

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

DEC 13 2019

MERCER COUNTY  
TAX MAP DEPARTMENT

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.

Scott 12/13/19  
Deputy Aud. Date

**TRANSFERRED**

DEC 13 2019

RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

### AFFIDAVIT OF CONFIRMATION

STATE OF OHIO :  
: SS:  
COUNTY OF DARKE :

BONITA A. YORK, being first duly cautioned and sworn according to law hereby deposes  
and states the following:

1. That she has personal knowledge of the facts contained herein.
2. That she is the daughter of IRMA E. FLECK who executed a certain Transfer on Death Designation Affidavit on June 25, 2018 which was recorded July 11, 2018 as Instrument #201800003283, Mercer County Ohio Recorder's Office records, whereby IRMA E. FLECK designated her entire undivided interest in the following described property to her children, DIANE M. PENNY, affiant, BONITA A. YORK, BARBARA A. RIETHMAN, MARGARET A. PHILIPOT, JANICE A. FINFROCK, THOMAS J. GRILLIOT, KENNETH GRILLIOT, DAVID J. GRILLIOT, RANDALL J. GRILLIOT, NICHOLAS P. GRILLIOT, CATHLEEN A. GRILLIOT and ANGELA M. DUES, as transfer on death beneficiaries:

Situated in the Village of Coldwater, in the County of Mercer and  
State of Ohio.

Being Lot #1156 in the Selhorst 14<sup>th</sup> Addition to the incorporated  
Village of Coldwater, Ohio, as shown on the recorded Plat of said  
addition in Plat Book 11, Page 21, Recorder's Office, Mercer  
County, Ohio.

Subject to all restrictions, conditions and provisions shown on said  
plat and also in Misc. Volume 6, Page 376, all in the Recorder's  
Office, Mercer County, Ohio, which are incorporated herein by


reference, the same as if fully rewritten herein, and subject to zoning restrictions of the Village of Coldwater, Ohio.

Parcel No: 05-156400.0000

Map No: 08-28-376-010

3. That said IRMA E. FLECK passed away on July 21, 2019, as evidenced by a certified copy of her death certificate attached hereto.
4. That by virtue of the death of said IRMA E. FLECK, DIANE M. PENNY, affiant, BONITA A. YORK, BARBARA A. RIETHMAN, MARGARET A. PHILIPOT, JANICE A. FINFROCK, THOMAS J. GRILLIOT, KENNETH GRILLIOT, DAVID J. GRILLIOT, RANDALL J. GRILLIOT, NICHOLAS P. GRILLIOT, CATHLEEN A. GRILLIOT and ANGELA M. DUES are now the fee simple owners of the real estate hereinabove described.

AFFIANT FURTHER SAYETH NAUGHT.

  
BONITA A. YORK

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of December, 2019, by BONITA A. YORK.



THOMAS L. GUILLOZET  
ATTORNEY-AT-LAW  
OHIO REG. NO. 029996  
NOTARY PUBLIC-STATE OF OHIO  
LIFETIME COMMISSION  
OHIO REVISED CODE 147.03

  
NOTARY PUBLIC

This instrument prepared by: THOMAS L. GUILLOZET, Esq., Hanes Law Group, Ltd., 207 East Main Street, Versailles, Ohio 45380.

Primary Reg. Dist. No: 5701

Ohio Department of Health - Vital Statistics

State File No. 2019069396

Registrar's No. 5700-2019004351

## CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) <b>IRMA ESTHER FLECK</b>					2. Sex <b>FEMALE</b>	3. Date of Death (Month/Day/Year) <b>JULY 21, 2019</b>
	4a. Age (Years) <b>87</b>		4b. Under 1 Year Months <b>0</b>	4c. Under 1 day Hours <b>0</b> Minutes <b>0</b>	5. Date of Birth (Mo/Day/Year) <b>AUGUST 23, 1931</b>	6. Birthplace (City and State or Foreign Country) <b>FRENCHTOWN, OHIO</b>	
	7a. Residence State <b>OHIO</b>		7b. County <b>MERCER</b>		7c. City or Town <b>COLDWATER</b>		
	8d. Street Address and Zip Code <b>140 WOODVIEW DR 45828</b>					8. Ever in US Armed Forces? <b>NO</b>	
DISPOSITION	10. Marital Status at Time of Death <b>WIDOWED (AND NOT REMARRIED)</b>					11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
	12. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>					13. Decedent of Hispanic Origin <b>NO</b>	14. Decedent's Race <b>WHITE</b>
	15. Father's Name <b>FRANK KRAMER</b>					16. Mother's Name (prior to first marriage) <b>ROSALINA BERGMAN</b>	
	17a. Informant's Name <b>BARB RIETHMAN</b>					17b. Relationship to Decedent <b>DAUGHTER</b>	17c. Mailing Address (Street and Number, City, State, Zip Code) <b>1920 AMSTERDAM RD ANNA, OHIO 45302</b>
CERTIFIER	18a. Place of Death <b>HOSPITAL - INPATIENT</b>					18b. County of Death <b>MONTGOMERY</b>	
	18b. Facility Name (If not Institution, give street & number) <b>GRANDVIEW HOSPITAL &amp; MEDICAL CENTER</b>					18c. City or Town, State and Zip Code <b>DAYTON, OH 45405</b>	
	19. Funeral Service Licensee or Other Agent <b>BRIAN J HOGENKAMP</b>					20. License Number (of licensee) <b>007618</b>	
	22. Method and Place of Disposition <b>BURIAL - STS. PETER &amp; PAUL CEMETERY, NEWPORT, OH</b>					21. Name and Complete Address of Funeral Facility <b>N J HOGENKAMP SONS INC 715 E MAIN ST COLDWATER, OH 45828</b>	
CAUSE OF DEATH	23. Local Registrar <b>Kristie Hunter-Conley</b>					24. Date Filed (Month/Day/Year) <b>8-6-19</b>	
	25a. 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.					25b. Date Pronounced Dead (Month/Day/Year) <b>July 21, 2019</b>	
	26a. Time of Death <b>1337</b>					26b. Date Signed (Month/Day/Year) <b>JULY 23, 2019</b>	
	26c. Certifier Name and Title <b>Only L. M. MD</b>					26d. License number <b>35.049039</b>	
CAUSE OF DEATH	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death <b>PHILIP RAY MASSER, 801 PRO DR, CELINA, OH 45822</b>					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 howl failure. List only one cause on each line. Type or print in permanent blue or black ink.	
	Immediate Cause (Final disease or condition resulting in death) <b>multifocal pneumonia</b>					Approximate Interval: Onset and Death <b>3 weeks</b>	
	Sequentially list conditions, if any, leading to immediate cause. <b>c. Due to (or as Consequence of)</b>						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death) <b>d. Due to (or as Consequence of)</b>						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Thymus carcinoma, parainfluenza, hypertension</b>							
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 checked="" type="checkbox"/> of 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 <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> 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? <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. 02/10

KRISTIE L. HUNTER-CONLEY  
LOCAL REGISTRAR

AUG 06 2019

Kristie Hunter-Conley