

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

FEB 21 2020

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

FEB 21 2020

RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

Exemption paragraph, conveyance fee LS  
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 2.21-2020  
Deputy Aud. Date

**AFFIDAVIT**

(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF AUGLAIZE, ss:

Harry E. Schwarck, of 101 Stratford Circle, Findlay, OH 45840, being first duly sworn, deposes and says that he is the surviving spouse of **P. Jeannine Schwarck**, who died on January 11, 2020 at Findlay, Ohio; that at the time of her death, this Affiant and **P. Jeannine Schwarck** were the owners with rights of survivorship of the following described real estate:

Situated in the Township of Franklin, County of Mercer, and in the State of Ohio:

Being Lot Number Twenty-Two (22) of the Landings Subdivision, Section II, as the same is numbered and delineated upon the recorded plat thereof, Phase II, in Plat Cabinet 1, Pages 136 and 137, Recorder's Office, Mercer County, Ohio.

Parcel Number: 09-069600.2200, Map No. 09-22-277-009

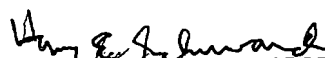
That the deed indicating their ownership is recorded at Volume 328, Page 253 of the Official Records of Mercer County, Ohio.

That by virtue of the death of said **P. Jeannine Schwarck**, the undersigned is the surviving owner in fee simple of the above described property.

That all debts, claims and charges against the decedent will be fully paid. The decedent did not receive any Medicaid benefits.

A certified copy of the death certificate is attached.

Further affiant saith not.

  
Harry E. Schwarck

Sworn to before me and subscribed in my presence this 19<sup>th</sup> day of February, 2020.



ZACH G. FERRALL  
NOTARY PUBLIC - STATE OF OHIO  
My commission has no expiration date.  
Section 147.03 R.C.

  
Notary Public

This instrument prepared by:  
NOBLE, MONTAGUE & MOUL, LLC  
Attorneys at Law  
146 East Spring Street  
St. Marys, OH 45885  
Telephone: (419) 394 7441  
ZGF/kmh

F:\Client WP Files\Estate Planning-Financial Planning\Schwarck Harry E and Jeannine 2016\Affidavit  
Terminating Survivorship Interest.wpd

Primary Reg. Dist. No. 3201

Ohio Department of Health - Vital Statistics

State File No. 2020006420

Registrar's No. 3200-2020000051

## CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)				2. Sex		3. Date of Death (Month/Day/Year)	
PHYLLIS JEANNINE SCHWARCK				FEMALE		JANUARY 11, 2020	
4. Social Security Number		5a. Age (Years)	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Month/Day/Year)		7. Birthplace (City and State or Foreign Country)
		84			FEBRUARY 04, 1935		MOUNT BLANCHARD, OHIO
8a. Residence State		8b. County		8c. City or Town			
OHIO		HANCOCK		FINDLAY			
8d. Street Address and Zip Code				9. Ever in US Armed Forces?			
101 STRATFORD CIRCLE 45840				NO			
10. Marital Status at Time of Death				11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
MARRIED				HARRY E SCHWARCK			
12. Decedent's Education				13. Decedent of Hispanic Origin		14. Decedent's Race	
COLLEGE, BUT NO DEGREE				NO		WHITE	
15. Father's Name				15. Mother's Name (prior to first marriage)			
W GERALD HARTMAN				THELMA BELLE BISHOP			
17a. Informant's Name				17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)	
HARRY E SCHWARCK				HUSBAND		101 STRATFORD CIRCLE FINDLAY, OHIO 45840	
18a. Place of Death							
DECEDENT'S HOME							
18b. Facility Name (If not institution, give street & number)				18c. City or Town, State and Zip Code		18d. County of Death	
101 STRATFORD CIRCLE				FINDLAY, OH 45840		HANCOCK	
19. Funeral Service Licensee or Other Agent				20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility	
BRENT ANDREW MILLER				008045		MILLER FUNERAL HOME INC 1605 CELINA RD SAINT MARYS, OH 45885	
22. Method and Place of Disposition							
CREMATION - REGIONAL CREMATION ALLIANCE, SAINT MARYS, OH							
23. Local Registrar				24. Date Filed (Month/Day/Year)			
Dana Klein				January 27, 2020			
25a. Certifier <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. Time of Death		25c. Date Pronounced Dead (Month/Day/Year)		25d. Was Case Referred to Medical Examiner or Coroner?			
2020		1/11/2020		NO			
25e. Certifier Name and Title		25f. License number		25g. Date Signed (Month/Day/Year)			
Dana Klein MD		35.085523		1/22/2020			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death							
CHRISTIAN HOHENLOHE JACOBUS, 15100 BIRCHAVEN LANE, FINDLAY, OH 45840							
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: Onset and Death	
Immediate Cause (First disease or condition resulting in death)						Unknown	
Dementia, unspecified							
28b. Due to (or as Consequence of)							
28c. Due to (or as Consequence of)							
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)							
28d. 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.							
Post polio syndrome, HTN							
29a. Was An Autopsy Performed?		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Applicable					
30. Did Tobacco Use Contribute to Death?		31. If Female, Pregnancy Status		32. Manner of Death			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Not 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		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
33a. Date of Injury (Month/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 checked="" 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. 06/18

Daniel Klein, Registrar

JAN 27 2020

Dana Klein