

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

SEP 18 2017

MERCER COUNTY  
TAX MAP DEPARTMENT

TRANSFERRED

SEP 18 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.

KS 9/18/2017  
Deputy Aud. Date

## AFFIDAVIT

STATE OF OHIO                    )  
  )       SS:  
COUNTY OF MERCER            )

Mary A. Salupo, being first duly sworn, says that her husband, Salvatore D. Salupo, died a resident of Mercer County, Ohio on March 18, 2011, as shown by certified copy of death certificate attached hereto. There is no estate for probate and an Ohio Estate Tax Return is not required to be filed in said estate.

That the Quit Claim Deed dated October 15, 2007, and recorded on October 15, 2007, as Instrument #200700006312 in the Records of Mercer County, conveyed to Salvatore D. Salupo and Mary A. Salupo, husband and wife, and the remainder to the survivor of them, the real estate described as follows:

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

TRACT ONE: Being a 1 acre tract located in Section 13, Dublin Township, Town 4 South, Range 2 East, Mercer County, Ohio, and more particularly described as follows: Beginning at a point 3.45 feet west of the south quarter post of section 13, Dublin Township, said point being the point of intersection of United States Route 127 and the Dutton Road and being defined by a masonry nail. Thence North 0° 08' 30" East on and along the centerline of USR 127 a distance of 291.00 feet to a masonry nail; thence south 89° 58' 30" East, a distance of 150.00 feet to a 5/8 inch diameter iron pin; thence south 0° 08' 30" West a distance of 291.00 feet to the centerline of the Dutton Road; thence North 89° 58' 30" West on and along the centerline of the Dutton Road to the place of beginning with said tract containing 1 acre, more or less, of which 0.50 acre are currently utilized for roadway purposes, subject to all legal highways.

TRACT TWO: Being a 1 acre tract located in Section 13, Dublin Township, Town 4 South, Range 2 East, Mercer County, Ohio, and more particularly described as follows: Commencing at a point on the centerline of United States Route 127, said point being 3.45 feet west of the south quarter post of Section 13 and also being the point of intersection of the centerlines of USR 127 and the Dutton Road; thence North 0° 08' 30" east on and along the centerline of USR 127 a distance of 291.00 feet to a masonry nail as the place of beginning; thence continuing north 0° 08' 30" east on and along the centerline of USR 127, a distance of 290.00 feet to masonry nail,

said line passing thru the roadway P.I. at highway station 1233 + 44; thence south 89° 58' 30" east, a distance of 150.00 feet to a 5/8 inch iron rod; thence south 0° 08' 30" west, a distance of 290.00 feet to a 5/8 iron pin; thence North 89° 58' 30" west, a distance of 150.00 feet to the place of beginning, with said tract containing 1 acre, more or less, of which 0.39 acres are presently in the highway right of way. Subject to all legal highways.

Parcel #07-029300.0000  
Map #02-13-400-002

Prior Ref.  
Instrument #200700006312

That this Affidavit is made for the purpose of showing Mary A. Salupo to be the sole surviving owner, vested with the entire fee simple title to the above described real estate, and for the purpose of obtaining a transfer by the auditor of Mercer County on the tax duplicate as provided by Section 319.20, Revised Code; and that the address for billing purposes is 11516 SR 127, Mendon, OH 45862.

Mary A. Salupo  
Mary A. Salupo

State of Ohio, County of Van Wert ) ss.

Before me, a Notary Public for the State of Ohio, appeared the above named Mary A. Salupo, who acknowledged and signed the foregoing instrument and the signing was her free act.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal this 6th day of May, 2011.



**COLLETTE J. CARCIONE**  
**ATTORNEY AT LAW**  
NOTARY PUBLIC  
STATE OF OHIO  
My Comm. Has No  
Expiration Date  
Section 147.03 R. C.

Collette J. Carcione  
Notary Public

THIS INSTRUMENT WAS FORWARDED BY COLLETTE J. CARCIONE  
JOHNSON & CARCIONE  
113 North Washington Street, Van Wert, OH 45891  
(419) 238-4469

Reg. Dist. No. 81  
Primary Reg. Dist. No. 8101Ohio Department of Health  
VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No.

Registrar's No. 8100-2011000049

Type or print in permanent blue or black ink

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) SALVATORE DAVID SALUPO				2. Sex Male		3. Date of Death (Mo/Day/Year) March 18, 2011	
4. Social Security Number		5a. Age (Years) 61	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Mo/Day/Year) November 25, 1949		7. Birthplace (City and State or Foreign Country) CLEVELAND, OHIO
8a. Residence State OHIO		8b. County MERCER		8c. City or Town MENDON		8d. Street and Number 11516 U.S. Route 127	
8e. Apt. No.		8f. Zipcode 45862		8g. Inside City Limits?		No	
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Married		11. Surviving Spouse's Name (If wife, give name prior to first marriage) MARY ELLIOTT			
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 SEBASTIAN SALUPO		16. Mother's Name (prior to first marriage) LUCILLE BARBATO		17a. Relationship to Decedent Wife			
17b. Mailing Address (Street and Number, City, State, Zip Code) 11516 U.S. Route 127		17c. City or Town, State and Zip Code VAN WERT, OH 45891		18. County of Death VAN WERT			
18a. Place of Death NonHospital - Hospice Facility		18b. Facility Name (If not Institution, give street & number) Inpatient Hospice Center		19. Signature of Funeral Service Licensee or Other Agent <i>Marylou Smith</i>			
20. License Number (of licensee) 006697		21. Name and Complete Address of Funeral Facility COWAN & SON FH 616 S WASHINGTON ST VAN WERT, OH 45891		22a. Method of Disposition Cremation			
22b. Date of Disposition March 23, 2011		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Van Wert Crematory		22d. Location (City/Town and State) VAN WERT, OH			
23. Registrar's Signature <i>Marylou Smith</i>		24. Date Filed March 22, 2011		25a. Name of Person Issuing Burial Permit SMITH, MARYLOU			
25b. District No. 8100		25c. Date Burial Permit Issued March 22, 2011		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 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 9:40 p.m.		26c. Date Pronounced Dead (Mo/Day/Year) March 18, 2011		26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier <i>[Signature]</i> MD		26f. License number 35.085201		26g. Date Signed 3/22/11			
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death Jones, Jacob Burl, 1178 Professional Drive VAN WERT, OH 45891							
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.						Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death)		a. <i>Metastatic Prostate Cancer</i>				months	
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. <i>end stage COPD</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 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		33. Injury at Work? <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? <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:						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. 01/07

I HEREBY CERTIFY THIS  
DOCUMENT IS AN EXACT  
COPY OF THE RECORD ON FILE WITH  
THE OHIO DEPT. OF HEALTH.

MR 22 11 00243

MARYLOU SMITH, LOCAL REGISTRAR  
OFFICE OF VITAL STATISTICS  
WITNESS MY SIGNATURE & SEAL