio Department of Health  
VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 2016037119

|                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DECEDENT                                                                                                                                                                           | 1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)<br>ALVIN FRANCIS SCHROEDER                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               | 2. Sex<br>MALE                                                                                        | 3. Date of Death (Mo/Day/Year)<br>APRIL 18, 2016                                                                                                                                           |
|                                                                                                                                                                                    | 4. Social Security Number<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                 | 5a. Age (Years)<br>84 | 5b. Under 1 Year<br>Months                                                                                                                                                                                                                                                                                                                                                                | 5c. Under 1 day<br>Hours Minutes                                              | 6. Date of Birth (Mo/Day/Year)<br>NOVEMBER 30, 1931                                       | 7. Birthplace (City and State or Foreign Country)<br>COLUMBUS GROVE, OHIO                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 8a. Residence State<br>OHIO                                                                                                                                                                                                                                                                                                                                                                                                             |                       | 8b. County<br>PUTNAM                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | 8c. City or Town<br>COLUMBUS GROVE                                                        |                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 8d. Street and Number<br>12027 ROAD R                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 8e. Apt. No.                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | 8f. Zipcode<br>45830                                                                      |                                                                                                                                                                                                                                                                               | 8g. Inside City Limits?<br>NO                                                                         |                                                                                                                                                                                            |
| DISPOSITION                                                                                                                                                                        | 9. Ever In US Armed Forces?<br>YES                                                                                                                                                                                                                                                                                                                                                                                                      |                       | 10. Marital Status at Time of Death<br>MARRIED                                                                                                                                                                                                                                                                                                                                            |                                                                               | 11. Surviving Spouse's Name (If wife, give name prior to first marriage)<br>DOLORES NIESE |                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 12. Decedent's Education<br>HIGH SCHOOL GRADUATE OR GED                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 13. Decedent of Hispanic Origin<br>NO                                         |                                                                                           | 14. Decedent's Race<br>WHITE                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 15. Father's Name<br>JOHN SCHROEDER                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 16. Mother's Name (prior to first marriage)<br>CLEMENTINA HANNEMAN            |                                                                                           |                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 17a. Informant's Name<br>DOLORES SCHROEDER                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 17b. Relationship to Decedent<br>WIFE                                         |                                                                                           | 17c. Mailing Address (Street and Number, City, State, Zip Code)<br>12027 ROAD R<br>COLUMBUS GROVE, OHIO 45830                                                                                                                                                                 |                                                                                                       |                                                                                                                                                                                            |
| REGISTRAR                                                                                                                                                                          | 18a. Place of Death<br>DECEDENT'S HOME                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 18b. Facility Name (If not Institution, give street & number)<br>12027 ROAD R |                                                                                           | 18c. City or Town, State and Zip Code<br>COLUMBUS GROVE, OH 45830                                                                                                                                                                                                             |                                                                                                       | 18d. County of Death<br>PUTNAM                                                                                                                                                             |
|                                                                                                                                                                                    | 19. Signature of Funeral Service Licensee or Other Agent<br><i>Abigail Greve</i>                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 20. License Number (of licensee)<br>006190                                    |                                                                                           | 21. Name and Complete Address of Funeral Facility<br>HARTMAN SONS FUNERAL HOME INC<br>10879 ST RT 12 WEST<br>COLUMBUS GROVE, OH 45830                                                                                                                                         |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 22a. Method of Disposition<br>BURIAL                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 22b. Date of Disposition (Mo/Day/Year)<br>APRIL 22, 2016                      |                                                                                           | 22c. Place of Disposition (Name of Cemetery, Crematory, or other place)<br>ST ANTHONY CEMETERY                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 22d. Location (City/Town and State)<br>COLUMBUS GROVE, OH                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 22e. Date Filed (Mo/Day/Year)<br>4-19-16                                      |                                                                                           |                                                                                                                                                                                                                                                                               | 22f. Date Disposition Permit Issued (Mo/Day/Year)<br>4-19-16                                          |                                                                                                                                                                                            |
| CERTIFIER                                                                                                                                                                          | 23. Registrar's Signature<br><i>Abigail Greve</i>                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 23a. Name of Person Issuing Disposition Permit<br>GREVE, ABIGAIL              |                                                                                           | 23b. District No.<br>6900                                                                                                                                                                                                                                                     |                                                                                                       | 23c. Date Disposition Permit Issued (Mo/Day/Year)<br>4-19-16                                                                                                                               |
|                                                                                                                                                                                    | 24a. Certifier (Check only one)<br><input checked="" type="checkbox"/> Certifying Physician<br>To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.<br><input type="checkbox"/> Coroner or Medical Examiner<br>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. |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 24b. Time of Death<br>10:28 am                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 24c. Date Pronounced Dead (Mo/Day/Year)<br>April 18, 2016                     |                                                                                           | 24d. Was the Medical Examiner or Coroner Contacted?<br>NO                                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 24e. Signature and Title of Certifier<br><i>[Signature]</i> MD                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                           | 24f. License number<br>35.083162                                              |                                                                                           | 24g. Date Signed (Mo/Day/Year)<br>04/19/2016                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                            |
| CAUSE OF DEATH                                                                                                                                                                     | 25. Name (First, Middle, Last) and Address of Person who Completed Cause of Death<br>LANCE PATRICK CRIBLEZ, 5560 ST RT 12, PANDORA, OH 45877                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                            |
|                                                                                                                                                                                    | 26. 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.                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               |                                                                                                       | Approximate Interval Between Onset and Death                                                                                                                                               |
|                                                                                                                                                                                    | Immediate Cause (Final disease or condition resulting in death)<br>a. Cerebrovascular Accident                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               |                                                                                                       | 2 weeks                                                                                                                                                                                    |
|                                                                                                                                                                                    | Sequentially list conditions, if any, leading to immediate cause.<br>b. Due to (or as Consequence of)<br>c. Due to (or as Consequence of)<br>Enter Underlying Cause (Disease or Injury that initiated events resulting in a death)<br>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.<br>Quadruplegia                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               | 27a. Was An Autopsy Performed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 27b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Applicable |
| 28. Did Tobacco Use Contribute to Death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | 29. If Female, Pregnancy Status<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |                                                                               |                                                                                           | 30. Manner of Death<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined |                                                                                                       |                                                                                                                                                                                            |
| 31a. Date of Injury (Mo/Day/Year)                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31b. Time of Injury   | 31c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               | 31d. Injury at Work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      |                                                                                                                                                                                            |
| 32. Location of Injury (Street and Number or Rural Route Number, City or Town, State)                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           |                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                            |
| 33. Describe How Injury Occurred:                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                           | 33g. If Transportation Injury, Specify:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger<br><input type="checkbox"/> Other:                                                                                 |                                                                                                       |                                                                                                                                                                                            |

HEA 2724 Rev: 07/15

Abigail Greve, Local Registrar

APR 19 2016

SEAL

*Abigail Greve*