

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUN 09 2020


MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUN 09 2020

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.

 6-9-2020
Deputy Aud. Date

AFFIDAVIT TERMINATING LIFE ESTATE

STATE OF OHIO, COUNTY OF MERCER. ss:

Now comes JON THOMAS ROMER, Celina, Ohio, being first duly sworn, who hereby states as follows:

1. He is the Adult Son of GEORGE ROMER aka GEORGE H. ROMER, now deceased.
2. On or about September 6, 2017, GEORGE ROMER aka GEORGE H. ROMER, Adult, single, executed a Warranty Deed to RENEE THERESE ROMER, DEBORAH LEAH FARLEY, JENNIFER MARIE BRUGGEMAN, and JON THOMAS ROMER, in equal shares each, wherein he conveyed the following described real property more particularly described as follows:

Situated in the City of Celina, in the County of Mercer and the State of Ohio, and bounded and described as follows to-wit:

Being all of Lot Number Four (4) in the ANDREWS AND HAMBURGER'S ADDITION to the City of Celina, OHIO, as the same is set forth on the recorded PLAT thereof, in the Recorder's Office of Mercer County, Ohio, subject to all easements, restrictions, conditions and limitations imposed thereon and the zoning laws of the City of Celina, Ohio.

This real estate is located at and is also known as 503 East Anthony Street inside the City of Celina, Ohio 45822.

Permanent Parcel # 27-262200.0000

Tax Map Number 09-06-127-011, This Deed was recorded as Instrument # 201700004161, Mercer County, Ohio.

3. Within said Deed George Romer reserved a LIFE ESTATE INTEREST in said real Estate.
4. GEORGE ROMER aka GEORGE H. ROMER died a resident of Mercer County, Ohio, on December 4, 2019, as set forth on the certified copy of the CERTIFICATE OF DEATH attached hereto and incorporated herein by reference.
5. By virtue of the death of GEORGE ROMER, this LIFE ESTATE has been terminated, and the FEE SIMPLE title to the real Property described above has now vested in RENEE THERESE ROMER, DEBORAH LEAH FARLEY, JENNIFER MARIE BRUGGEMAN, and JON THOMAS

ROMER LIFE ESTATE AFFIDAVIT

Page 2. GEORGE H. ROMER

ROMER.

The tax mailing address of the above 4 is c/o 701 Fleck Avenue,
Celina, Ohio 45822.

6. There is no Estate tax liability, Federal nor State, ~~XX~~
to Estate of GEORGE H. ROMER aka GEORGE ROMER.

Further saith Affiant not.



JON THOMAS ROMER, Adult

Sworn to before me and subscribed in my presence by JON
THOMAS ROMER, this 8th day of June, 2020.

SEAL

JOHN W. SACHER, Attorney
Notary Public - State of Ohio
Commission # 0020137



Notary Public, State of
Ohio.

This instrument prepared by JOHN W. SACHER, Attorney,
Celina, Ohio 45822 (Ohio Atty. Reg. # 0020137) Phone/
FAX (419) 586-5669

Primary Reg. Dist. No. 5401

Ohio Department of Health - Vital Statistics

State File No. 2019115409

Registrar's No. 2019000278

CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any.) GEORGE H ROMER						2. Sex MALE	3. Date of Death (Month/Day/Year) DECEMBER 04, 2019
	4. Social Security Number [REDACTED]	5a. Age (Years) 78	5b. Under 1 Year Months 0	5c. Under 1 day Hours 0	6. Date of Birth (Mo/Day/Year) OCTOBER 12, 1941	7. Birthplace (City and State or Foreign Country) LIMA, OHIO		
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town CELINA			
	8d. Street Address and Zip Code 503 E. ANTHONY ST. 45822						9. Ever in US Armed Forces? NO	
DISPOSITION	10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)						11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
	12. Decedent's Education COLLEGE, BUT NO DEGREE				13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE		
	15. Father's Name THOMAS ROMER				16. Mother's Name (prior to first marriage) MARY SCHOEN			
	17a. Informant's Name JON ROMER				17b. Relationship to Decedent SON	17c. Mailing Address (Street and Number, City, State, Zip Code) 701 FLECK AVE. CELINA, OHIO 45822		
	18a. Place of Death DECEDENT'S HOME						18b. Facility Name (If not Institution, give street & number) 503 E. ANTHONY ST.	
	18c. City or Town, State and Zip Code CELINA, OH 45822				18d. County of Death MERCER			
	19. Funeral Service Licensee or Other Agent STEVE E DZENDZEL				20. License Number (of licensee) 008023	21. Name and Complete Address of Funeral Facility LEHMAN-DZENDZEL FH 901 MYERS ROAD CELINA, OH 45822		
	22. Method and Place of Disposition BURIAL - ST. MARYS CATHOLIC CEMETERY, CELINA, OH							
	23. Local Registrar <i>Kristi Zimmerman</i>				24. Date Filed (Month/Day/Year) <i>12-9-19</i>			
	CERTIFIER	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. Time of Death <i>11:00 PM</i>		25c. Date Pronounced Dead (Month/Day/Year) <i>Dec 04, 2019</i>		25d. Was Case Referred to Medical Examiner or Coroner? NO				
CAUSE OF DEATH	25e. Certifier Name and Title <i>Leon Herman</i> MD		25f. License number 35.053179		25g. Date Signed (Month/Day/Year) <i>December 6, 2019</i>			
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death GEORGE ALLEN HERMAN, 1007 W AUGLAIZE ST, WAPAKONETA, OH 45895							
	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.							
	Immediate Cause (Final disease or condition resulting in death)	a. <i>Carcinoma of lung</i>						Approximate Interval: Onset and Death <i>1yr</i>
	Sequentially Ilet conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
		c. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	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.							
	30. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably				31. If Female, Pregnancy Status <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		32. Manner of Death <input 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 (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. 08/16

Kellie Schwartz
LOCAL REGISTRAR

DEC 09 2020

Kellie Schwartz