

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

APR 30 2021

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

APR 30 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.

KP 4-30-2021  
Deputy Aud. Date

WESLEY J. WESTENDORF, Deceased )

-to-

MARILYN M. WESTENDORF )  
7810 BELLE PLAIN DRIVE )  
HUBER HEIGHTS, OH 45424 )

STATE OF OHIO  
COUNTY OF MIAMI, SS:

AFFIDAVIT  
FOR TRANSFER OF JOINT AND  
SURVIVORSHIP REAL ESTATE

MARILYN M. WESTENDORF, being first duly sworn, says that she is the surviving spouse of WESLEY J. WESTENDORF, deceased, and that the said WESLEY J. WESTENDORF died on the 20<sup>th</sup> day of September, 2020.

Affiant further says that the said MARILYN M. WESTENDORF and WESLEY J. WESTENDORF, wife and husband, acquired by General Warranty Deed from Joseph H. Drake, unmarried, dated June 9, 2016, recorded August 4, 2016 in Instrument No. 201600003603, Mercer County, Ohio Deed Records, the following described real estate, to-wit:

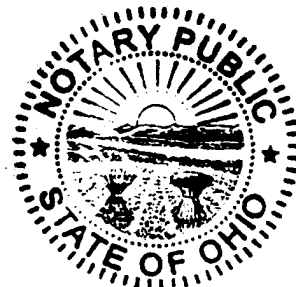
SEE LEGAL DESCRIPTION ATTACHED HERETO  
AND INCORPORATED HEREIN

Affiant further says that said real estate was conveyed to MARILYN M. WESTENDORF and WESLEY J. WESTENDORF, wife and husband, for their joint lives the remainder to the survivor of them, their heirs, successors, and assigns forever, and that by reason of the death of the said WESLEY J. WESTENDORF, the said MARILYN M. WESTENDORF, residing at 7810 Belle Plain Drive, Huber Heights, Ohio, acquired complete ownership of the above described real estate in fee simple.

Further Affiant saith not.

Marilyn M. Westendorf  
MARILYN M. WESTENDORF

Sworn to before me and subscribed in my presence this 27<sup>th</sup> day of April, 2021.



SARAH GAYNOR WORLEY, ATTORNEY AT LAW  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION HAS NO EXPIRATION DATE  
O.R.C. SECTION 147.03

[Signature]

THIS INSTRUMENT WAS PREPARED BY:  
SARAH G. WORLEY  
DUNGAN & LEFEVRE CO., L.P.A.  
ATTORNEYS AT LAW, TROY, OH 45373

### LEGAL DESCRIPTION

Situated in Franklin Township, Mercer County, Ohio and being a parcel of real estate of the North half of the Southwest quarter of Section 20, Town 6 South, Range 3 East, and more particularly described as follows:

Beginning at a point that is 891 feet West of the Southeast corner of the North half of the Southwest quarter, said point being 891 feet West of "State Route 219" as the place of beginning; thence North 100 feet on and along the East line of grantees' property to a point; thence East 75 feet to a point; thence South 100 feet to the South line of the North half of the Southwest quarter of Section 20 aforesaid; thence West 75 feet to the place of beginning, and containing 0.17 of an acre of land, more or less, subject to all easements, restrictions and reservations of record.

BEING the same property conveyed to Joseph H. Drake and Carolyn A. Drake by Deed dated October 19, 1989 and recorded on October 27, 1989, of record in Volume 311, Page 670, in the Office of the Recorder of Mercer County, Ohio. THEREAFTER, being the same property conveyed to Joseph H. Drake by Certificate of Transfer recorded on September 8, 2004, of record in Book 189, Page 2442, in the Office aforesaid.

The following is provided as an accommodation for informational purposes only. No insurance is provided over same:

TAX NO.: 09-051900.0000

MAP NO.: 09-20-333-028

PROPERTY ADDRESS: 6663 HILLSIDE CT., CELINA, OHIO 45822

KAO  
JKB

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 5701  
Registrar's No. 5700-2020006026

State File No. 2020097351

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) WESLEY J WESTENDORF						2. Sex MALE	3. Date of Death (Mo/Day/Year) SEPTEMBER 20, 2020
	4. Social Security Number [REDACTED]	5a. Age (Years) 79	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth(Mo/Day/Year) OCTOBER 07, 1940	7. Birthplace(City and State or Foreign Country) DAYTON, OHIO		
	8a. Residence State OHIO		8b. County MONTGOMERY			8c. City or Town HUBER HEIGHTS		
	8d. Street Address and Zip Code 7810 BELLE PLAIN DRIVE 45424						9. Ever in US Armed Forces? NO	
DISPOSITION	10. Marital Status at Time of Death MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage) MARILYN M LONIE			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE			
	15. Father's Name LAURENCE WESTENDORF			16. Mother's Name (prior to first marriage) BETTY WEAVER				
	17a. Informant's Name MARILYN M WESTENDORF			17b. Relationship to Decedent WIFE	17c. Mailing Address (Street and Number, City, State, Zip Code) 7810 BELLE PLAIN DRIVE HUBER HEIGHTS, OHIO 45424			
CERTIFIER	18a. Place of Death HOSPITAL - INPATIENT			18b. Facility Name (If not Institution, give street & number) MIAMI VALLEY HOSPITAL			18c. City or Town, State and Zip Code DAYTON, OH 45409	
	18d. County of Death MONTGOMERY			19. Funeral Service Licensee or Other Agent GARY L HELLER				20. License Number (of licensee) 007139
	21. Name and Complete Address of Funeral Facility MARKER & HELLER FUNERAL HOMES 5844 OLD TROY PIKE HUBER HEIGHTS, OH 45424			22. Method and Place of Disposition BURIAL - CALVARY CEMETERY, DAYTON, OH				23. Local Registrar KRISTIE HUNTER-CONLEY
	24. Date Filed (Month/Day/Year) SEPTEMBER 29, 2020			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.				
CAUSE OF DEATH	26b. Time of Death 10:04			26c. Date Pronounced Dead (Month/Day/Year) SEPTEMBER 20, 2020			26d. Was Case Referred to Medical Examiner or Coroner? NO	
	26e. Certifier Name and Title DHARMESH V. GANDHI MD			26f. License number 35.076294			26g. Date Signed (Month/Day/Year) SEPTEMBER 29, 2020	
	27. Name and Address of Person who Completed Cause of Death DHARMESH V. GANDHI, 1520 S MAIN ST #2, DAYTON, OH 45409							
	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. MULTIORGAN FAILURE				Approximate Interval: Onset and Death 14 DAYS	
Sequentially list conditions, if any, leading to immediate cause.			b. Due to (or as Consequence of) SEPSIS				14 DAYS	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)			c. Due to (or as Consequence of) COVID				15 DAYS	
			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. HISTORY OF PULMONARY ARTERIAL HYPERTENSION ATTRIBUTED TO LIVER DISEASE, DM, HTN, GOITER THROMBOCYTOPENIA						29a. Was An Autopsy Performed? NO	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE	
30. Did Tobacco Use Contribute to Death? YES			31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death NATURAL		
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?	
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:		

HEA 2724 Rev. 08/18 \* Certifier has filed updated information regarding the Cause of Death

KRISTIE L. HUNTER-CONLEY  
LOCAL REGISTRAR

OCT 08 2020

Kristie Hunter-Conley