

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUN 23 2020

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUN 23 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.

KP
Deputy Aud. Date

6-23-2020

AFFIDAVIT

(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF AUGLAIZE, ss:

Robert J. Leugers, of 24 Rummel Creek Drive, New Bremen, OH 45869, being first duly sworn, deposes and says that he is the surviving spouse of **Sandra K. Leugers**, who died on April 21, 2020 at St. Marys, Ohio; that at the time of her death, this Affiant and **Sandra K. Leugers** were the owners with rights of survivorship of the following described real estate:

PARCEL I:

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

Being Lot Number 55 of Dorsten's Club Island Second Addition as the same appears upon the recorded plat thereof in Plat Book 5, Page 34 of the Mercer County, Ohio, Plat Records. Subject to all restrictions, provisions and privileges recited in prior deeds of record.

(Prior Instrument Reference: Instrument #201900005711 of the Mercer County, Ohio Records)

Parcel ID #09-094600.0000
Map #09-23-203-001

PARCEL II:

Situate in the Township of Franklin, County of Mercer, and State of Ohio, to-wit:

TRACT I:

Lot Number Twenty (20) of Dorsten's Club Island Addition, as the same appears upon the recorded plat thereof.

This conveyance is subject to all of the rights, privileges, conditions and restrictions as same are set forth in deed to this grantor, dated June 7, 1952, and recorded in Volume 173, Page 413, of the Mercer County, Ohio, Deed Records, as though same were rewritten herein.

TRACT II:

Beginning at the Southeast corner of Lot Number Twenty (20) of Dorsten's Club Island Addition, as the same appears upon the recorded plat thereof; thence East on and along the North line of Cincy Road

extending East a distance of Twenty-five (25) feet to a point; thence North parallel with the East line of Lot Number Twenty (20) aforesaid, until the same intersects with the Raudebaugh survey line; thence West on and along the Raudebaugh survey line to the Northeast corner of Lot Number Twenty (20, Dorsten's Club Island Addition; thence South One Hundred Ninety-two and five-tenths (192.5) feet to the place of beginning.

*Situating in Sec. 23 Town 6 Range 3

Subject to all highways, easements and restrictions of record.

ASSIGNMENT OF EASEMENT

Grantor further assigns to grantees all rights in a boat dock easement recorded at Volume 263, Page 56 of the Deed Records of Mercer County.

(Prior Instrument Reference: Instrument #201900005711 of the Mercer County, Ohio Records)

Parcel ID #09-090000.0000

Map #09-23-201-006

PARCEL III:

Situating in the Township of Franklin, County of Mercer, and State of Ohio, to-wit:

Being Lot Nineteen (19) in Dorsten's Club Island Addition, as shown on the recorded plat thereof.

(Prior Instrument Reference: Instrument #201900005711 of the Mercer County, Ohio Records)

Parcel ID #09-089900.0000

Map #09-23-201-005

Property address: 5457 Club Island Road, Celina, OH 45822

That by virtue of the death of said **Sandra K. Leugers**, 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.

The Estate of **Sandra K. Leugers** is being administered in the Probate Court of Auglaize County, Ohio, as Case No. 2020 EST 96.

A certified copy of the death certificate is attached.

Further affiant saith not.

Robert J. Leugers
Robert J. Leugers

Sworn to or affirmed and subscribed before me by Robert J. Leugers this date of
June 22, 2020.

Victoria S. Hardeman
Notary Public



VICTORIA S. HARDEMAN
Notary Public, State of Ohio
My Commission Expires September 21, 2023
Recorded in Auglaize County

This instrument prepared by:
NOBLE, MONTAGUE & MOUL, LLC
Attorneys at Law
146 East Spring Street
St. Marys, OH 45885-2310
Telephone: (419) 394 7441

F:\Probate\Leugers Sandra\AffidavitTerminatingSur Int-Mercer
(KEN.vh)

Primary Reg. Dist. No: 0601

Ohio Department of Health - Vital Statistics

State File No: 2020040486

Registrar's No: 0600-2020000126

CERTIFICATE OF DEATH

| | | | | | | | | | | | | | | | |
|--|--|--|-----------------|-------------------------|--|--------------------------------|---|---|--|--|--|---|--|--|--|
| DECEDENT | 1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) | | | | 2. Sex | | 3. Date of Death (Month/Day/Year) | | | | | | | | |
| | SANDRA K LEUGERS | | | | FEMALE | | APRIL 21, 2020 | | | | | | | | |
| | 4. Social Security Number | | 5a. Age (Years) | 5b. Under 1 Year Months | 5c. Under 1 day Hours | 6. Date of Birth (Mo/Day/Year) | | 7. Birthplace (City and State or Foreign Country) | | | | | | | |
| | | | 63 | | | JANUARY 17, 1957 | | COLDWATER, OHIO | | | | | | | |
| | 8a. Residence State | | 8b. County | | 8c. City or Town | | | | | | | | | | |
| | OHIO | | AUGLAIZE | | NEW BREMEN | | | | | | | | | | |
| | 8d. Street Address and Zip Code | | | | | | | 9. Ever in US Armed Forces? | | | | | | | |
| | 24 RUMMEL CREEK DR. 45869 | | | | | | | NO | | | | | | | |
| | 10. Marital Status at Time of Death | | | | 11. Surviving Spouse's Name (If wife, give name prior to first marriage) | | | | | | | | | | |
| | MARRIED | | | | ROBERT LEUGERS | | | | | | | | | | |
| | 12. Decedent's Education (E.G., BA, AB, BS) | | | | 13. Decedent of Hispanic Origin | | 14. Decedent's Race | | | | | | | | |
| | BACHELORS DEGREE (E.G., BA, AB, BS) | | | | NO | | WHITE | | | | | | | | |
| | 15. Father's Name | | | | 16. Mother's Name (prior to first marriage) | | | | | | | | | | |
| | URBAN A WINNER | | | | MARY KATHRYN ASEJAGE | | | | | | | | | | |
| | 17a. Informant's Name | | | | 17b. Relationship to Decedent | | 17c. Mailing Address (Street and Number, City, State, Zip Code) | | | | | | | | |
| | ROBERT LEUGERS | | | | HUSBAND | | 24 RUMMEL CREEK DR. NEW BREMEN, OHIO 45869 | | | | | | | | |
| | 18a. Place of Death | | | | 18b. Facility Name (If not institution, give street & number) | | | | | | | | | | |
| | NURSING HOME/LONG TERM CARE FACILITY | | | | VANCREST OF ST. MARYS | | | | | | | | | | |
| | 18c. City or Town, State and Zip Code | | | | 18d. County of Death | | | | | | | | | | |
| | ST MARYS, OH 45885 | | | | AUGLAIZE | | | | | | | | | | |
| DISPOSITION | 19. Funeral Service Licensee or Other Agent | | | | 20. License Number (of licensee) | | 21. Name and Complete Address of Funeral Facility | | | | | | | | |
| | SCOTT ALLEN HOGENKAMP | | | | 008102 | | N.J. HOGENKAMP SONS INC | | | | | | | | |
| | 22. Method and Place of Disposition | | | | 21. Name and Complete Address of Funeral Facility | | | | | | | | | | |
| | BURIAL - GERMAN PROTESTANT CEMETERY, NEW BREMEN, OH | | | | 61 S HANOVER ST BOX 92 MINSTER, OH 45865 | | | | | | | | | | |
| CERTIFIER | 23. Local Registrar | | | | 24. Date Filed (Month/Day/Year) | | | | | | | | | | |
| | Beth Sanders | | | | April 22, 2020 | | | | | | | | | | |
| | 25a. Certifier (Check only one) | | | | 25b. Date Pronounced Dead (Month/Day/Year) | | | | | | | | | | |
| | <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. | | | | 4-21-2020 | | | | | | | | | | |
| CAUSE OF DEATH | 26b. Time of Death | | | | 26c. Date Signed (Month/Day/Year) | | 26d. Was Case Referred to Medical Examiner or Coroner? | | | | | | | | |
| | 02:35 | | | | 4-22-2020 | | NO | | | | | | | | |
| | 26e. Certifier Name and Title | | | | 26f. License number | | 26g. Date Signed (Month/Day/Year) | | | | | | | | |
| | M. Myers MD | | | | 35.058350 | | 4-22-2020 | | | | | | | | |
| | 27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death | | | | | | | | | | | | | | |
| | MARY ANN MYERS, 3224 JARVIS DR., LIMA, OH 45807 | | | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | |
| | Cardiopulmonary Arrest | | | | | | | | | | | | | | |
| | Approximate Interval: Onset and Death | | | | | | | | | | | | | | |
| | Immediate | | | | | | | | | | | | | | |
| | Sequentially first conditions, if any, leading to immediate cause. | | | | | | | | | | | | | | |
| | Pleural Effusion | | | | | | | | | | | | | | |
| | 1 month | | | | | | | | | | | | | | |
| | Enter Underlying Cause (Disease or injury that initiated events resulting in a death) | | | | | | | | | | | | | | |
| | Nonalcoholic Steatohepatitis | | | | | | | | | | | | | | |
| | | | | | | | | 2 months | | | | | | | |
| Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | | | 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 | | | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably | | | | | | | | <input checked="" 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 | | | | | | | | 33a. Date of Injury (Mo/Day/Year) | | | | | | | |
| <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide | | | | | | | | 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 | | | | | | | |
| 32a. 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 2734 Rev. 03/16

Beth Sanders, Registrar

APR 24 2020

Beth Sanders