

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

JUL 13 2018

MERCER COUNTY  
TAX MAP DEPARTMENT

TRANSFERRED

JUL 13 2018

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.

KP 7-13-18  
Deputy Aud. Date

## Joint and Survivorship Affidavit

Suzanne E. Lester, being first duly cautioned and sworn, deposes and states as follows:

1. I have knowledge of the facts set forth herein and am competent to testify concerning same in open court.
2. I am the surviving spouse of William T. Lester who died a resident of St. James City, Florida on February 23, 2018. A certified copy of his death certificate is attached hereto.
3. William T. Lester and I own real estate in Franklin Township, Mercer County, Ohio, as husband and wife, joint with rights of survivorship, by virtue of a Survivorship Deed dated June 28, 2016, filed for record on July 12, 2016 at 2:22 p.m., and recorded in Instrument #201600003230, Mercer County Recorder's Office. The real estate is more particularly described as follows:

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

Being Lot Number Twenty (20) of Treasure Cove Subdivision as shown on the recorded plat thereof recorded in Plat Cabinet 1, Page 315 of the Mercer County, Ohio Plat Records, subject to all conditions, restrictions and easements of record.

Deed Reference: Instrument #201600003230, Mercer County Recorder's Office

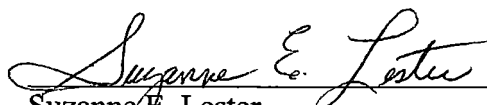
Tax ID# 09-035700.0424

Tax Map #09-20-178-041

4. This Affidavit is made pursuant to Section 5302.17, Ohio Revised Code, to establish that Suzanne E. Lester is the sole record owner of, and vested with the entire fee simple interest in and to, 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 that the sole owner is now Suzanne E. Lester.

5. The decedent was not a recipient of Medicaid. The State of Ohio has no claim against the decedent's property nor has it filed a certificate of lien under Section 5111.111 of the Ohio Revised Code.

6. Further affiant sayeth not.

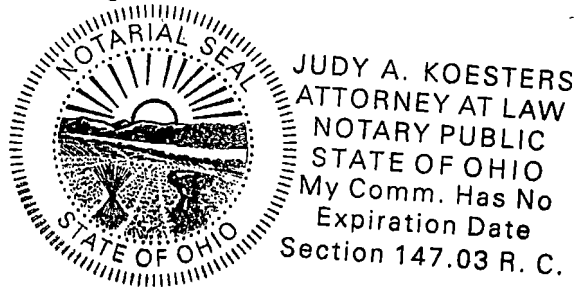
  
Suzanne E. Lester

STATE OF OHIO, COUNTY OF MERCER, SS:

BE IT REMEMBERED, that on this 13th day of July, 2018, before me, the subscriber, a notary public in and for said State, personally appeared **Suzanne E. Lester**, the Affiant in the foregoing Joint and Survivorship Affidavit, and acknowledged the signing thereof to be her voluntary act and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

  
\_\_\_\_\_  
Notary Public



## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018034059

DATE ISSUED: MARCH 2, 2018

## DECEDENT INFORMATION

DATE FILED: FEBRUARY 27, 2018

NAME: WILLIAM THOMAS LESTER

DATE OF DEATH: FEBRUARY 23, 2018

SEX: MALE

AGE: 081 YEARS

DATE OF BIRTH: APRIL 12, 1936

BIRTHPLACE: TOLEDO, OHIO, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: CAPE CORAL HOSPITAL

LOCATION OF DEATH: CAPE CORAL, LEE COUNTY, 33990

RESIDENCE: 2322 YORK ROAD, ST JAMES CITY, FLORIDA 33956, UNITED STATES

COUNTY: LEE

OCCUPATION, INDUSTRY: HIGH SCHOOL PRINCIPAL, PUBLIC SCHOOLS

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

INSTR # 2018000077663, Pages 1  
 Doc Type DC, Recorded 04/03/2018 at 02:45 PM,  
 Linda Doggett, Lee County Clerk of Circuit Court  
 Rec. Fee \$10.00  
 Deputy Clerk LESPOSITO  
 #1

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: SUZANNE ETHEL ROSS

FATHER'S/PARENT'S NAME: WILLIAM T LESTER II

MOTHER'S/PARENT'S NAME: WILMA I SMITH

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SUZANNE E LESTER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 2322 YORK ROAD, ST JAMES CITY, FLORIDA 33956, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: SHANNON D. MULLINS, F044369

FUNERAL FACILITY: MULLINS MEMORIAL FUNERAL HOME & CREMATION SERVICE INC - CAPE CORAL F079336  
1056 NE 7TH TERRACE, CAPE CORAL, FLORIDA 33909

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MULLINS MEMORIAL FUNERAL HOME & CREMATION SERVICE  
CAPE CORAL, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 1145

CERTIFIER'S NAME: DMITRIY GREGORIEVICH CHATSKIY

CERTIFIER'S LICENSE NUMBER: OS9038

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: FEBRUARY 27, 2018



, STATE REGISTRAR

REQ: 2019037866

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

## WARNING:



\* 3 6 3 3 6 1 3 3 \*

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

