

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JAN 10 2018

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JAN 10 2018

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance for 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.

R. E. Giere 1/10/18
Deputy and Date

**AFFIDAVIT CONFIRMING DEATH
PURSUANT TO TRANSFER ON DEATH DEED**

Richard E. Giere, of 7455 State Route 197, Celina, Ohio 45822, being first duly cautioned and sworn, deposes and states as follows:

1. He has knowledge of the facts set forth herein and is competent to testify concerning same in open court.
2. His mother, Betty Giere aka Betty Catherine Giere, died a resident of Mercer County, Ohio on December 20, 2017. A certified copy of her death certificate is attached hereto.
3. At the time of her death, Betty Giere was the fee simple owner of the following described real estate:

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

Being Lot Number Six Hundred Twenty (620) in Selhorst Second Addition to the Village of Coldwater, Ohio, as the same is set forth on the recorded plat thereof.

Deed Reference: Volume 321, Page 540 and Volume 168, Page 355, Deed Records of Mercer County, Ohio.

Tax ID #05-100800.0000
Tax Map #08-28-454-007

4. On July 12, 2017, Betty Giere executed a Transfer on Death Designation Affidavit pursuant to ORC 5302.22, designating her ownership in the above-described property to transfer on her death to Richard E. Giere and Daniel J. Giere, for their joint lives, remainder to the survivor of them. The Transfer on Death Designation Affidavit is recorded in Instrument #201700003209, Mercer County Recorder's Office.

5. Betty Giere was not a recipient of Medicaid. The State of Ohio has no claim against the above-described property nor has it filed a certificate of lien under Section 5111.111 of the Ohio Revised Code.

6. Affiant does not anticipate filing any probate proceedings as all assets of the decedent were non-probate.

7. This Affidavit is recorded to establish that by virtue of the death of Betty Giere, Richard E. Giere and Daniel J. Giere, for their joint lives, remainder to the survivor of them, are now the fee simple owners of the above-described real estate, and to enable the Mercer County Auditor's Office and Mercer County Treasurer's Office to update their records to reflect said ownership.

8. The tax billing address for this property shall be the address of Richard E. Giere, 7455 State Route 197, Celina, Ohio 45822.

9. Further Affiant sayeth not.

Richard E. Giere
Richard E. Giere

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn to before me and subscribed in my presence by Richard E. Giere on this 10th
day of January, 2018.

Monica E. Rutschilling
Notary Public



Monica E. Rutschilling
Notary Public - Ohio
County of Mercer
My Commission Expires 09-21-2020

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 5400-2017000302

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

State File No. 2017120818

| | | | | | | | | |
|---|--|--|---|--|--|---|--|--|
| DECEDENT | 1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) BETTY CATHERINE GIERE | | | | | | 2. Sex FEMALE | 3. Date of Death (Mo/Day/Year) DECEMBER 20, 2017 APPROXIMATE |
| | 4. Social Security Number [REDACTED] | 5a. Age (Years) 88 | 5b. Under 1 Year, Months [REDACTED] | 5c. Under 1 day, Hours [REDACTED] | 5d. Under 1 day, Minutes [REDACTED] | 6. Date of Birth (Mo/Day/Year) JUNE 06, 1929 | 7. Birthplace (City and State or Foreign Country) DAYTON, OHIO | |
| | 8a. Residence State OHIO | | 8b. County MERCER | | 8c. City or Town COLDWATER | | | |
| | 8d. Street and Number 407 WEST VINE ST | | | | | 8e. Apt. No. [REDACTED] | 8f. Zipcode 45828 | 8g. Inside City Limits? YES |
| DISPOSITION | 9. Ever in US Armed Forces? NO | | 10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED) | | 11. Surviving Spouse's Name (If wife, give name prior to first marriage) [REDACTED] | | | |
| | 12. Decedent's Education HIGH SCHOOL GRADUATE OR GED | | | | 13. Decedent of Hispanic Origin NO | | 14. Decedent's Race WHITE | |
| | 15. Father's Name EDWIN HOGAN | | | | 16. Mother's Name (prior to first marriage) MARY SCHENKING | | | |
| | 17a. Informant's Name KARL GIERE | | | | 17b. Relationship to Decedent SON | | 17c. Mailing Address (Street and Number, City, State, Zip Code) 509 EAST VINE ST COLDWATER, OHIO 45828 | |
| | 18a. Place of Death DECEDENT'S HOME | | | | 18b. Facility Name (If not institution, give street & number) 407 WEST VINE ST | | | |
| | 18c. City or Town, State and Zip Code COLDWATER, OH 45828 | | | | 18d. County of Death MERCER | | | |
| | 19. Signature of Funeral Service Licensee or Other Agent BRIAN J HOGENKAMP | | | | 20. License Number (of licensee) 007618 | | 21. Name and Complete Address of Funeral Facility N J HOGENKAMP SONS INC 715 E MAIN ST COLDWATER, OH 45828 | |
| | 22a. Method of Disposition BURIAL | | | | 22b. Date of Disposition (Mo/Day/Year) DECEMBER 27, 2017 | | 22c. Place of Disposition (Name of Cemetery, Crematory, or other place) ST. ELIZABETH CEMETERY | |
| | 22d. Location (City/Town and State) COLDWATER, OH | | | | | | | |
| | REGISTRAR | 23. Registrar's Signature KRISTI TIMMERMAN | | | | 24. Date Filed (Mo/Day/Year) DECEMBER 23, 2017 | | |
| 25a. Name of Person Issuing Disposition Permit HOGENKAMP, BRIAN JAMES | | | | 25b. District No. 5400 | | 25c. Date Disposition Permit Issued (Mo/Day/Year) DECEMBER 22, 2017 | | |
| 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. | | | | | | | | |
| CERTIFIER | 26b. Time of Death 1229 FOUR HOURS | | 26c. Date Pronounced Dead (Mo/Day/Year) DECEMBER 20, 2017 | | 26d. Was Case Referred to Medical Examiner or Coroner? YES | | | |
| | 26e. Signature and Title of Certifier JOHN J NAVEAU MD | | 26f. License number 35.046330 | | 26g. Date Signed (Mo/Day/Year) DECEMBER 22, 2017 | | | |
| | 27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death JOHN J NAVEAU, 407 SOUTH OAK STREET, COLDWATER, OH 45828 | | | | | | | |
| | 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. | | | | | | | |
| CAUSE OF DEATH | Immediate Cause (Final disease or condition resulting in death) | | a. ACUTE MYOCARDIAL INFARCTION | | | | Approximate Interval Between Onset and Death IMMEDIATE | |
| | Sequentially list conditions, if any, leading to immediate cause. | | b. Due to (or as Consequence of) | | | | | |
| | | | c. Due to (or as Consequence of) | | | | | |
| | Enter Underlying Cause (Disease or injury that initiated events resulting in a death) | | 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. DIABETES MELLITUS; HYPERTENSION | | | | | | | |
| | 29a. Was An Autopsy Performed? NO | | | | 29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE | | | |
| 30. Did Tobacco Use Contribute to Death? NO | | 31. If Female, Pregnancy Status NOT APPLICABLE | | 32. Manner of Death NATURAL | | | | |
| 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? | |
| 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: | | |

HEA 2724 Rev. 07/15

Kristi Timmerman
LOCAL REGISTRAR

DEC 29 2017

Kristi Timmerman