Instrument #201800003417 Recorded: 7/18/2018 3:11 PM 2 Pages, AFFIDAVIT
Total Fees: $28.00 Angela N. King, Recorder, Mercer County, OH Dropped off by: EVA YARGER

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUL 18 2018

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUL 18 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 7-18-18
Deputy Aud. Date

AFFIDAVIT

STATE OF OHIO
COUNTY OF VAN WERT SS:

Ruth L. Carr, being first duly sworn according to law, deposes and says that she is an adult residing at 107 West Walnut St., Rockford, OH 45882; that she was a spouse of Calvin L. Carr, who died June 20, 2018; owning real estate jointly with right of survivorship in the following described real estate situated in the Village of Rockford, County of Mercer, and State of Ohio, to-wit:

Being the East One-Half of Lots Numbered Two Hundred Twenty-four (224) and Two Hundred Twenty-five (225) of the Revised Numbering to the incorporated Village of Rockford, Mercer County, Ohio.

Parcel No. 8-028100.0000
Tax Map No. 2-16-351-004

Prior Instrument Reference: Volume 141 at Page 1009, Mercer County Records

Affiant further says that at the death of said Calvin L. Carr as aforesaid, the fee simple title thereto is now vested in the following: Ruth L. Carr, respectively.

Ruth L. Carr

Ruth L. Carr, Affiant

Sworn to before me and subscribed in my presence this 9th day of July, 2018.

Notary Public

TAMMIE L. WEIGLE
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 4-22-19

This instrument prepared by:
Robert C. Young, Attorney at Law
120 West Main Street, Suite 100
Van Wert, OH 45891
Phone (419)238-1166

Reg. Dist. No. 54
Primary Reg. Dist. No. 5400
Registrar's No. 2018000146

Ohio Department of Health - Vital Statistics

CERTIFICATE OF DEATH

(Type or print in permanent blue or black ink)

State File No. 2018061115

DECEDENT

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)	2. Sex	3. Date of Death (Mo/Day/Year)
CALVIN CARR	MALE	JUNE 20, 2018

4. Social Security Number	5a. Age (Years)	5b. Under 1 Year: Months / Days	5c. Under 1 day: Hours / Minutes	6. Date of Birth (Mo/Day/Year)	7. Birthplace (City and State or Foreign Country)
[redacted]	94			DECEMBER 27, 1923	ROCKFORD, OHIO

8a. Residence State	8b. County	8c. City or Town	8d. Street and Number	8e. Apt. No.	8f. Zipcode	8g. Inside City Limits?
OHIO	MERCER	ROCKFORD	107 W WALNUT ST.		45882	YES

9. Ever in US Armed Forces?	10. Marital Status at Time of Death	11. Surviving Spouse's Name (If wife, give name prior to first marriage)
YES	MARRIED	RUTH BOLLENBACHER

12. Decedent's Education	13. Decedent of Hispanic Origin	14. Decedent's Race
HIGH SCHOOL GRADUATE OR GED	NO	WHITE

15. Father's Name	16. Mother's Name (prior to first marriage)
J DEWEY CARR	LILLIAN MARTZ

17a. Informant's Name	17b. Relationship to Decedent	17c. Mailing Address (Street and Number, City, State, Zip Code)
RUTH CARR	WIFE	107 W WALNUT ST ROCKFORD, OHIO 45882

18a. Place of Death	18b. Facility Name (If not Institution, give street & number)	18c. City or Town, State and Zip Code	18d. County of Death
NURSING HOME/LONG TERM CARE FACILITY	LAURELS OF SHANE HILL	ROCKFORD, OH	MERCER

DISPOSITION

19. Signature of Funeral Service Licensee or Other Agent	20. License Number (of licensee)	21. Name and Complete Address of Funeral Facility
ROBERT N CISCO	008625	CISCO FUNERAL HOME

22a. Method of Disposition	22b. Date of Disposition (Mo/Day/Year)	22c. Place of Disposition (Name of Cemetery, Crematory, or other place)	22d. Location (City/Town and State)
BURIAL	JUNE 29, 2018	RIVERSIDE CEMETERY	ROCKFORD, OH

6921 SR 703
CELINA, OH 45822

REGISTRAR

23. Registrar's Signature	24. Date Filed (Mo/Day/Year)
Kristi Timmerman	June 27, 2018

25a. Name of Person Issuing Disposition Permit	25b. District No.	25c. Date Disposition Permit Issued (Mo/Day/Year)
CISCO, ROBERT	0600	JUNE 22, 2018

CERTIFIER

26a. Certifier (Check only one)

- [X] 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.
- [ ] 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	26c. Date Pronounced Dead (Mo/Day/Year)	26d. Was the Medical Examiner or Coroner Contacted?
12:39 Am	June 20, 2018	NO

26e. Signature and Title of Certifier	26f. License number	26g. Date Signed (Mo/Day/Year)
[signature] MD	35-078454	Jun 26, 2018

27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death
MATTHEW MILLER, 140 FOX RD STE 201, VAN WERT, OH 45891

CAUSE OF DEATH

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. Acute respiratory failure	Hours to days
Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of): Hypoxemia	Months
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of): Chronic obstructive pulmonary disease with acute exacerbation	Years
	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.
Coronary artery disease, Chronic kidney disease

29a. Was An Autopsy Performed?	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?
[ ] Yes [X] No	[ ] YES [ ] NO [ ] Not Applicable

30. Did Tobacco Use Contribute to Death?	31. If Female, Pregnancy Status	32. Manner of Death
[ ] Yes [X] Unknown [ ] No [ ] Probably	[ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year	[X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined

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?
			[ ] Yes [ ] 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:
[ ] Driver/Operator [ ] Pedestrian [ ] Passenger
[ ] Other:

HEA 2724 Rev. 07/16-09/16

Kristi Timmerman
LOCAL REGISTRAR
JUN 27 2018
Kristi Timmerman

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.
REV. 7/2015