

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

TRANSFERRED

AUG 10 2022

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MERCER COUNTY
TAX MAP DEPARTMENT

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.

8/10/2022
Deputy Aud. Date

AFFIDAVIT REGARDING SURVIVORSHIP DEED

ROBERT E. MILLIGAN, being duly sworn, hereby states that he is the spouse of **GLENNA F. MILLIGAN**.

Affiant further states that **GLENNA F. MILLIGAN** died on the 31st day of January, 2022, and that said Glenna F. Milligan owned the following described real estate with Robert E. Milligan for their joint lives, **remainder to the survivor of them**. Situated in the Township of Franklin, County of Mercer, and State of Ohio and bounded and described as follows:

Being Lot Number Ten (10) of Treasure Cove Subdivision as shown on the recorded plat thereof recorded in Plat Cabinet 1, Page 315, of the Mercer County, Ohio Plat Records.

Subject to all conditions, restrictions and easements of record.

Also know as 6678 TREASURE LANE, CELINA, OHIO 45822
BEING PARCEL NUMBER 09-035700.0414 *Map No. 09-20-173-031*
Prior Instrument Reference: 201700004975

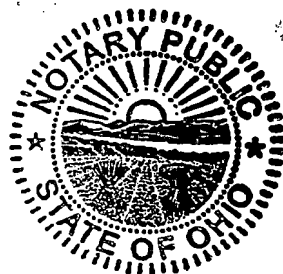
Passes to: **Robert E. Milligan in accordance with Ohio Revised Code and as the Survivorship Beneficiary.**
FURTHER Affiant saith naught.

Robert E. Milligan
ROBERT E. MILLIGAN

COUNTY OF FRANKLIN)
STATE OF OHIO) SS:

BE IT REMEMBERED, that on this 5th day of August, 2022, before me, the subscriber a Notary Public in and for said state, personally appeared Robert E. Milligan, who executed the foregoing affidavit, and acknowledged the signing thereof to be his voluntary act and deed for the uses and purposes therein mentioned.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.



JEFFREY A. BLANKENSHIP
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.08 R.C.

Jeffrey A. Blankenship
NOTARY PUBLIC

This instrument prepared by **JEFFREY A. BLANKENSHIP**
341 Norton Road, Columbus, Ohio 43228
(614) 274-2889

Primary Reg. Dist. No. 2501

Ohio Department of Health - Vital Statistics

State File No. 2022017341

Registrar's No. 2022001641

CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)					2. Sex		3. Date of Death (Month/Day/Year)				
GLENNA F MILLIGAN					FEMALE		JANUARY 31, 2022				
4. Social Security Number		5a. Age (Years)		5b. Under 1 Year (Months)		5c. Under 1 day (Hours)		6. Date of Birth (Mo/Day/Year)		7. Birthplace (City and State or Foreign Country)	
		77						JULY 31, 1944		PIKEVILLE, KENTUCKY	
8a. Residence State			8b. County			8c. City or Town			9. Ever in US Armed Forces?		
OHIO			LICKING			PATASKALA			NO		
10. Marital Status at Time of Death											
MARRIED											
11. Surviving Spouse's Name (If wife, give name prior to first marriage)											
ROBERT MILLIGAN											
12. Decedent's Education						13. Decedent of Hispanic Origin			14. Decedent's Race		
COLLEGE, BUT NO DEGREE						NO			WHITE		
15. Father's Name						16. Mother's Name (prior to first marriage)					
VICTOR MORRIS						HOLLY JAMES					
17a. Informant's Name						17b. Relationship to Decedent			17c. Mailing Address (Street and Number, City, State, Zip Code)		
ROBERT MILLIGAN						HUSBAND			65 MILLSTONE CIRCLE PATASKALA, OHIO 43062		
18a. Place of Death											
HOSPITAL - INPATIENT											
18b. Facility Name (If not institution, give street & number)						18c. City or Town, State and Zip Code			18d. County of Death		
MOUNT CARMEL EAST HOSPITAL						COLUMBUS, OH 43213			FRANKLIN		
19. Funeral Service Licensee or Other Agent						20. License Number (of licensee)			21. Name and Complete Address of Funeral Facility		
THOMAS E RHODES						009121			MORELAND FH 55 E SCHROCK RD WESTERVILLE, OH 43081		
22. Method and Place of Disposition											
BURIAL - NORTHLAWN MEMORY GARDENS, WESTERVILLE, OH											
23. Local Registrar						24. Date Filed (Month/Day/Year)					
Sandra Taylor						FEB 08 2022					
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				25c. Date Pronounced Dead (Month/Day/Year)				25d. Was Case Referred to Medical Examiner or Coroner?			
3:31 PM				01/31/2022				NO			
25e. Certifier's Name and Title						25f. License number			25g. Date Signed (Month/Day/Year)		
Sandra Taylor DO						34.007206			02-07-22		
26. Name (First, Middle, Last) and Address of Person who Completed Cause of Death											
DEBORAH JEAN WOITKE, 130 SOUTH DAVIS, COLUMBUS, OH 43222											
27. 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 organ 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)											
COVID pneumonia											
Approximate Interval Onset and Death											
~ 1 month											
Sequentially list conditions, if any, leading to immediate cause.											
Bullous Pemphigoid, on immunosuppressants											
~ 3 yrs.											
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)											
COVID pneumonia											
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.											
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											
31. If Female, Pregnancy Status											
Not pregnant within past year											
Pregnant at time of death											
Not pregnant, but pregnant within 42 days of death											
Not pregnant, but pregnant 43 days to 1 year before death											
Unknown if pregnant within the past year											
32a. Date of Injury (Mo/Day/Year)				32b. Time of Injury		32c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				32d. Injury at Work?	
										<input type="checkbox"/> Yes <input type="checkbox"/> No	
33a. 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											

16A 2724 Rev. 03/10

Sandra Taylor, Franklin County Registrar

FEB 09 2022