

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

NOV 14 2016

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

NOV 14 2016

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance Fee ED
The Grantor and Grantee of this deed have
complied with the provisions of R.C. Sec 319,
202 Randall E. Grapner Mercer County Auditor.

HS 11/14/2016
Deputy Aud. Date

AFFIDAVIT FOR TRANSFER TO SURVIVOR

STATE OF OHIO)
) SS:
COUNTY OF Mercer)

Mary C. Sowar ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. Affiant's husband, James W. Sowar, of Mercer County, Ohio, died testate on March 2, 2016, a legal resident of the State of Ohio.
2. A certified copy of the Death Certificate for James W. Sowar is attached to this Affidavit as Exhibit A.
3. The decedent and this Affiant were the grantees in a certain deed dated February 13, 2002 and recorded in Official Record Volume 138, Page 1972, of the Mercer County, Ohio (the "Deed") more particularly described as follows:

Tract I

Situated in the Village of Coldwater, County of Mercer, and State of Ohio and Being Lot Number Nine Hundred One (901) and 15 feet of uniform width off of the west side of Lot Number Nine Hundred Two (902) in Selhorst Eighth Addition to the Incorporated Village of Coldwater, Ohio as shown on the recorded plat of said village.

Tract II

Situated in the Village of Coldwater, County of Mercer, and State of Ohio, and being a part of Lot #902 Selhorst Eighth Addition, and more particularly described as follows:

Commencing at the southeast corner of Lot #902 in the Selhorst Eighth Addition to the Incorporated Village of Coldwater, Ohio, as shown on the recorded plat of

said Village; thence west along the south line of said Lot #902 a distance of sixty (60) feet to the place of beginning for the tract to be conveyed by this instrument; thence north parallel with the east line of Lot #902 a distance of one hundred and seventeen (117) feet to a point on the north line of said Lot #902; thence west on and along the north line of Lot #902 a distance of ten (10) feet to a point; thence south parallel to the west boundary line of said Lot #902 a distance of one hundred and seventeen (117) feet to a point on the south boundary line of Lot #902; thence east on and along the south boundary line of Lot #902 a distance of ten (10) feet to the place of beginning.

Parcel No. 05-129600.0000

Tax Map 8-28-329.020

4. In the deed, the grantees are designated as "James W. Sowar and Mary C. Sowar, husband and wife, for their joint lives, remainder to the survivor of them."

5. Mary C. Sowar, one of the grantees named in the Deed, is one and the same person as this Affiant.

6. The tax-mailing address of Affiant is 806 North Parkview Drive, Coldwater, Ohio 45828.

7. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Montgomery County, Ohio.

Mary C. Sowar
Mary C. Sowar, Affiant

Sworn to before me and subscribed in my presence by Mary C. Sowar this 14 day of November, 2016.

Theresa M. Gilmore
Notary Public



Theresa M Gilmore
Notary Public- State of Ohio
My Commission Expires August, 17th 2018

This Instrument Prepared without
the benefit of a title examination by:
David R. Wickham, Esq.
Dinsmore & Shohl LLP
One S. Main Street, Suite 1300
Dayton, Ohio 45402

Reg. Dist. No. 54

Ohio Department of Health

Primary Reg. Dist. No. 5400

VITAL STATISTICS

Registrar's No. 2016066047

CERTIFICATE OF DEATH

State File No. 2016021755

Type or print in permanent blue or black ink

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|---|--|--|--|
| 1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JAMES WILLIAM SOWAR | | | | | | 2. Sex MALE | | 3. Date of Death (Mo/Day/Year) MARCH 02, 2016 | | | | | |
| 4. Social Security Number [REDACTED] | | 5a. Age (Years) 84 | | 5b. Under 1 Year Months [REDACTED] | | 5c. Under 1 day Hours [REDACTED] | | 5d. Under 1 day Minutes [REDACTED] | | 6. Date of Birth (Mo/Day/Year) NOVEMBER 13, 1931 | | 7. Birthplace (City and State or Foreign Country) COLDWATER, OHIO | |
| 8a. Residence State OHIO | | | | 8b. County MERCER | | | | 8c. City or Town COLDWATER | | | | | |
| 8d. Street and Number 806 N. PARKVIEW DR. | | | | | | 8e. Apt. No. [REDACTED] | | 8f. Zipcode 45828 | | 8g. Inside City Limits? YES | | | |
| 9. Ever in US Armed Forces? YES | | 10. Marital Status at Time of Death MARRIED | | | | 11. Surviving Spouse's Name (If wife, give name prior to first marriage) MARY DESCH | | | | | | | |
| 12. Decedent's Education BACHELORS DEGREE (e.g., BA, AB, BS) | | | | | | 13. Decedent of Hispanic Origin NO | | 14. Decedent's Race WHITE | | | | | |
| 15. Father's Name DAVID SOWAR | | | | | | 16. Mother's Name (prior to first marriage) MILDRED GROMAN | | | | | | | |
| 17a. Informant's Name MARY SOWAR | | | | | | 17b. Relationship to Decedent WIFE | | 17c. Mailing Address (Street and Number, City, State, Zip Code) 806 N. PARKVIEW DR. COLDWATER, OHIO 45828 | | | | | |
| 18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY | | | | | | 18b. Facility Name (If not institution, give street & number) BRIARWOOD VILLAGE | | 18c. City or Town, State, and Zip Code COLDWATER, OH 45828 | | 18d. County of Death MERCER | | | |
| 19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i> | | | | | | 20. License Number (of licensee) 007618 | | 21. Name and Complete Address of Funeral Facility N J HOGENKAMP SONS INC 715 E MAIN ST. COLDWATER, OH 45828 | | | | | |
| 22a. Method of Disposition BURIAL | | | | | | 22b. Date of Disposition (Mo/Day/Year) MARCH 07, 2016 | | 22c. Place of Disposition (Name of Cemetery, Crematory, or other place) ST. ELIZABETH CEMETERY | | | | | |
| 22d. Location (City/Town and State) COLDWATER, OH | | | | | | 23. Registrar's Signature <i>[Signature]</i> | | 24. Date Filed (Mo/Day/Year) March 11, 2016 | | | | | |
| 25a. Name of Person Issuing Disposition Permit HOGENKAMP, BRIAN JAMES | | | | | | 25b. District No. 5400 | | 25c. Date Disposition Permit Issued (Mo/Day/Year) MARCH 7, 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 11:45 | | 26c. Date Pronounced Dead (Mo/Day/Year) March 02, 2016 | | 26d. Was the Medical Examiner or Coroner Contacted? NO | | | |
| 26e. Signature and Title of Certifier <i>[Signature]</i> DO | | | | | | 26f. License number 34.005329 | | 26g. Date Signed (Mo/Day/Year) March 11, 2016 | | | | | |
| 27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death MARK REED BROWN, 442 STACHLER DR, ST HENRY, OH 45883 | | | | | | | | | | | | | |
| 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. Esophagus Cancer with metastasis of liver | | | | | | | | Approximate Interval Between Onset and Death 2 months | | | |
| Sequentially list conditions, if any, leading to immediate cause. | | b. Due to (or as Consequence of) | | | | | | | | | | | |
| 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. Nonhodgkins lymphoma, Chronic Obstructive Pulmonary disease, Coronary artery disease | | | | | | | | | | | | | |
| 30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" 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 | | | | 29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable | | | |
| 32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide | | | | 32a. Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | | | | | | | | |
| 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: [REDACTED] | | | | | | | | | | | | | |
| 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 AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.
MR 11 16 521522
[Signature]
KRISTI TRAMERMAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITHNESS MY SIGNATURE & SEAL