

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

NOV 23 2021

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

NOV 23 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  
Deputy Aud. Date

11-23-2021

**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:

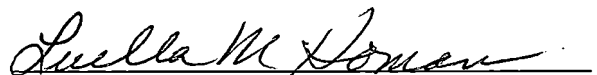
Situated in the Village of Coldwater, County of Mercer and State of Ohio, to-wit:

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 seal on the day and year last aforesaid.

Judy A. Koesters  
Notary Public



JUDY A. KOESTERS  
ATTORNEY AT LAW  
NOTARY PUBLIC  
STATE OF OHIO  
My Comm. Has No  
Expiration Date  
Section 147.03 R. C.

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) EDWIN P HOMAN						2. Sex MALE	3. Date of Death (Mo/Day/Year) OCTOBER 05, 2021	
	4. Social Security Number [REDACTED]	5a. Age (Years) 95	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) MAY 03, 1926	7. Birthplace (City and State or Foreign Country) PHILOTHEA, OHIO			
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town COLDWATER				
	8d. Street Address and Zip Code 433 FLORA LANE 45828						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) LUELLA HEUING				
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE			
	15. Father's Name THEODORE HOMAN				16. Mother's Name (prior to first marriage) MATILDA BRAUN				
	17a. Informant's Name LUELLA HOMAN				17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 433 FLORA LANE		
	18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY						COLDWATER, OHIO 45828		
	18b. Facility Name (If not institution, give street & number) BRIARWOOD VILLAGE				18c. City or Town, State and Zip Code COLDWATER, OH 45828		18d. County of Death MERCER		
CERTIFIER	19. Funeral Service Licensee or Other Agent BRIAN J HOGENKAMP				20. License Number (of licensee) 007618		21. Name and Complete Address of Funeral Facility N J HOGENKAMP SONS INC 715 E MAIN ST COLDWATER, OH 45828		
	22. Method and Place of Disposition CREMATION - VAN WERT CREMATORY, VAN WERT, OH								
	23. Local Registrar KRISTI TIMMERMAN				24. Date Filed (Month/Day/Year) OCTOBER 07, 2021				
CAUSE OF DEATH	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 23:12 IMMEDIATE				25c. Date Pronounced Dead (Month/Day/Year) OCTOBER 05, 2021		25d. Was Case Referred to Medical Examiner or Coroner? NO		
	25e. Certifier Name and Title JOHN J NAVEAU MD				25f. License number 35.046330		25g. Date Signed (Month/Day/Year) OCTOBER 07, 2021		
	27. Name and Address of Person who Completed Cause of Death JOHN J NAVEAU, 407 SOUTH OAK STREET, COLDWATER, OH 45828								
	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. ACUTE THROMBOTIC STROKE					Approximate Interval: Onset and Death FIVE DAYS	
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) ATRIAL FIBRILLATION					EIGHT YEARS	
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE					EIGHT YEARS	
			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.						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? NO				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

Kristi Timmerman  
LOCAL REGISTRAR

OCT - 7 2021

Kristi Timmerman