

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

FEB 02 2021

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

FEB 02 2021

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.

HS 2/2/2021  
Deputy Aud. Date

**AFFIDAVIT IN SURVIVORSHIP**  
ORC 5302.17

STATE OF OHIO, COUNTY OF MERCER, ss:

BRIAN K. STETLER aka BRIAN STETLER, Adult, of 2336 East Wayne Street, City of Celina, Mercer County, Ohio 45622, being first duly sworn according to law, deposes and says that he is the Adult Son of Claire B. Stetler aka Claire Stetler, who died on the 24th day of October, 2020, in Celina, Ohio 45822; that at the time of his death the Decedent and Rosemary S. Stetler were Husband and Wife, and all of the owners of and on the following described real estate, in JTWROS (SURVIVORSHIP) form, to-wit: (Decedent never received any MEDICAID from the State of /OHIO.)

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

Being Apartment B in Barnsbury Place Condominiums as same is set forth and described in the Declaration of Barnsbury Place Condominiums in Volume 302, Page 359, of the Deed Records of Mercer County, Ohio, and as shown on the recorded Plat thereof in Plat Cabinet 1, Page 50, subject to all easements and restrictions of record imposed thereon and the zoning ordinances of the City of Celina, Ohio. Said Condominium is part of Lot Number 257 in YORKSHIRE FIFTH ADDITION to the City of Celina, Ohio.

LAST TRANSFER: Instrument # 201700002215, Mercer County, OHIO. (Survivorship Deed).

Tax Parcel Number: 27-020360.0100 Tax Map # 06-31-926-002  
Address of this real estate: 1908 Barnsbury Court, Apt. B, Celina, Ohio 45822.

Now, because of the death of CLAIRE B. STETLER aka CLAIRE STETLER, on the 24th day of October, 2020, as shown on the CERTIFICATE OF DEATH attached hereto and fully made a part hereof and recorded herewith, said Rosemary S. Stetler is the surviving co-owner in Survivorship solely and is the sole owner of all of the above-described real estate.

A certified copy of the CERTIFICATE OF DEATH of said CLAIRE B. STETLER aka CLAIRE BURDELL STETLER is attached hereto and hereby referred to and fully made a part hereof.

FULLY AND FURTHER AFFIANT SAITH NOT.

AFFIDAVIT IN SURVIVORSHIP  
CLAIRE B. STETLER, deceased  
Page 2

Brian K. Stetler

BRIAN K. STETLER  
aka BRIAN STETLER, Son  
of CLAIRE and ROSEMARY STETLER.

Sworn to before me and subscribed in my presence by the  
above named BRIAN K. STETLER aka BRIAN STETLER, Adult, this  
1st day of ~~January~~ February, 2021 AD.

SEAL

JOHN W. SACHER, Attorney  
Notary Public - State of Ohio  
Commission - O.C. 11220

John W. Sacher  
NOTARY PUBLIC, STATE OF OHIO

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

Primary Reg. Dist. No. 5401

Ohio Department of Health - Vital Statistics

State File No. 2020110327

Registrar's No. 2020000302

## CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) <b>CLAIRE BURDELL STETLER</b>						2. Sex <b>MALE</b>	3. Date of Death (Month/Day/Year) <b>OCTOBER 24, 2020</b>
	4. Social Security Number [REDACTED]	5a. Age (Years) <b>86</b>	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) <b>APRIL 25, 1934</b>	7. Birthplace (City and State or Foreign Country) <b>MERCER COUNTY, OHIO</b>		
	8a. Residence State <b>OHIO</b>		8b. County <b>MERCER</b>			8c. City or Town <b>CELINA</b>		
	8d. Street Address and Zip Code <b>2336 E. WAYNE ST. 45822</b>						9. Ever in US Armed Forces? <b>YES - ARMY</b>	
DISPOSITION	10. Marital Status at Time of Death <b>MARRIED</b>				11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>ROSEMARY SUE NOW</b>			
	12. Decedent's Education <b>COLLEGE, BUT NO DEGREE</b>			13. Decedent of Hispanic Origin <b>NO</b>	14. Decedent's Race <b>WHITE</b>			
	15. Father's Name: <b>HAROLD L STETLER</b>			16. Mother's Name (prior to first marriage): <b>GOLDIE V KOCH</b>				
	17a. Informant's Name <b>ROSEMARY SUE STETLER</b>			17b. Relationship to Decedent <b>WIFE</b>	17c. Mailing Address (Street and Number, City, State, Zip Code) <b>2336 E. WAYNE ST. CELINA, OHIO 45822</b>			
CERTIFIER	18a. Place of Death <b>DECEDENT'S HOME</b>			18b. Facility Name (If not Institution, give street & number) <b>2336 E. WAYNE ST.</b>			18c. City or Town, State and Zip Code <b>CELINA, OH 45822</b>	
	18d. County of Death <b>MERCER</b>			19. Funeral Service/Licensee or Other Agent <b>STEVE E DZENDZEL</b>				
	20. License Number (of licensee) <b>008023</b>			21. Name and Complete Address of Funeral Facility <b>LEHMAN-DZENDZEL FH 901 MYERS ROAD CELINA, OH 45822</b>				
	22. Method and Place of Disposition <b>BURIAL NORTH GROVE CEMETERY, CELINA, OH</b>			23. Local Registrar <i>Kristi Timmerman</i>				
CAUSE OF DEATH	24. Date Filed (Month/Day/Year) <i>October 27, 2020</i>			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>1945</i>			25c. Date Pronounced Dead (Month/Day/Year) <i>October 24, 2020</i>		25d. Was Case Referred to Medical Examiner or Coroner? <b>NO</b>		
	25e. Certifier Name and Title <i>Timothy A. Heinrichs MD</i>			25f. License number <b>35.055465</b>		25g. Date Signed (Month/Day/Year) <i>October 27, 2020</i>		
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death <b>TIMOTHY A. HEINRICH, 116 W. MAIN ST., COLDWATER, OH 45828</b>							
CAUSE OF DEATH	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) <b>a. Complications of Congestive Heart Failure</b>						Approximate Interval: Onset and Death <b>&gt; 2 yrs</b>	
	Sequentially list conditions, if any, leading to immediate cause. <b>b. Due to (or as Consequence of) ASHD</b>							
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death) <b>c. 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>HTN, @ Renal Mass</b>								
29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable								
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" 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 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 (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. 08/18

Kristi Timmerman  
LOCAL REGISTRAR

OCT 27 2020

*Kristi Timmerman*