

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

SEP 23 2022

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

SEP 23 2022

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance fee ED
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 9.23.2022
Deputy Aud. Date

**AFFIDAVIT OF SURVIVORSHIP
(O.R.C. § 5302.17)**

Dean A. Dearth, a widowed and not remarried man, being first duly sworn, deposes and states as follows:

1. That **Dean A. Dearth and Julie M. Dearth** are joint owners of record, with rights of survivorship, of property under a duly recorded general warranty survivorship deed found in Mercer County, Ohio Recorder's Official Records Instrument 201700000286.
2. That said property is located in Mercer County, State of Ohio, and more particularly described as follows:

Situated in the TOWNSHIP of FRANKLIN, COUNTY of MERCER, and STATE of OHIO:

Being a parcel of land situated in Franklin Township, Mercer County, Ohio, in the North half of the Northeast Quarter of the Southwest Quarter of Section 22, Township 6 South, Range 3 East, being more particularly described as follows:

Commencing for reference at the cornerstone at the center of said Section 22; thence, North 88° 33' 39" West, along the North line of the Southwest Quarter of said Section 22 and the centerline of State Route 219, a distance of Five Hundred Forty-four and 20/100 (544.20) feet to a spindle. Said point being the place of beginning for the parcel of land to be conveyed by this instrument; thence, continuing, North 88° 33' 39" West, along the last described line, a distance of One Hundred Fifty (150.00) feet to a spindle; thence, South 01° 07' 34" West, a distance of Three Hundred Twenty and 41/100 (320.41) feet to a 5/8 inch iron bar; thence, South 88° 33' 39" East, a distance of One Hundred Fifty (150.00) feet to a 5/8 inch iron bar; thence, North 01° 07' 34" East, a distance of Three Hundred Twenty and 41/100 (320.41) feet to the place of beginning. Containing 1.103 acres of land, more or less. . Subject to all easements and right-of-way of record.

MINOR SUBDIVISION

Reference is made to a survey of this area by James W. Geeslin, Professional Surveyor 7764, dated March 13, 2000, on file in the County Engineer's Office.

Minor Subdivision Map filed of record in Official Record Volume 111, Page 696, Mercer County Recorder's Records.

Subject to all easements, conditions, restrictions, and rights of way of record.

3. That said property identified above is also known and identified as, and vested through:

Prior Instrument Reference: Inst. 201700000286

Tax Parcel Number: 09-080200.0300

Tax Map Number: 09-22-327-013

Address of Property: 7696 State Route 219, Celina, Ohio 45822

4. That **Julie Marie Dearth aka Julie M. Dearth** died on January 17, 2018. Her death certificated is attached hereto as "EXHIBIT A".
5. That by virtue of the death of Julie Marie Dearth aka Julie M. Dearth, **Dean A. Dearth** is now the fee simple owner of the above described property.
6. The tax mailing address for the property shall now be 5359 Karafit Road, Lot 28, Celina, Ohio, 45822

FURTHER AFFIANT SAYETH NAUGHT

Executed this 21 day of September, 2022.

Dean A. Dearth

Dean A. Dearth

Notary Jurat

STATE OF OHIO

COUNTY OF

Marion

)
) ss.
)

Sworn to or affirmed and subscribed before me by **Dean A. Dearth** this date of September 21, 2022.

[SEAL]



Witness my hand and official seal.

Karen Tester

Notary Public

My Commission Expires: 1/30/2026

This instrument prepared by:

Evin Z. Bachelor, Attorney
PURDY, LAMMERS & SCHIAVONE, ATTYS.
113 East Market Street, P.O. Box 404
Celina, Ohio 45822

After recording, return to:

Four Diamond Title Services LLC
405 Myers Road
Celina, Ohio 45822

Ohio Department of Health
VITAL STATISTICS

Reg. Dist. No. 54
Primary Reg. Dist. No. 15400
Registrar's No. 5400-2018000017

CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

State File No. 2018006323

DECEDENT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JULIE MARIE DEARTH						2. Sex FEMALE	3. Date of Death (Mo/Day/Year) JANUARY 17, 2018 APPROXIMATE
4. Social Security Number [REDACTED]	5a. Age (Years) 59	5b. Under 1 Year, Months	5c. Under 1 day, Hours	5d. Under 1 day, Minutes	6. Date of Birth (Mo/Day/Year) MARCH 02, 1958	7. Birthplace (City and State or Foreign Country) KENTON, OHIO	
8a. Residence State OHIO		8b. County MERCER		8c. City or Town CELINA			
8d. Street and Number 7696 STATE RT 219				8e. Apt. No.	8f. Zipcode 45822	8g. Inside City Limits? NO	
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) DEAN DEARTH			
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE		
15. Father's Name GARY SHIPP				16. Mother's Name (prior to first marriage) JEAN LENHEART			
17a. Informant's Name DEAN DEARTH				17b. Relationship to Decedent HUSBAND		17c. Mailing Address (Street and Number, City, State, Zip Code) 7696 STATE RT 219	
18a. Place of Death DECEDENT'S HOME				18c. City or Town, State and Zip Code CELINA, OH 45822			
18b. Facility Name (If not Institution, give street & number) 7696 STATE RT 219				18d. County of Death MERCER			
19. Signature of 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	
22a. Method of Disposition CREMATION				22b. Date of Disposition (Mo/Day/Year) JANUARY 18, 2018		21. Name and Complete Address of Funeral Facility 715 E MAIN ST	
22c. Place of Disposition (Name of Cemetery, Crematory, or other place) VAN WERT CREMATORY				22d. Location (City/Town and State) VAN WERT, OH		COLDWATER, OH 45828	
23. Registrar's Signature KRISTI TIMMERMAN				24. Date Filed (Mo/Day/Year) JANUARY 18, 2018			
25a. Name of Person Issuing Disposition Permit HOGENKAMP, BRIAN JAMES				25b. District No. 5400		25c. Date Disposition Permit Issued (Mo/Day/Year) JANUARY 18, 2018	
26a. Certifier (Check only one) <input 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 checked="" 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.					
26b. Time of Death 0400 HOURS		26c. Date Pronounced Dead (Mo/Day/Year) JANUARY 17, 2018		26d. Was Case Referred to Medical Examiner or Coroner? YES			
26e. Signature and Title of Certifier TIMOTHY A. HEINRICHS MD		26f. License number 35.055465		26g. Date Signed (Mo/Day/Year) JANUARY 18, 2018			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death TIMOTHY A. HEINRICHS, 116 W MAIN ST SUITE 1, COLWATER, 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.						Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death)		a. ACUTE MYOCARDIAL INFARCTION				MINUTES	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) HISTORY OF HYPERTENSION				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? UNKNOWN		31. If Female, Pregnancy Status NOT PREGNANT WITHIN LAST YEAR.				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. 07/15

Kristi Timmerman
LOCAL REGISTRAR

JAN 18 2018

Kristi Timmerman