Instrument #201700001067 Recorded: 3/6/2017 1:39 PM 5 Pages, AFFIDAVIT

Total Fees: \$56.00 Angela N. King, Recorder, Mercer County, OH Dropped off by: GILMORE/KAREN

TRANSFERRED

DESCRIPTION SUFFICIENT FOR TAX MAPPING PURPOSES

MAR 06 2017

MERCER COUNTY TAX MAP DEPARTMENT MAR 0 6 2017

RANDALL E. GRAPNER COUNTY AUDITOR MERCER COUNTY, OHIO Exemption paragraph, conveyance Fee 20
The Grantor and Grantee of this deed have complied with the provisions of R.C. Sec 319, 202 Randall E. Grapner Mercer County Auditor.

#8 3/6/2017 Deputy Aud. Date

TRANS	SFER ON DEATH CONFIRMATION AFFIDAVIT
	[Ohio Revised Code 5302.222]

State of Indiana
County Madison

I, <u>Danny R. Farrell</u> being duly sworn, deposed and says as follows:

That <u>John P. Farrell</u> 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 <u>12/03/2015</u>, as instrument <u>201500005725</u>, 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

1/4 interest

2. John W. Farrell

1/4 interest

3. Richard A. Nixon

1/4 interest

4. Steven M. Nixon

1/4 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.

Affant - 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

JANAE LEDBETTER Notary Public SEAL

State of Indiana My Commission Expires June 30, 2021 Motary 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



EXHIBIT A

Being Lot Number Seven (7) in Phelp's Subdivision situated in the Southwest Quarter (¼) of the Northwest Quarter (¼) 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 (¼) of the Northwest Quarter (¼) 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°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°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° 32"39"West on and long the North lie 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°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 (¼) of the Northwest Quarter (¼) 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°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°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°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°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 (1/4) of the Northwest Quarter (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°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-eights (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°36'36" East, along the last described line, a distance of Ten (10.00) feet to a point; thence North 00°57'21" East, a distance of Ninety (90.00) feet to a point; thence North 88°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°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°59'50" West along the West side of said Lot a distance of ten (10) feet; thence South 88°32'39" East a distance of One Hundred Thirty (130) feet to the East side of said lot; thence North 0°59'50" East ten (10) feet to the Northeast corner of said lot; thence North 88°32'39" West a distance of One Hundred Thirty (130) feet along the North line of said Lot to the place of beginning.

Paral: 09-104400.0000 Map: 09-23-151-015

		DEPARTMENT OF HEALTH	
	K CERTIF	ICATE OF DEATH	
Local No 00052	O SEDENCIO	0000511230 State	No.
1. Decedent's Legal Name (First Middle Last)	Ja Maiden		me Of Death 4 Date Of Death (Month/Day/Yea
JOHN PHILLIP FARRELL		MALE	05/09/2016
	Inger 1 Year 6c. Under 1 Month 6d. Under 1 D		
88 Month	hs Days Hours	Minutes 09/22/1927	MUNCIENN
9. Ever in U.S. Armed Forces? 10.3f Death Occur		10a. If Death Occurred Somewhere Other Than A Hospital	1. 12 36 36 St. 18 35 38 96 96 36 56 10 36
Yes 🛛 No 🔲 Unknown 🕍 Inpatient 🕘 i	Emergency Department Outpatient . Dead on A	Haspice Facility 1 Decedent's Home Nursi	ing Home/Long-term Care Facility
11. Facility Name (If Not Institution, Give Street and N		Li. Oner (Specify)	
IU HEALTH BALL MEMORIAL HOS			
12. City Or Town, State, And Zip Code		13. County Of Death	14. Marital Status At Time Of Death Married Married, But Separated Divorce
MUNCIE, IN: 47303		DELAWARE	✓ ☑ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name	15a. (If Wife)Give N	Aaiden Last Name 16. Decedent's Usual Occu	pation 17. Kind Of Business/Industry
		ENGINEER	AUTOMOTIVE
18. Residence - State	18a, County	18b. City Or Town	
INDIANA	DELAWARE	MUNCIE	
18c. Street And Number	DELAWARE	18d, Apl. No.	18e. Zip Code 18f. Inside City Limits
2606 SOUTH SYCAMORE AVENUE	도했는 일반 이상유하다.		¥77202 ⊠ Yes □ No
19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race	47302-
HIGH SCHOOL GRADUATE OR GI	EDD TO THE TOTAL STATE OF THE PARTY OF THE P		
COMPLETED 22: Father's Name (First, Middle, Last)	NOT HISPANIC	White: 23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
HARRY FARRELL	24a. Relationship To Decedent	BEATRICE FARRELL 24b. Mailing Address (Street And Number, City, State, Zip C	WINDMILLER
24; Informant's Name		과 사진에 [海 張光송 사람회문 시민조의 신발 사원] [in the second of the second of the second of
DANNY FARRELL	SON	2909 EAST ROYERTON ROAD, MUNO	OIE, IN 47303
25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemeter	y, Crematory, Other Place): 25c. Location - City, Town, And Stat	tech.
☐ Burial ☑ Cremation ☐ Donation ☐ Entembrie ☐ Removal From State	ent		
Citier (Specify):	MADISON COUNTY CREMA	TORY ANDERSON IN	E. M. Milan Milan March
26. Was Coroner Contacted? 27. Name /	And Complete Address Of Funeral Facility		27a. Funeral Home License Numb
- 1 と 1 と - 2 と - 2 と 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	コンドょくち はく とがめ あき マギーとう		
☐ Yes ☑ No PARSO	N MORTHARY 801 W ADAMS S	STREET MUNCIE IN 47305	
27b. Signature Of Indiana Funeral Service Licenses:		27c. License Nun	FH83004926
PARSU	TRONIC SIGNATURE	27c, License Nûr FD01010020	riber (Of Licensee):
27b. Signature of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC	TRONIC SIGNATURE Cause of Death Cause of Death Cause of Death	27c. License Nur FD01010020 (See Instructions And Examples)	riber (Of Licensee): 0 Approximate Interval: Onset
27b. Signature of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC	TRONIC SIGNATURE Cause of Death Cause of Death Cause of Death	27c. License Nun FD01010020 (See Instructions And Examples)	riber (Of Licensee): 0 Approximate
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events Disease Such As Cardiac Arrest, Respiratory Arrest, Or V	TRONIC SIGNATURE Cause of Death; s. Injuries Or Complications That Directly Cause of Death; Lennicular Fibrillation Without Showing The Elic	27c. License Nur FD01010020 (See Instructions And Examples)	riber (Of Licensee): 0 Approximate Interval: Onset
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R	TRONIC SIGNATURE Cause of Death; is Injuries or Complications That Directly Car /entricular Fibrillation Without Showing The Elic	27c. License Nur FD01010020 (See Instructions And Examples) used The Death. Do Not Enter Terminal Events licity Do Not Abbreviate. Enter Only One Cause On	FH83004926 O Approximate Interval: Onset To Death 1.WEEK
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions. If Any Leading To	TRONIC SIGNATURE Cause of Death; is, Injuries, Or Compilications That Directly, Cause, Injuries, Or Compilications That Directly, Cause, Injuries, Or Compilication Without Showing The Elicites (Security of Page 1) A SEPSIS The Cause Listed On B HEALTH CAR	27c. License Nur FD0101002t (See Instructions And Examples) used The Death. Do Not Enter Terminal Events slogy: Do Not Abbreviate. Enter Only One Cause On	rH83004926 O Approximate Interval: Onset To Death
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R	TRONIC SIGNATURE Cause of Death; is, Injuries, Or Compilications That Directly, Cause, Injuries, Or Compilications That Directly, Cause, Injuries, Or Compilication Without Showing The Elicites (Security of Page 1) A SEPSIS The Cause Listed On B HEALTH CAR	27c. License Nur FD01010020 (See Instructions And Examples) used The Death. Do Not Enter Terminal Events slogy: Do Not Abbreviate. Enter Only One Cause On Due to (Or As A Consequence 01): E ACQUIRED PNEUMONIA Due to (Or As A Consequence 01): PNEUMONIA	FH83004926 O Approximate Interval: Onset To Death 1.WEEK
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Seguentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease O	TRONIC SIGNATURE Cause of Death, s. Injuries Or Complications That Directly Cause of Death, s. Injuries or Complications That Directly Cause of Death A SEPSIS The Cause Listed On B. HEALTH CAR Or Injury That Initiated C. ASPIRATION	27c. License Nur FD01010020 (See Instructions And Examples) used The Death. Do Not Enter Terminal Events slogy: Do Not Abbreviate. Enter Only One Cause On Due to (Or As A Consequence Of): E ACQUIRED PNEUMONIA Due to (Or As A Consequence Of):	riber (Of Licensee): O Approximate interval: Onset To Death 1.WEEK
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Seguentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease O	TRONIC SIGNATURE Cause of Death; ss. Injuries: Or Complications That Directly Cause of Death; ss. Injuries: Or Complications That Directly Cause of Death; A SEPSIS The Cause Listed On Dr. Injury That Initiated C ASPIRATION D.	27c. License Nur FD0101002I (See Instructions And Examples) used The Death. Do Not Enter Terminal Events plogy: Do Not Abbreviate. Enter Only, One Cause On Due to (Or As A Consequence 0): PNEUMONIA Due to (Or As A Consequence 0): PNEUMONIA	PH83004926 Approximate interval: Onset To Death 1.WEEK 1.WEEK
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Lest Part II. Enter Other Significant Conditions Contributing	TRONIC SIGNATURE Cause of Death; ss. Injuries: Or Complications That Directly Cause of Death; ss. Injuries: Or Complications That Directly Cause of Death; A SEPSIS The Cause Listed On Dr. Injury That Initiated C ASPIRATION D.	27c. License Nur FD0101002I (See Instructions And Examples) used The Death. Do Not Enter Terminal Events plogy: Do Not Abbreviate. Enter Only, One Cause On Due to (Or As A Consequence 0): PNEUMONIA Due to (Or As A Consequence 0): PNEUMONIA	FH83004926 nber (Of Licensee): 0 Approximate interval: Onset To Death 1.WEEK 1.WEEK 1.WEEK
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease Of The Events Resulting In Death) Last	TRONIC SIGNATURE Cause of Death: ss. Injuries, Or Complications That Directly Cause of Death: ss. Injuries, Or Complications That Directly Cause of Death: A SEPSIS The Cause Usted On Dr. Injury That Initiated C. ASPIRATION D. In Death But Not Resulting in The Underlying Cause	27c. License Nur FD0101002t (See Instructions And Examples) used The Death. Do Not Enter Terminal Events sliggy Do Not Abbreviate. Enter Only One Cause On Due to (Or As A Consequence Of): E ACQUIRED PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA 29. Was An Autopsy Performed? 30. Were Autopsy Finding Available	FH83004926 Approximate Interval: Onset To Death 1.WEEK 1.WEEK 1.WEEK To Complete The Cause of Death? ☐ Yes ☐ No
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions. If Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing COPD:	TRONIC SIGNATURE Cause of Death, s. Injuries, Or Complications That Directly Cause of Death, es. Injuries, Or Complications That Directly Cause (Injury That Initiated C. ASPIRÂTION D. Injury That Initiated C. ASPIRÂTION D. In Death But Not Resulting in The Underlying Cause Complete Complet	27c. License Nur FD0101002 (See Instructions And Examples) Used The Death. Do Not Enter Terminal Events Job To Not Abbreviate Enter Only One Cause On	FH83004926 Approximate Intervel: Onset To Death 1.WEEK
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events. — Disease Such As Cardiac Arrest, Respiretory Arrest, Or VA Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease Of The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing. COPD 31. Did Tobacco Use Contribute To Death?	TRONIC SIGNATURE Cause of Death; s. Injuries Or Complications That Directly Cause of Death; s. Injuries Or Complications That Directly Cause Using The Etic Resulting in Death) A SEPSIS The Cause Usted On B. HEALTH CAR Or Injury That Initiated C. ASPIRATION D. Death But Not Resulting in The Underlying Cause 1 [Fermalet] 32. If Fermalet Program 4 Days To Program At Time Of Its Program 4 Days To Program Beaton Death	27c. License Nur FD0101002 (See Instructions And Examples) Used The Death. Do Not Enter Terminal Events Job To Not Abbreviate Enter Only One Cause On	PH83004926 Approximate interval: Onset To Death 1.WEEK
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No & Unknown	TRONIC SIGNATURE Cause of Death, s. Injuries, Or Complications That Directly Cause of Death, est Injuries, Or Complications That Directly Cause (estitute) (Esulting in Death) A SEPSIS The Cause Usted On B. AEALTH CAR C. ASPIRATION C. ASPIRATION D. Lo Death But Not Resulting in The Underlying Cause Cause (If Fernate) 32. If Fernate: Not Program Within Past Year Program At Time Off Program At	27c. License Nur FD01010020 (See Instructions And Examples) used The Dealn. Do Not Enter Terminal Events plogy: Do Not Abbreviate. Enter Only One Cause On Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA 29: Was An Autopsy Performed? 30. Were Autopsy Finding Available: 33. Manner July Pregnant By Pregnant Within 12 Days Of Death Undown if Pregnant Within 12 Days Of Death Suicide Suicide	PH83004926 Approximate interval: Onset To Death 1.WEEK 1.W
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No & Unknown	TRONIC SIGNATURE Cause of Death, s. Injuries, Or Complications That Directly Cause of Death, enricular Fibrillation Without Showing The Elic Mentioular Fibrillation C. ASPIRATION C. ASPIRATION D. Lo Death But Not Resulting In The Underlying Cause Signature Without Showing Cause Signature Without Showing Cause Signature Without Showing Cause Signature Without Showing Cause Signature Showing Cause Showing Caus	27c. License Nur FD01010020 (See Instructions And Examples) used The Dealn. Do Not Enter Terminal Events plogy: Do Not Abbreviate. Enter Only One Cause On Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA 29: Was An Autopsy Performed? 30. Were Autopsy Finding Available: 33. Manner July Pregnant By Pregnant Within 12 Days Of Death Undown if Pregnant Within 12 Days Of Death Suicide Suicide	PH83004926 Approximate interval: Onset To Death 1.WEEK 1.W
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events — Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line, A. Enter The Underlying Cause (Disease O The Events Resulting in Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No Murkinown 34. Date Of Injury (Month/Day/Year)	TRONIC SIGNATURE Cause of Death, as Injuries, Or Complications That Directly Cause of Death, as Injuries, Or Complications That Directly Cause (Injury The Elic Cause Usted On B. HEALTH CAR Or Injury That Initiated C. ASPIRATION Lo Death But Not Resulting in The Underlying Cause C	27c. License Nuir FD0101002t	PH83004926 Approximate Interval: Onset To Death
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events — Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line, A. Enter The Underlying Cause (Disease O The Events Resulting in Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No Murkinown 34. Date Of Injury (Month/Day/Year)	TRONIC SIGNATURE Cause of Death, as Injuries, Or Complications That Directly Cause of Death, as Injuries, Or Complications That Directly Cause (Injury The Elic Cause Usted On B. HEALTH CAR Or Injury That Initiated C. ASPIRATION Lo Death But Not Resulting in The Underlying Cause C	27c. License Nur FD0101002 (See Instructions And Examples) Used The Death. Do Not Enter, Terminal Events Used The Death. Do Not Enter, Terminal Events Use to (Or As A Consequence Of): EACQUIRED PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): Our to (Or As A Consequence Of): 29: Was An Autopsy Performed? 30. Were Autopsy Finding Available 33. Manner	FH83004926 Approximate Interval: Onset To Death
27b. Signature Of Indiana Funeral Service Licenses: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease Of The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No. Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State	TRONIC SIGNATURE Cause of Death; s; Injuries; Or Complications That Directly Cal/entricular Fibrillation Without Showing The Elic fesulting in Death) A SEPSIS The Cause Usted On B HEALTH CAR Or Injury That Initiated C ASPIRATION D. 10 Death But Not Resulting in The Underlying Caus 32. If Female: Septiment Widner Past Year Program At Time Off Time Of Injury 36. 38a City Or Town 38	27c. License Nur FD0101002 (See Instructions And Examples) Use of the Death. Do Not Enter Terminal Events Use of the Death. Do Not Enter Terminal Events Use of the Death. Do Not Enter Terminal Events Use of the Death. Do Not Enter Only, One Cause On Due to (Or As A Consequence On) EACQUIRED PNEUMONIA Due to (Or As A Consequence On) PNEUMONIA Due to (Or As A Consequence On) Question of the Consequence On Or Sequence On Or Sequence On Or Sequence On Or	PH83004926 Dear (Of Licensee): O Approximate Interval: Onset To Death 1.WEEK 1.W
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events — Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions: If Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year)	TRONIC SIGNATURE See Injuries Or Complications That Directly Carennoular Fibrillation Without Showing The Elic Resulting in Death) A. SEPSIS The Cause Listed On B. HEALTH CAR Or Injury That Initiated C. ASPIRATION Lo Death But Not Resulting in The Underlying Caus 32. If Female: Not Program Within Past Year Prognant At Time Of It Not Program But Not Prognant 30 Days to 1 year Before Death 35. Time Of Injury 36.	27c. License Nurr FD0101002t (See Instructions And Examples) used The Death. Do Not Enter Terminal Events loogy Do Not Abbreviate. Enter Only One Cause On Due to (Or As A Consequence Of): EACQUIRED PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): 9 Given in Part I 29. Was An Autopsy Performed? 30. Were Autopsy Finding Available: 33. Manner Unknown if Pregnant Within 120 Days Of Death Unknown if Pregnant Within 120 Days Of Death Place Of Injury (E.G., Decedent's Home, Construction Site, Resta 40. If Trans Deviver Decedent's Home Construction Site, Resta 42. Certifier (Chieck O	PH83004926 Approximate interval: Onset To Death
27b. Signature Of Indiana Funeral Service Licenses: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events — Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line, A. Enter The Underlying Cause (Disease Of The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes	TRONIC SIGNATURE Cause of Death; s. Injuries, Or Complications That Directly Cause of Death; s. Injuries, Or Complications That Directly Cause of Death and Death of Cause Usted On Separation Separation of Cause Usted On Injury That Initiated Cause The Separation of	27c. License Nurr FD0101002t (See Instructions And Examples) used The Death. Do Not Enter Terminal Events loogy Do Not Abbreviate. Enter Only One Cause On Due to (Or As A Consequence Of): EACQUIRED PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): 9 Given in Part I 29. Was An Autopsy Performed? 30. Were Autopsy Finding Available: 33. Manner Unknown if Pregnant Within 120 Days Of Death Unknown if Pregnant Within 120 Days Of Death Place Of Injury (E.G., Decedent's Home, Construction Site, Resta 40. If Trans Deviver Decedent's Home Construction Site, Resta 42. Certifier (Chieck O	PH83004926 Approximate Interval: Onset To Death 1.WEEK 1.W
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN BY ELEC 28. Part I: Enter The Chain Of Events Disease Such As Cardiac Arrest, Respiratory Arrest, Or VA Line. Add Additional Lines If Necessary. Inmediate Cause (Final Disease Or Condition Respiratory Arrest, Or VA Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Responsible Line A. Enter The Underlying Cause (Disease Of The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contribution COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No. VIII Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature of Person Certifying Cause Of Death; RODNEY JOE YUHICO BY ELEC. 43. Name Address And Zip Code Of Person Certifying	TRONIC SIGNATURE Cause of Death; Sinjuries, Or Complications That Directly Carlentricular Fibrillation Without Showing The Elic Resulting in Death) A SEPSIS The Cause Listed On B. HEALTH CARD Injury That Initiated C. ASPIRATION D. Lo Death But Not Resulting in The Underlying Caus 132. If Fernale: Not Program Cour Program 43 Days To 1 year Batter Death 35. Time Of Injury 36. 38a City Or Town 36.	27c. License Nur FD0101002 (See Instructions And Examples) Use of the Death. Do Not Enter Terminal Events Use of the Death. Do Not Enter Terminal Events Use of the Death. Do Not Enter Terminal Events Due to (Or As A Consequence Of): EACQUIRED PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): Question of the Present of Oregan North Office of Oregan Matural Office of Oregan University of Oregan Matural Office of Oregan University of Oregan Matural Office of Oregan Place Of Injury (E.G., Decedent's Home, Construction Site, Restated of Oregan Or	PH83004926 Approximate interval: Onset To Death
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Pres Probably No Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of Death; RODNEY JOE YUHICO, BY ELEC	TRONIC SIGNATURE Cause of Death; Sinjuries, Or Complications That Directly Carlentricular Fibrillation Without Showing The Elic Resulting in Death) A SEPSIS The Cause Listed On B. HEALTH CARD Injury That Initiated C. ASPIRATION D. Lo Death But Not Resulting in The Underlying Caus 132. If Fernale: Not Program Cour Program 43 Days To 1 year Batter Death 35. Time Of Injury 36. 38a City Or Town 36.	27c. License Num FD0101002 (See Instructions And Examples) Use of the Death. Do Not Enter Terminal Events Use to Cor As A Consequence 00; EACQUIRED PNEUMONIA Due to (Or As A Consequence 00; Que to (Or As A Consequence 00; Q	## PH83004926 ## PH83004926 Approximate Interval: Onset To Death
27b. Signature Of Indiana Funeral Service Licenses: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events. Disease Such As Cardiac Arrest, Respiratory Arrest, Or VA Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions. If Any, Leading To Line, A. Enter The Underlying Cause (Disease Of The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing. COPD. 31. Did Tobacco Use Contribute To Death? Yes	TRONIC SIGNATURE Cause of Death; Sinjuries, Or Complications That Directly Carlentricular Fibrillation Without Showing The Elic Resulting in Death) A SEPSIS The Cause Listed On B. HEALTH CARD Injury That Initiated C. ASPIRATION D. Lo Death But Not Resulting in The Underlying Caus 132. If Fernale: Not Program Cour Program 43 Days To 1 year Batter Death 35. Time Of Injury 36. 38a City Or Town 36.	27c. License Num FD0101002 (See Instructions And Examples) Used The Death. Do Not Enter Terminal Events Used The Death. Do Not Enter Terminal Events Use to (Or As A Consequence Of): EACQUIRED PNEUMONIA	### PERMIND PERMIND Perminded Pending Investigation
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events — Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, 1f Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Lest Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No. Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of Death: RODNEY JOE YUHICO, 2401 UNI 46. Additional Funeral Service Provider: 48. Signature of Local Health Officer. DONNA A. WILKINS, VIA ELECTRO	TRONIC SIGNATURE Cause of Death; ss. Injuries, Or Complications That Directly Cause of Death; ss. Injuries, Or Complications That Directly Cause (entroular Fibrillation Without Showing The Elic Mean of the E	27c. License Nur FD0101002 (See Instructions And Examples) Use of the Death. Do Not Enter Terminal Events Use of the Death. Do Not Enter Terminal Events Use to (Or As A Consequence Of): EACQUIRED PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): Question Use of (Or As A Consequence	PH83004926 Approximate Interval: Onset To Death 1.WEEK 1.W
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events — Disease Such As Cardiac Arrest, Respiratory Arrest, Or VA Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, 1f Any, Leading To Line, A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Lest Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No. Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature, of Person Certifying Cause Of Death: RODNEY JOE YUHICO, BY ELEC 43. Name, Address And Zip Code Of Person Certifying RODNEY JOE YUHICO, 2401 UNI 46. Additional Funeral Service Provider:	TRONIC SIGNATURE Cause of Death; ss. Injuries, Or Complications That Directly Cause of Death; ss. Injuries, Or Complications That Directly Cause (entroular Fibrillation Without Showing The Elic Mean of the E	27c. License Num FD0101002 (See Instructions And Examples) Used The Death. Do Not Enter Terminal Events Used The Death. Do Not Enter Terminal Events Use to (Or As A Consequence Of): EACQUIRED PNEUMONIA	PH83004926 Approximate Interval: Onset To Death 1.WEEK 1.W
27b. Signature Of Indiana Funeral Service Licensee: JEFFREY D. BOWMAN, BY ELEC 28. Part I: Enter The Chain Of Events — Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, 1f Any, Leading To Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Lest Part II. Enter Other Significant Conditions Contributing COPD 31. Did Tobacco Use Contribute To Death? Yes Probably No. Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of Death: RODNEY JOE YUHICO, 2401 UNI 46. Additional Funeral Service Provider: 48. Signature of Local Health Officer. DONNA A. WILKINS, VIA ELECTRO	TRONIC SIGNATURE Cause of Death; ss. Injuries, Or Complications That Directly Cause of Death; ss. Injuries, Or Complications That Directly Cause (entroular Fibrillation Without Showing The Elic Mean of the E	27c. License Nur FD0101002 (See Instructions And Examples) Use of the Death. Do Not Enter Terminal Events Use of the Death. Do Not Enter Terminal Events Use to (Or As A Consequence Of): EACQUIRED PNEUMONIA Due to (Or As A Consequence Of): PNEUMONIA Due to (Or As A Consequence Of): Question Use of (Or As A Consequence	PH83004926 Approximate Interval: Onset To Death 1.WEEK 1.W