DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

NOV 2 3 2021

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

NOV 2 3 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.

Deputy Aud. Date

AFFIDAVIT FOR TRANSFER TO SURVIVING JOINT OWNER (O.R.C. Section 5302.17)

Luella M. Homan, unmarried, of 433 Flora Lane, Coldwater, Ohio 45828, being first duly cautioned and sworn, deposes and states as follows:

- 1. I have knowledge of the facts set forth herein and am competent to testify concerning same in open court.
- 2. I am the surviving spouse of Edwin P. Homan who died a resident of Mercer County, Ohio on October 5, 2021. A certified copy of his death certificate is attached hereto.
- 3. Edwin P. Homan and I owned fee simple title, with rights of survivorship, to the following described real estate:

Situated in the Village of Coldwater, County of Mercer and State of Ohio, to-wit:

Being Lot No. 433 in Nature's Villa Coldwater Condominium Section Six as same is set forth on the recorded plat thereof as Instrument #201000006609 in the Recorder's Office of Mercer County, Ohio, and subject to the Declaration and Bylaws of Condominium Ownership set forth in Official Records Volume 196, Pages 163-219, as amended, including the amendment recorded as Instrument #201000006610.

Deed Reference: Instrument #201800002702, Mercer County Recorder's Office.

Tax ID #05-022500.0103 Tax Map #08-34-153-032

- 4. This Affidavit is made pursuant to Ohio Revised Code Section 5302.17 to establish that Luella M. Homan is the sole record owner of and vested with the entire fee simple interest in and to, the above-described real estate, and to enable the Mercer County Auditor's Office and Mercer County Treasurer's Office to update their records to reflect that Luella M. Homan is the sole owner of said real estate.
- 5. The decedent, Edwin P. Homan, was not a recipient of Medicaid. The State of Ohio has no claim against the decedent's property, nor has it filed a certificate of lien under Section 5162.211 of the Ohio Revised Code.
- 6. Affiant does not anticipate filing any probate proceedings as all assets of the decedent were non-probate.
 - 7. Further affiant sayeth not.

Luella M. Homan

STATE OF OHIO, COUNTY OF MERCER, SS:

BE IT REMEMBERED, that on this 22nd day of November, 2021, before me, the subscriber, a notary public in and for said State, personally appeared Luella M. Homan, the Affiant in the foregoing Affidavit for Transfer to Surviving Joint Owner, and acknowledged the signing thereof to be her voluntary act and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official

JUDY A. KOESTERS

ATTORNEY AT LAW
NOTARY PUBLIC
STATE OF OHIO
My Comm. Has No

Expiration Date Section 147.03 R. C.

seal on the day and year last aforesaid.

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Ohio Department of Health VITAL STATISTICS Primary Reg. Dist. No. 5400

State File No. 2021106850

CHILL CO

Mr. M. E. S.

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OHIO MERCER 8. Street Address and Zip Code 433 FLORA LANE 45828 3. Marties Status at Time of Death MARIED) 12. Decedent's Education HIGH SCHOOL GRADUATE OR GED 13. Decedent of Hispanic Origin 14. Decedent's Race WHITE 15. Falther's Name THEODORE HOMAN 16. Homber's Name (find price price to first marriage) MATILDA BRAUN 17. Relationship to Decedent NO 18. Facility Name (find price price to first marriage) MATILDA BRAUN 18. Facility Name (find institution) give street & number) 18. Facility Name (find institution) give street & number) 18. Facility Name (find institution) give street & number) 19. Funeral Service Licerase or Other Agent NO 19. Funeral Service Licerase or Other Agent NO 19. Funeral Service Clorase or Other Agent NO 20. Local Registrar KRISTI TIMMERMAN 20. CTOBER 07, 2021 21. Marie and Complete Address of Funeral Facility NO 22. Local Registrar KRISTI TIMMERMAN 23. Local Registrar KRISTI TIMMERMAN 26. Certifier Name and funeral Service Completed Cause of December of the Sais of examination street investigation, in my opinion date in careact) and number stated. 26. Control of Sais and Time NO 26. Certifier Name and Time NO 27. No 28. Time of Death NO 28. Time of Death NO 28. Date Signed (Month/Day/Year) NO 29. Date Sig	e
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JOHN J NAVEAU, 407 SOUTH OAK STREET, COLDWATER, OH 45828	# (# # (#)
28. Part I. Enter the disease, injuries of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. ListApproximate Interval: only one cause on each line. Type or print in permanent blue or black link	3.5
Immediate Cause (Final disease or condition resulting in death) a. ACUTE THROMBOTIC STROKE FIVE DAYS	
Sequentially list b. Due to (or as Consequence of) ATRIAL FIBRILLATION EIGHT YEARS	95
leading to immediate c. Die to (or as Consequence on) c. Die to (or as Consequence on) EIGHT YEARS	89 0
(Disease or injury that	
initiated events resulting d. Due to (or as Consequence of) in a death)	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. Performed? Performed? Prior To Completion Of Cause	ilable
Death? NO NOT APPLICABLE	grant .
30. Did Tobacco Use Contribute to Death? 31. If Female Pregnancy Status 32. Manner of Death	
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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:	k? [1/ ₉

Kristi Timmerman