

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAR 06 2017

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

MAR 06 2017

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 3/6/2017
Deputy Aud. Date

TRANSFER ON DEATH CONFIRMATION AFFIDAVIT

[Ohio Revised Code 5302.222]

State of Indiana
County Madison

I, Danny R. Farrell being duly sworn, depose and says as follows:

That John P. Farrell was the owner of property under a duly recorded Transfer on Death Deed or a duly recorded Transfer on Death Designation Affidavit. Said deed or affidavit was recorded on 12/03/2015, as instrument 201500005725, Mercer County Records.

That John P. Farrell died on May 9th, 2016 and a certified copy of the death certificate is attached to this Affidavit. The following are the designated beneficiaries, and their addresses, who survived the owner and who were in existence on the date of the death of the deceased owner:

- | | |
|---------------------|------------|
| 1. Danny R. Farrell | ¼ interest |
| 2. John W. Farrell | ¼ interest |
| 3. Richard A. Nixon | ¼ interest |
| 4. Steven M. Nixon | ¼ interest |

That by virtue of the death of John P. Farrell the above beneficiaries now own legal title to the premises as set out in the ATTACHED LEGAL DESCRIPTION.

The Recorder is requested to make reference to this Affidavit on the Transfer on Death Deed or Transfer on Death Designation Affidavit pursuant to Section 5302.222 of the Ohio Revised Code.

Further Affiant sayeth naught.

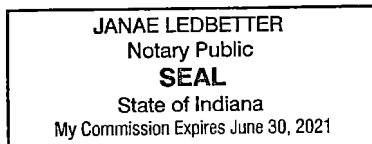
Danny R. Farrell
Affiant - Danny R. Farrell

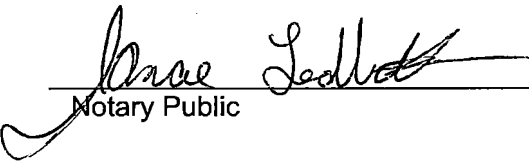
State of Indiana

County of Madison

BE IT REMEMBERED, that on this 5 day of February, 2017 before me the subscriber, a NOTARY PUBLIC, in and for said State, personally appeared Danny R. Farrell the Affiant in the foregoing affidavit and acknowledged the signing thereof to be his voluntary act and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my seal on this day and year aforesaid




Notary Public

This instrument was prepared by: Matthew L. Gilmore, Attorney at Law, Gilmore and Delzeith Co., LPA, Celina Office: 118 West Market Street, Post Office Box 298, Celina, Ohio, 45822
Phone (419) 586-8120

103128276.1, TOD affidavit

FAXED

EXHIBIT A

Being Lot Number Seven (7) in Phelps's Subdivision situated in the Southwest Quarter ($\frac{1}{4}$) of the Northwest Quarter ($\frac{1}{4}$) of Section Twenty-three (23), Town Six (6) South, Range Three (3) East, Franklin Township, Mercer County, Ohio, as the same is shown on the Plat thereof recorded in Plat Book 11, Page 16, Plat Records of Mercer County, subject to all restrictions and easements of record imposed thereon.

LESS AND EXCEPT:

Being a part of Lot No. Seven (7) in Phelps Subdivision situated in the Southwest Quarter ($\frac{1}{4}$) of the Northwest Quarter ($\frac{1}{4}$) of Section 23, Town 6 South, Range 3 East, Franklin Township, Mercer County, Ohio, as the same is shown on the recorded plat thereof, recorded in Plat Book 11, Page 16, Plat Records of Mercer County, Ohio, and more particularly described as follows:

Beginning at the Northwest corner of Lot No. Seven (7) in Phelps Subdivision, being the TRUE PLACE OF BEGINNING FOR THE PARCEL HEREIN DESCRIBED; thence South $88^{\circ}32'39''$ East on and along the North line of said Lot No. Seven (7) a distance of One Hundred (100) feet to a point; thence South $0^{\circ}59'50''$ inches West Twenty (20) feet to a point on the North line of Lot No. Six (6) in Phelps Subdivision; thence North $88^{\circ}32'39''$ West on and along the North line of said Lot No. Six (6) in Phelps Subdivision a distance of one hundred (100) feet to the Southwest corner of said Lot No. Six (6); thence North $0^{\circ}59'50''$ East Twenty (20) feet to the place of beginning.

ALSO:

Being thirty feet (30) of uniform width off of the East end of Lot No. Six (6) in Phelps Subdivision situated in the Southwest Quarter ($\frac{1}{4}$) of the Northwest Quarter ($\frac{1}{4}$) of Section 23, Town 6 South, Range 3 East, Franklin Township, Mercer County, Ohio, as the same is shown on the recorded plat thereof, recorded in Plat Book 11, Page 16, Plat Records, Mercer County, Ohio, and more particularly described as follows:

Beginning at the Southeast corner of Lot No. Six (6) in Phelps Subdivision being the TRUE PLACE OF BEGINNING FOR THE PARCEL HEREIN DESCRIBED; thence North $88^{\circ}32'39''$ West on and along the South line of said Lot No. Six (6) a distance of thirty (30) feet to a point; thence North $0^{\circ}59'50''$ East a distance of seventy (70) feet to a point on the North line of said Lot No. Six (6); thence South $88^{\circ}32'39''$ East on and along the north line of said Lot No. Six (6) a distance of thirty (30) feet to the Northeast corner of said Lot No. Six (6); thence South $0^{\circ}59'50''$ West on and along the East line of said Lot No. Six (6) to the PLACE OF BEGINNING.

ALSO:

Being a part of Lot Number Six (6) and Lot Number Seven (7) in Phelps Subdivision situated in the Southwest Quarter ($\frac{1}{4}$) of the Northwest Quarter ($\frac{1}{4}$) of Section Twenty-three (23), Town Six (6) South, Range Three (3) East, Franklin Township, Mercer County, Ohio, as the same is shown on the recorded plat thereof, recorded in Plat Book 11, Page 16, Plat Records, Mercer County, Ohio, and being more particularly described as follows:

Commencing for reference at a concrete monument at the Southwest corner of said Lot Number Six (6); thence South $88^{\circ}36'36''$ East, along the South line of said Lot Number Six (6), a distance of Ninety and Nine Hundredths (90.09) feet to a Five-eighths ($\frac{5}{8}$) inch iron bar, said point being the place of beginning for the parcel to be conveyed by this instrument; thence continuing South $88^{\circ}36'36''$ East, along the last described line, a distance of Ten (10.00) feet to a point; thence North $00^{\circ}57'21''$ East, a distance of Ninety (90.00) feet to a point; thence North $88^{\circ}36'36''$ West, along the North line of said Lot Number Seven (7), a distance of Ten (10.00) feet to a point; thence South $00^{\circ}57'21''$ West a distance of Ninety (90.00) feet to the place of beginning; containing Nine Hundred (900) square feet 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 Gordon L. Geeslin, Professional Surveyor #5372, dated September 1, 1994, on file in the County Engineer's Office.

ALSO:

Being a part of Lot Number Five (5) of Ancil and Edna Phelps Subdivision, Franklin Township, Mercer County, Ohio, more particularly described as follows:

Commencing at the Northwest corner of said Lot Number Five (5); thence South $0^{\circ}59'50''$ West along the West side of said Lot a distance of ten (10) feet; thence South $88^{\circ}32'39''$ East a distance of One Hundred Thirty (130) feet to the East side of said lot; thence North $0^{\circ}59'50''$ East ten (10) feet to the Northeast corner of said lot; thence North $88^{\circ}32'39''$ West a distance of One Hundred Thirty (130) feet along the North line of said Lot to the place of beginning.

Parcel : 09-104400.0000

Map : 09-23-151-015

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000520

EDR No 000000511230

State No

1. Decedent's Legal Name (First, Middle, Last) JOHN PHILLIP FARRELL	1a. Maiden Name (If female)	2. Sex MALE	3. Time Of Death 01:18 PM	4. Date Of Death (Month/Day/Year) 05/09/2016
---	-----------------------------	-----------------------	-------------------------------------	--

5. Age - Yrs 88	6a. Under 1 Year Months	6b. Under 1 Month Days	6c. Under 1 Day Hours	6d. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/22/1927	8. Birthplace (City and State or Foreign Country) MUNCIE, IN
---------------------------	----------------------------	---------------------------	--------------------------	-----------------------------	--	--

9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival	10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)
---	---	---

11. Facility Name (If Not Institution, Give Street and Number) IU HEALTH BALL MEMORIAL HOSPITAL	13. County Of Death DELAWARE
---	--

12. City Or Town, State, And Zip Code MUNCIE, IN: 47303	14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
---	--

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation ENGINEER
-----------------------------	--------------------------------------	--

18. Residence - State INDIANA	18a. County DELAWARE	18b. City Or Town MUNCIE
---	--------------------------------	------------------------------------

18c. Street And Number 2606 SOUTH SYCAMORE AVENUE	18d. Apt. No.	18e. Zip Code 47302	18f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---------------	-------------------------------	--

19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White
--	--	-------------------------------------

22. Father's Name (First, Middle, Last) HARRY FARRELL	23. Mother's Name (First, Middle, Last) BEATRICE FARRELL	23a. Mother's Maiden Last Name WINDMILLER
---	--	---

24. Informant's Name DANNY FARRELL	24a. Relationship To Decedent SON	24b. Mailing Address (Street And Number, City, State, Zip Code) 2909 EAST ROYERTON ROAD, MUNCIE, IN 47303
--	---	---

25a. Method Of Disposition <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)	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MADISON COUNTY CREMATORY	25c. Location - City, Town, And State ANDERSON, IN
--	---	--

26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility PARSON MORTUARY, 801 W ADAMS STREET, MUNCIE, IN 47305	27a. Funeral Home License Number FH83004926
---	---	---

27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee): FD01010020
--	---

Cause Of Death: (See Instructions And Examples)		Approximate Interval: Onset To Death
28. Part I: 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 A Line. Add Additional Lines If Necessary.		
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. SEPSIS <small>Due to (Or As A Consequence Of):</small>	1 WEEK
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. HEALTH CARE ACQUIRED PNEUMONIA <small>Due to (Or As A Consequence Of):</small>	1 WEEK
	C. ASPIRATION PNEUMONIA <small>Due to (Or As A Consequence Of):</small>	1 WEEK
	D.	

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I COPD	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <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	33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
--	---	---

34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	--------------------	---

38. Location Of Injury - State	38a. City Or Town	38b. Street & Number
--------------------------------	-------------------	----------------------

39. Describe How Injury Occurred	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
----------------------------------	--

41. Signature, Of Person Certifying Cause Of Death: RODNEY JOE YUHICO, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
--	--

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RODNEY JOE YUHICO, 2401 UNIVERSITY, MUNCIE, IN 47303	44. License Number 01071321A
--	--

46. Additional Funeral Service Provider:	45. Date Certified 05/12/2016
--	---

48. Signature Of Local Health Officer: DONNA A. WILKINS, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filed (Month/Day/Year): MAY 12 2016
---	---

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)