

TRANSFERRED

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

FEB 14 2022

MERCER COUNTY
TAX MAP DEPARTMENT

FEB 14 2022

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.

KS 2/14/2022
Deputy Aud. Date

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

Alice A. Ahrens, unmarried, of 5180 South Lake Court, Celina, Ohio 45822, 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 Donald P. Ahrens who died a resident of Mercer County, Ohio on January 15, 2022. A certified copy of his death certificate is attached hereto.
3. Donald P. Ahrens and I owned fee simple title, with rights of survivorship, to the following described real estate:

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

Being Lot Number Twelve (12) of Hillside North Subdivision of the Southwest Quarter of Section Twenty (20), Town Six (6), Range Three (3) East, as set forth on the recorded plat thereof in Plat Cabinet 1, Pages 380-381, subject to all easements, restrictions and conditions of record imposed thereon.

Deed Reference: Instrument #202000003180, Mercer County Recorder's Office.

Tax ID #09-051800.1200

Tax Map #09-20-334-012


Property Address: 5180 South Lake Court, Celina, Ohio 45822

4. This Affidavit is made pursuant to Ohio Revised Code Section 5302.17 to establish that Alice A. Ahrens 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 Alice A. Ahrens is the sole owner of said real estate.

5. The decedent, Donald P. Ahrens, 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.

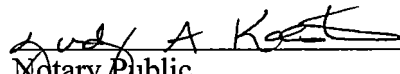
7. Further affiant sayeth not.


Alice A. Ahrens

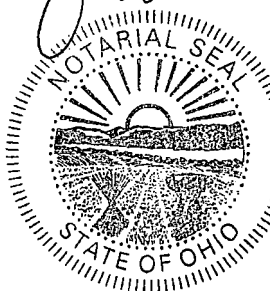
STATE OF OHIO, COUNTY OF MERCER, SS:

BE IT REMEMBERED, that on this 10th day of February, 2022, before me, the subscriber, a notary public in and for said State, personally appeared **Alice A. Ahrens**, 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.



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) DONALD PAUL AHRENS						2. Sex MALE	3. Date of Death (Mo/Day/Year) JANUARY 15, 2022
	4. Social Security Number		5a. Age (Years) 60	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) DECEMBER 19, 1961	7. Birthplace (City and State or Foreign Country) COLDWATER, OHIO	
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town CELINA			
	8d. Street Address and Zip Code 5180 LAKE COURT 45822						9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage) ALICE FRANZER			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE	
	15. Father's Name ERVIN AHRENS				16. Mother's Name (prior to first marriage) VERLINA KNAPKE			
	17a. Informant's Name ALICE AHRENS				17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 5180 LAKE COURT	
	18a. Place of Death HOSPITAL - INPATIENT				18c. City or Town, State and Zip Code COLDWATER, OH 45828			18d. County of Death MERCER
	18b. Facility Name (If not Institution, give street & number) MERCER CO JOINT TOWNSHIP COMM							
DISPOSITION	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 BURIAL - ST. ELIZABETH CEMETERY, COLDWATER, OH							
	23. Local Registrar KRISTI TIMMERMAN				24. Date Filed (Month/Day/Year) JANUARY 19, 2022			
CERTIFIER	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 18:55		25c. Date Pronounced Dead (Month/Day/Year) JANUARY 15, 2022			25d. Was Case Referred to Medical Examiner or Coroner? NO		
	25e. Certifier Name and Title JAMES THOMAS SCHWIETERMAN MD		25f. License number 35.059399		25g. Date Signed (Month/Day/Year) JANUARY 18, 2022			
CAUSE OF DEATH	27. Name and Address of Person who Completed Cause of Death JAMES THOMAS SCHWIETERMAN, 8381 ST RT 119, MARIA STEIN, OH 45860							
	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.							Approximate Interval: Onset and Death
	Immediate Cause (Final disease or condition resulting in death)		a. SEPTIC SHOCK				6 HOURS	
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) CHRONIC LYMPHOCYTIC LEUKEMIA				8 YEARS	
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)					
			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

JAN 20 2022

Kristi Timmerman

SEAL

HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH

REV. 7/2015