

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

NOV 17 2016

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

NOV 17 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.

[Signature] 11-17-16
Deputy Aud. Date

**AFFIDAVIT AS TO DEATH OF JOINT TENANT
WITH RIGHT OF SURVIVORSHIP**

STATE OF OHIO)
) SS:
COUNTY OF DARKE)

Barbara J. Rogers, the Affiant, after first being duly cautioned and sworn states that:

Affiant resides at 11474 Stover Road, Rockford, Ohio 45882, and is the surviving spouse of Thomas W. Rogers, who died on July 22, 2015, resident of the County of MERCER, State of Ohio.

Said Thomas W. Rogers was a joint tenant with right of survivorship in the following described real estate, under general warranty deed from Dustin Rutledge to Thomas W. Rogers and Barbara J. Rogers, jointly, and to the survivor of them, his or her separate, heirs and assigns forever, dated April 30, 2014 and presented for recording in Installment #201400001735 of the Deed records of MERCER County, Ohio and relates to the following described real estate:

Situated in the Township of Dublin, Village of Rockford, County of Mercer, and State of Ohio:

Being a parcel of land situated in Section 17 and also being part of Out Lot 27 in the Village of Rockford, Dublin Township, Township 4 South, Range 2 East. Being more particularly described as follows:

Beginning at an iron bar in a monument box at the center of Section 17 -

Thence, South 89° 04' 30" West, along the south line of the Northwest quarter of said Section 17 and the centerline of Rockford West Road, a distance of 97.32 feet to a Mag nail-

Thence, North 01° 01' 23" West, a distance of 391.34 feet to a 5/8 inch iron bar -

Thence, North 87° 25' 41" East, along the extension of the centerline of Columbia Street, a distance of 299.98 feet to a 5/8 inch iron bar-

Thence, South 01° 06' 02" East, a distance of 394.13 feet to a Mag nail-

Thence, South 87° 25' 41" West, along the centerline of West Market Street, a distance of 203.15 feet to the place of beginning.

Containing 2.713 acres of land more or less of which 0.877-acre lies in Section 17 and 1.836 acres lie in the Village of Rockford.

Subject to all easements and rights of way of record.

Reference is made to a survey of this area by James W. Geeslin, Professional Surveyor 7764, dated November 7, 2005. On file in the County Engineer's Office.

LESS AND EXCEPT:

Situated in the Township of Dublin, Village of Rockford, County of Mercer, and State of Ohio, to-wit:

TRACT I:

Being a parcel of land situated in Section 17 and also being part of Out Lot 27 in the Village of Rockford, Dublin Township, Township 4 South, Range 2 East. Being more particularly described as follows:

Commencing for reference at an iron bar in a monument box at the center of said Section 17 -

Thence, North 01° 01' 23" West, along the north - south half section line of said Section 17, a distance of 294.14 feet to a point. Said point being the place of beginning for the parcel of land to be conveyed by this instrument -

Thence, continuing, North 01° 01' 23" West along the last described line, a distance of 100 feet to a 5/8 inch iron bar -

Thence, North 87° 25' 41" East, a distance of 202.62 feet to a 5/8 inch iron bar -

Thence, South 01° 06' 02" East, a distance of 100.00 feet to a 5/8 inch iron bar -

Thence South 87°25'41" West, a distance of 202.76 feet to the place of beginning.

Containing 0.465 acre of land more or less.

Subject to all Easements and rights of way of record.

Reference is made to a survey of this area by James W. Geeslin, Professional Surveyor 7764, dated February 6, 2007. On file in the County Engineer's Office.

TRACT II

Being a parcel of land situated in Dublin Township, Village of Rockford, Mercer County, Ohio, in the north half of Section 17, Township 4 South, Range 2 East. Being more particularly described as follows:

Commencing for reference at an iron bar in a monument box at the center of said Section 17—

Thence, North 01° 01' 23" West, along the north — south half section line of said Section 17, a distance of 294.14 feet to a point. Said point being the place of beginning for the parcel of land to be conveyed by this instrument

Thence, continuing, North 01° 01' 23" West, along the last described line, a distance of 100.00 feet to a 5/8 inch iron bar —

Thence, South 87° 25' 41" West, a distance of 97.36 feet to a 5/8 inch iron bar —

Thence, South 01° 01' 23" East, a distance of 100.00 feet to a 5/8 inch iron bar —

Thence, North 87° 25' 41" East, a distance of 97.36 feet to the place of beginning. **Containing 0.223 acre of land, more or less.**

Subject to all easements and rights of way of record.

Reference is made to a survey of this area by James W. Geeslin, Professional Surveyor 7764, dated February 6, 2007. On file in the County Engineer's Office.

Prior Reference: Instrument #201400001735, Instrument #20070000443, and Volume 208, Page 820 of the Deed Records of Mercer County, Ohio.

Parcel No. 07-034000.0100 (0.654 A) MAP No. 02-17-100-013
Parcel No. 08-058300.0000 (1.371 A) MAP No. 02-17-257-001

By reason of the death of said Thomas W. Rogers, the joint interest with right of survivorship of Barbara J. Rogers has risen to present enjoyment.

This Affidavit is executed to enable the Auditor of MERCER County to transfer the ownership of said real property upon the Auditor's Tax List into the name of the present owner, and out of the name of the deceased joint tenant with right of survivorship. A copy of the Death Certificate of THOMAS W. ROGERS is attached hereto as Exhibit "A" and is made a part hereof.

In witness whereof, the Affiant has hereunto set the Affiant's hand this 17th day of October, 2016.

Gary L. Flynn
Signature of Witness #1

Barbara J. Rogers
Barbara J. Rogers

GARY L. FLYNN
Printed Name of Witness #1

Kimberly A. Anthony
Signature of Witness #2

Kimberly A. Anthony
Printed Name of Witness #2

BE IT REMEMBERED, That before me, a Notary Public in and for said County and State, personally appeared the said Affiant who acknowledges that said Affiant did sign the foregoing instrument and that the same is said Affiant's free act and deed. Sworn to before me and subscribed in my presence this 17th day of October, 2016.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.



GARY L. FLINN, Attorney-At-Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

Gary L. Flinn
Notary Public

This instrument prepared by: Gary L. Flinn of Gary L. Flinn Co., L.P.A., located at 429 Memorial Drive, Greenville, Ohio 45331 at the specific request of, and based solely upon information supplied by one or more of the parties to this instrument. The drafter assumes no liability for any errors, inaccuracies or omissions in this instrument resulting from the information provided, and makes no assertions with respect to liens which may be against the property, and the parties hereto signify assent to this Disclaimer by the execution and acceptance of this instrument.

Reg. Dist. No. 81

Ohio Department of Health

VITAL STATISTICS

Primary Reg. Dist. No. 8101

State File No. 2015067847

Registrar's No. 8100-2015000162

CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)				2. Sex		3. Date of Death (Mo/Day/Year)	
THOMAS W ROGERS				MALE		JULY 22, 2015	
4. Social Security Number		5a. Age (Years)		5b. Under 1 Year		5c. Under 1 day	
		69		Months		Days	
				Hours		Minutes	
6. Date of Birth (Mo/Day/Year)				7. Birthplace (City and State or Foreign Country)			
MAY 18, 1946				CELINA, OHIO			
8a. Residence State		8b. County		8c. City or Town			
OHIO		MERGER		ROCKFORD			
8d. Street and Number				8e. Apt. No.		8f. Zipcode	
11474 STOVER ROAD						45882	
8g. Inside City Limits?							
NO							
9. Ever in US Armed Forces?		10. Marital Status at Time of Death		11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
YES		MARRIED		BARBARA TAYLOR			
12. Decedent's Education				13. Decedent of Hispanic Origin		14. Decedent's Race	
HIGH SCHOOL GRADUATE OR GED				NO		WHITE	
15. Father's Name				16. Mother's Name (prior to first marriage)			
WOODROW W ROGERS				BEATRICE VINING			
17a. Informant's Name				17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)	
BARBARA ROGERS				WIFE		11474 STOVER ROAD	
18a. Place of Death				18c. City or Town, State and Zip Code			
NONHOSPITAL - HOSPICE FACILITY				ROCKFORD, OHIO 45882			
18b. Facility Name (If not Institution, give street & number)				18d. County of Death			
COMMUNITY HEALTH PROFESSIONALS, INC. VAN WERT AREA INPATIENT HOSPICE CENTER				VAN WERT			
19. Signature of Funeral Service Licensee or Other Agent				20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility	
<i>Marcia Ripley</i>				006483		KETCHAM-RIPLEY FUNERAL HOME	
22a. Method of Disposition				22b. Date of Disposition		22c. Location (City/Town and State)	
BURIAL				JULY 25, 2015		ROCKFORD, OH	
22c. Place of Disposition (Name of Cemetery, Crematory, or other place)				22d. Location (City/Town and State)		22e. Date of Disposition	
RIVERSIDE CEMETERY				ROCKFORD, OH		JULY 22, 2015	
23. Registrar's Signature				24. Date Filed		25a. District No.	
<i>Marylou Smith</i>				07-28-2015		5400	
25a. Name of Person Issuing Disposition Permit				25b. District No.		25c. Date Disposition Permit Issued	
RIPLEY, MARCIA				5400		JULY 22, 2015	
26a. Certifier (Check only one)				26b. Time of Death			
<input checked="" type="checkbox"/> Certifying Physician				12:30 A.M.			
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				26c. Date Pronounced Dead			
<input type="checkbox"/> Coroner or Medical Examiner				July 22, 2015			
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.				26d. Was the Medical Examiner or Coroner Contacted?			
				NO			
26e. Signature and Title of Certifier				26f. License number		26g. Date Signed	
<i>Jerry D. Seal M.D.</i>				35.039829		July 27, 2015	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death							
SEAL, JERRY DWIGHT, 506 S MAIN ST ROCKFORD, OH 45882							
28. Part I. Enter the cause, 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)							
Metastatic Large B-Cell Lymphoma							
28b. Due to (or as Consequence of)							
14 years							
28c. Due to (or as Consequence of)							
28d. Due to (or as Consequence of)							
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)							
Type II Diabetes							
Hypertension							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
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							
30. Did Tobacco Use Contribute to Death?							
<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No							
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							
32a. Date of Injury (Mo/Day/Year)		32b. Time of Injury		32c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		32d. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
33a. 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 AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

JL 28 15 002170

Marylou Smith
MARYLOU SMITH, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
VITAL RECORDS SECTION