

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

MAR 31 2017

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

MAR 31 2017

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.

**KS** 3/31/2017  
Deputy Aud. Date

## AFFIDAVIT FOR TRANSFER TO SURVIVOR

STATE OF OHIO, COUNTY OF MERCER, ss:

Rosemary D. Feierstein, being first duly sworn, hereby states that her husband, **Ricky L. Feierstein**, died a resident of Mercer County, Ohio, on February 22, 2017, as shown by a certified copy of the official death certificate attached hereto and incorporated herein by reference; that Survivorship Deeds recorded in the Recorder's Office of Mercer County, Ohio, conveyed to Ricky L. Feierstein and Rosemary D. Feierstein, husband and wife, for their joint lives, remainder to the survivor of them, the real property described as follows:

### Tract 1:

Situated in the Village of Coldwater, County of Mercer and State of Ohio, to-wit:

Being Lot Number One Hundred Fifty-two (152) in the consecutively numbered lots to the Village of Coldwater, Ohio, (formerly Lot No. 2 of Rosenbeck Second Addition), except Seven (7) feet off the East side thereof.

Prior Instrument Reference: Instrument # 201300006755

Tax Parcel Number: 05-052400.0000

Tax Map Number: 08-34-105-002

Address of Property: 209 E. Main Street, Coldwater, OH 45828

### Tract 2:

Situated in the Township of Washington, County of Mercer and State of Ohio, to-wit:

Being a parcel of land situated in the Southwest quarter of the Northwest quarter of Section 2, Town 6 South, Range 1 East, Washington Township, Mercer County, Ohio, and more particularly described as follows:

Beginning at a point (said point being marked by a railroad spike set on the centerline of State Route 29 located North 89°48'30" East a distance of 1062.23 feet from the Southwest corner of the Southwest quarter of the Northwest quarter of Section 2);

thence continuing North 89°48'30" East along the centerline of State Route 29 for a distance of 262.87 feet to a point marked by a railroad spike set;

thence North 00°03'50" West for a distance of 327.30 feet to a point marked by an iron spike set;

thence South 89°48'30" West for a distance of 262.87 feet to a point marked by an iron pipe set;

thence South 00°03'50" East for a distance of 327.30 feet to the point of beginning.

Said parcel of land contains 1.975 acres and is subject to all legal highways and easements of record.

Prior Instrument Reference: Instrument # 201300006756

Tax Parcel Number: 42-001600.0100

Tax Map Number: 07-02-100-006

Address of Property: 2115 S.R. 29, Celina, OH 45822

that at the time of the delivery of said Deeds, the said Ricky L. Feierstein and Rosemary D. Feierstein were husband and wife, and continued in that relationship until the death of Ricky L. Feierstein; that this Affidavit is made for the purpose of showing **Rosemary D. Feierstein to be the sole owner of said tract**, vested with the entire fee simple title thereto, and for the purpose of obtaining a transfer by the Auditor of Mercer County, Ohio, on his Tax Duplicate as provided by the Ohio Revised Code; and that the address of Rosemary D. Feierstein continues to be 209 E. Main Street, Coldwater, Ohio 45828.

Further Affiant saith not.

Rosemary D. Feierstein  
Rosemary D. Feierstein

Subscribed in my presence and sworn to before me by the said Rosemary D. Feierstein this 31<sup>st</sup> day of March, 2017.



LOUIS J. SCHIAVONE, Attorney at Law  
NOTARY PUBLIC, STATE OF OHIO  
My Commission has no expiration  
Section 147.03 ORC

Louis J. Schiavone  
Notary Public, State of Ohio

This instrument prepared by: PURDY, LAMMERS & SCHIAVONE, ATTYS. (LJS/dg)  
113 East Market Street, P.O. Box 404  
Celina, OH 45822

Reg. Dist. No. 54  
Primary Reg. Dist. No. 5400  
Registrar's No. 2017000055Ohio Department of Health - Vital Statistics  
**CERTIFICATE OF DEATH**  
Type or print in permanent blue or black ink

State File No. 2017019795

|  |   |   |   |   |  |  |  |
|--|---|---|---|---|--|--|--|
| DECEDENT   | 1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)<br><b>RICKY L FEIERSTEIN</b>  |   |   |   |  | 2. Sex<br><b>MALE</b>  | 3. Date of Death (Mo/Day/Year)<br><b>FEBRUARY 22, 2017</b>   |
|  | 4. Social Security Number<br>[REDACTED]   | 5a. Age (Years)<br><b>65</b>  | 5b. Under 1 Year<br>Months  | 5c. Under 1 day<br>Hours  | 6. Date of Birth (Mo/Day/Year)<br><b>MARCH 16, 1951</b>  | 7. Birthplace (City and State or Foreign Country)<br><b>PORTLAND, INDIANA</b>    |  |
|  | 8a. Residence State<br><b>OHIO</b>  |   | 8b. County<br><b>MERCER</b>   |   | 8c. City or Town<br><b>COLDWATER</b>   |  |  |
|  | 8d. Street and Number<br><b>209 E. MAIN STREET</b>  |   | 8e. Apt. No.  |   | 8f. Zipcode<br><b>45828</b>  | 8g. Inside City Limits?<br><b>YES</b>  |  |
| DISPOSITION  | 9. Ever in US Armed Forces?<br><b>YES</b>   |   | 10. Marital Status at Time of Death<br><b>MARRIED</b>   |   | 11. Surviving Spouse's Name (If wife, give name prior to first marriage)<br><b>ROSEMARY BRAUN</b>                      |  |  |
|  | 12. Decedent's Education<br><b>9TH THRU 12TH GRADE; NO DIPLOMA</b>  |   | 13. Decedent of Hispanic Origin<br><b>NO</b>  |   | 14. Decedent's Race<br><b>WHITE</b>  |  |  |
|  | 15. Father's Name<br><b>ROBERT FEIERSTEIN</b>   |   | 16. Mother's Name (prior to first marriage)<br><b>SHIRLEY HAWKMAN</b>                                 |   |  |  |  |
|  | 17a. Informant's Name<br><b>ROSEMARY FEIERSTEIN</b>   |   | 17b. Relationship to Decedent<br><b>WIFE</b>  |   | 17c. Mailing Address (Street and Number, City, State, Zip Code)<br><b>209 E. MAIN STREET<br/>COLDWATER, OHIO 45828</b> |  |  |
| REGISTRAR  | 18a. Place of Death<br><b>HOSPITAL - EMERGENCY ROOM / OUTPATIENT</b>  |   | 18b. Facility Name (If not Institution, give street & number)<br><b>MERCER CO JOINT TOWNSHIP COMM</b> |   |  |  |  |
|  | 18c. City or Town, State and Zip Code<br><b>COLDWATER, OH 45828</b>   |   | 18d. County of Death<br><b>MERCER</b>   |   |  |  |  |
|  | 19. Signature of Funeral Service Licensee or Other Agent<br><b>MARY JO HELLWARTH</b>  |   | 20. License Number (of licensee)<br><b>009115</b>   |   | 21. Name and Complete Address of Funeral Facility<br><b>W H DICK &amp; SONS-HELLWARTH<br/>FH</b>                       |  |  |
|  | 22a. Method of Disposition<br><b>BURIAL</b>   |   | 22b. Date of Disposition (Mo/Day/Year)<br><b>FEBRUARY 27, 2017</b>                                    |   | 22c. Place of Disposition (Name of Cemetery, Crematory, or other place)<br><b>SWAMP COLLEGE CEMETERY</b>               |  |  |
| CERTIFIER  | 22d. Location (City/Town and State)<br><b>CELINA, OH</b>  |   | 22e. Date of Disposition (Mo/Day/Year)<br><b>218 W MARKET ST<br/>CELINA, OH 45822</b>                 |   |  |  |  |
|  | 23. Registrar's Signature<br><i>Kristi Timmerman</i>  |   | 24. Date Filed (Mo/Day/Year)<br><b>March 02, 2017</b>   |   | 25. District No.<br><b>5400</b>  |  |  |
|  | 25a. Name of Person Issuing Disposition Permit<br><b>TIMMERMAN, KRISTI</b>  |   | 25b. District No.<br><b>5400</b>  |   | 25c. Date Disposition Permit Issued (Mo/Day/Year)<br><b>FEBRUARY 24, 2017</b>  |  |  |
|  | 26a. 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: |   | 26b. Time of Death<br><b>1907</b>   |   |  |  |  |
| CAUSE OF DEATH   | 26c. Date Pronounced Dead (Mo/Day/Year)<br><b>February 22, 2017</b>   |   | 26d. Was the Medical Examiner or Coroner Contacted?<br><b>YES</b>                                     |   |  |  |  |
|  | 26e. Signature and Title of Certifier<br><i>Timothy A. Heller MD</i> M.D.   |   | 26f. License Number<br><b>35-055465</b>   |   | 26g. Date Signed (Mo/Day/Year)<br><b>MARCH 1, 2017</b>   |  |  |
|  | 27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death<br><b>TIMOTHY HEINRICHS, 116 W. MAIN ST., SUITE 1, COLDWATER, OH 45828</b>  |   |   |   |  |  |  |
|  | 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. <b>Acute Myocardial Infarction</b>   |   |   |  |  | Approximate Interval Between Onset and Death<br><b>minutes</b>   |
| Sequentially list conditions, if any, leading to immediate cause.  |   | b. Due to (or as Consequence of)<br><b>of ASD</b>   |   |   |  |  | <b>years</b>   |
| 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.   |   |   |   |   |  |  |  |
| 30. Did Tobacco Use Contribute to Death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably |   | 31. 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 |   | 32. 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 |  | 33. Injury at Work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 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?<br><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:<br><b>HEART ATTACK</b>  |   |   |   |   |  |  | 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. 07/15-09/16

Kristi Timmerman  
LOCAL REGISTRAR

MAR 02 2017

*Kristi Timmerman*