

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUN 07 2017

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUN 07 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 6/7/2017
Deputy Aud. Date

AFFIDAVIT

STATE OF OHIO, COUNTY OF MERCER, ss:

I, Catherine A. Frazier, being absolutely sworn, state that:

- 1.) I am the surviving spouse of Gregory P. Frazier, who died on December 10, 2016. A certified copy of the Certificate of Death of Gregory P. Frazier is attached hereto and incorporated herein by reference.
- 2.) At the time of his death, Gregory P. Frazier and Catherine A. Frazier were the owners of the following real estate, which had been conveyed to them for their joint lives, with the remainder to the survivor of them:

PARCEL NO. ONE

Situated in the Township of Franklin, County of Mercer and State of Ohio, bounded and described as follows:

Being Lot Numbered Seven (7) of SOUTH POINTE SUBDIVISION FIRST ADDITION as shown on the recorded plat thereof as recorded in Plat Cabinet 1 Pages 261-262, subject to all easements, conditions and restrictions of record, and also subject to the Declaration of Covenants, Conditions, and Restrictions and Reservations of Easements as recorded in Official Records Volume 15 Page 1013-1029, Mercer County Recorder's Office.

The last transfer of record appears at Instrument #201000003928, Mercer County Recorder's Official Records.

PARCEL NO. 09-033000.0700 TAX MAP NO. 09-20-282-009

PARCEL NO. TWO

Situated in the southwest quarter of Section 24, Franklin Township, T6S, R3E, Mercer County, Ohio; to wit,

commencing at the monument box at the southwest corner of said Section 24 (intersection of Behm Road and State Route 219);

thence N 01° 28' 42" E, 1485.36 feet, (assumed bearing) along the west line of said southwest quarter (centerline of Behm Road) to a set mag nail (mn) and the place of beginning;

thence N 01° 28' 42" E, 100.00 feet, continuing on said line to a set mn;

thence S 88° 31' 16" E, 167.01 feet, to the center of a boat channel, passing a set #5 rebar on the east right of way line of Behm Road at 16.50 feet and a set #5 set reference rebar at 129.51 feet;

MINOR SUBDIVISION

thence **S 01° 28' 44" W, 100.00 feet**, on the center of the boat channel;

thence **N 88° 31' 16" W, 167.01 feet**, the place of beginning passing a set #5 reference rebar at 37.50 feet and passing a set #5 rebar on the east right of way line of Behm Road at 150.51 feet;

containing 0.383 acres, more or less, Bacon & Associates, LLC, Clayton T. Bacon, PS 6179, 4-27-05.

The last transfer of record appears at Instrument #200800002823, Mercer County Recorder's Official Records.

PARCEL NO. 09-1⁰900.0204 TAX MAP NO. ~~9-2401-010~~
09-24-301-010

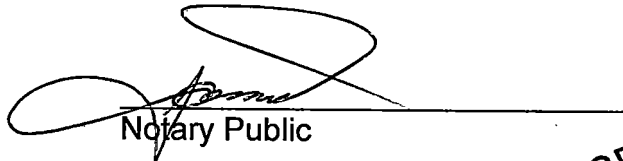
Subject however, to all legal highways, and subject to, and with the benefit of all restrictions, conditions, limitations, reservations, easements, rights of way and covenants of record, if any, and to zoning restrictions which have been imposed thereon, if any, and **specifically** the covenants and restrictions set forth in **Instrument 200600004549 in the Mercer County Recorder's Office.**

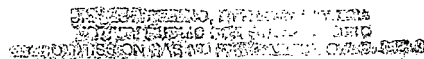
- 3.) By the death of Gregory P. Frazier, Catherine A. Frazier has become the sole owner of the afore described real estate.
- 4.) Further, the debts and expenses of Gregory P. Frazier have been paid in full and no estate tax is due.
- 5.) This Affidavit is made for the purpose of giving notice of the transfer of the interest of the decedent to Catherine A. Frazier.

Further, affiant saith naught.


Catherine A. Frazier

Sworn to absolutely and subscribed in my presence by Catherine A. Frazier, at Celina, Ohio, this 6 day of June, 2017.


Notary Public



SEAL

This instrument prepared by: James A. Tesno
MEIKLE, TESNO & LUTH, ATTYS.
100 N. Main, Celina, OH 48522

Reg. Dist. No. 02
Primary Reg. Dist. No. 0201

Ohio Department of Health - Vital Statistics

State File No: 2016113389

Registrar's No. 0200-2016001410

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) GREGORY P FRAZIER						2. Sex MALE		3. Date of Death (Mo/Day/Year) DECEMBER 10, 2016			
4. Social Security Number [REDACTED]		5a. Age (Years) 69		5b. Under 1 Year Months		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) AUGUST 16, 1947		7. Birthplace (City and State or Foreign Country) LIMA, OHIO	
8a. Residence State OHIO				8b. County MERCER				8c. City or Town CELINA			
8d. Street and Number 5271 SOUTH POINTE BLVD						8e. Apt. No.		8f. Zipcode 45822		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) CATHERINE ANNE FRAZIER					
12. Decedent's Education ASSOCIATE DEGREE (E.G., AA, AS)						13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE			
15. Father's Name PAUL FRAZIER						16. Mother's Name (prior to first marriage) SHIRLEY BRYANT					
17a. Informant's Name CATHERINE ANNE HARRIS						17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 5271 SOUTH POINTE BLVD CELINA, OHIO 45822			
18a. Place of Death HOSPITAL - INPATIENT						18b. Facility Name (if not Institution, give street & number) LIMA MEMORIAL HEALTH SYSTEM					
18c. City or Town, State and Zip Code LIMA, OH 45804						18d. County of Death ALLEN					
19. Signature of Funeral Service Licensee or Other Agent ROBERT N CISCO						20. License Number (of licensee) 008625		21. Name and Complete Address of Funeral Facility CISCO FUNERAL HOME 6921 SR 703 CELINA, OH 45822			
22a. Method of Disposition CREMATION						22b. Date of Disposition (Mo/Day/Year) 12-16-16		22c. Location (City/Town and State) LIMA, OH			
23. Registrar's Signature <i>Christine Shrider</i>						24. Date Filed (Mo/Day/Year) Dec 16 2016		25a. Name of Person Issuing Disposition Permit VERNON, DAVID			
25b. District No. 1100						25c. Date Disposition Permit Issued (Mo/Day/Year) 12-16-16					
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 1657HRS					
26c. Date Pronounced Dead (Mo/Day/Year) 12/10/2016						26d. Was the Medical Examiner or Coroner Contacted? YES					
26e. Signature and Title of Certifier <i>[Signature]</i> MD						26f. License number 35.126869		26g. Date Signed (Mo/Day/Year) 12/12/16			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death KAMALDEEN OYEBOLA AGORO, 920 W MARKET ST SUITE 210, LIMA, OH 45805											
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. END STAGE COPD								Approximate Interval Between Onset and Death UNKNOWN	
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.											
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input 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		32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		33a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33b. Date of Injury (Mo/Day/Year)						33c. Time of Injury		33d. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33e. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33f. Location of Injury (Street and Number or Rural Route Number, City or Town, State)											
33g. Describe How Injury Occurred:											
33h. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger Other:											

HEA 2724 Rev. 07/15-09/16

Christine Shrider, Local Registrar

DEC 16 2016

Christine Shrider