Instrument #201900005491 Recorded: 11/25/2019 2:37 PM 3 Pages, AFFIDAVIT Total Fees: \$42.00 Angela N. King, Recorder, Mercer County, OH Dropped off by: MTL/TOM

> DESCRIPTION SUFFICIENT FOR TAX MAPPING PURPOSES

> > NOV 252019

MERCER COUNTY
TAX MAP DEPARTMENT

# **TRANSFERRED**

NOV 2 5 2019

RANDALL E. GRAPNER COUNTY AUDITOR MERCER COUNTY, OHIO Exemption paragraph, conveyance fee The Grantor and Grantee of this deed have complied with the provisions of R.C. Sec 319, 202 Randall E. Grapner Mercer County Auditor.

Deputy Aud. Date

#### **AFFIDAVIT ON DEATH**

STATE OF OHIO, COUNTY OF MERCER, ss:

- I, Perfedia A. Dietrich, aka Parfidia M. Dietrich, being absolutely sworn, state that:
  - I am the surviving spouse of Steven Lee Dietrich, aka Steve L. Dietrich, who died May 13, 2019. A certified copy of the Certificate of Death of Steven Lee Dietrich is attached hereto and incorporated herein by reference.
  - Pursuant to a Joint and Survivorship Deed recorded in Mercer County Recorder's Office Official Records Instrument #201800001949, Steve L. Dietrich and Parfidia M. Dietrich owned real estate described as follows:

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

Being Lot Numbered Four Hundred Eleven (411) in the Bellvue Addition to the Village of Rockford, Mercer County, Ohio, Revised Numbering, subject to all easements, conditions and restrictions imposed thereon.

Also, being the North one-half of the following previously vacated alley 16.5 feet in width, located in the Village of Rockford, Ohio, bounded on the East by Main Street, on the North by Lot 411 Bellvue Addition, and on the South by Lot 349, Cale Frysinger Addition.

PARCEL NO. <u>08-045000.0000</u> TAX MAP NO. <u>02-16-355-016</u>

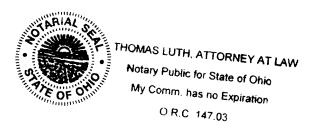
The last transfer of record appears at Instrument #201800001949, Mercer County Recorder's Official Records.

- 3. By reason of the death of Steven Lee Dietrich, aka Steve L. Dietrich, Perfedia A. Dietrich, aka Parfidia M. Dietrich, has become the sole owner of said real estate.
- Further, the debts and expenses of Steven Lee Dietrich have been paid in full and no estate tax is due.
   Further, affiant saith naught.

Perfedia A. Dietrich

Sworn to absolutely and subscribed in my presence by Perfedia A. Dietrich, at Celina, Ohio, this 25<sup>th</sup> day of November, 2019.

Motary Public



This instrument prepared by: Meikle, Tesno & Luth, Attys. 100 N. Main St., Celina, OH 45822 Phone (419) 586-6481, without benefit of title search.

### 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: 2019078041

**DECEDENT INFORMATION** 

NAME: STEVEN LEE DIETRICH

DATE OF DEATH: MAY 13, 2019 DATE OF BIRTH: FEBRUARY 12, 1957

SEX: MALE

AGE: 062 YEARS

BIRTHPLACE: ROCKFORD, OHIO, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: HOPE HOPSICE-2430 DIPLOMAT PKWY

LOCATION OF DEATH: CAPE CORAL, LEE COUNTY, 33909

RESIDENCE: 703 S. MAIN, ROCKFORD, OHIO 45882, UNITED STATES OCCUPATION, INDUSTRY: FARMER/ELECTRICIAN, AGRICULTURE/FACTORY

COUNTY: MERCER

DATE ISSUED: MAY 16, 2019

**DATE FILED:** MAY 16, 2019

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

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

## SURVIVING SPOUSE / PARENT NAME INFORMATION (NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: PERFEDIA FELGER FATHER'S/PARENT'S NAME: NORMAN DIETRICH MOTHER'S/PARENT'S NAME: MARY DONER

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: PERFEDIA DIETRICH

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 703 S. MAIN , ROCKFORD, OHIO 45882, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: LINDA L FULLER, F019958 FUNERAL FACILITY: LEE COUNTY CREMATION SERVICES F065328

3615 CENTRAL AVENUE #6, FORT MYERS, FLORIDA 33901

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLONIAL CREMATORY FORT MYERS, FLORIDA

### **CERTIFIER INFORMATION**

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN TIME OF DEATH (24 HOUR):

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE DATE CERTIFIED: MAY 16, 2019

1916 CERTIFIER'S NAME: MALKAN G PATEL

CERTIFIER'S LICENSE NUMBER: OS10455

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

## **CAUSE OF DEATH AND INJURY INFORMATION**

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. ASHD

LUNK

**JOID IF ALTERED OR ERASED** 

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

**AUTOPSY PERFORMED? NO** 

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO DEATH? NO DATE OF SURGERY:

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY: DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

.STATE REGISTRAR

REQ: 2020459078

WARNING:

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. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



**CERTIFICATION OF VITAL RECORD** 

DH FORM 1947 (03-13)