

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES
Jan 18 2023
MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED
Jan 18, 2023
RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

EN
Exemption/Conveyance Fee \$0.00
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 Jan 18, 2023
Deputy Aud. Date

AFFIDAVIT FOR TRANSFER TO SURVIVOR

STATE OF OHIO; COUNTY OF VAN WERT; SS:

Lois L. Gause acknowledges and states that her husband, David L. Gause, died on
December 1, 2022, as evidenced by the attached Certificate of Death.

Further, that a Survivorship Deed dated May 24, 2019, and recorded May 29, 2019, as
Instrument No. 201900002191, Mercer County, Ohio Recorder's Office conveyed to David L.
Gause and Lois L. Gause, husband and wife, for their joint lives, the remainder to the survivor of
them, the following described real estate:

See description attached hereto.

Large Lot Division Survey recorded in Instrument #201900002191
Parcel No. 01-036900.0100
Map No. 01-28-300-003
Property Address: 1041 State Route 707, Rockford, Ohio 45882
Prior Recording: Instrument #201900002191 & 202200005246, Mercer County,
Ohio Recorder's Office

That this affidavit is made for the purpose of showing Lois L. Gause to be the sole owner,
vested with the entire fee simple title to all of the above-described real estate parcels by virtue of
the death of David L. Gause, subject to the Transfer on Death Designation Affidavit.

Lois L. Gause
Lois L. Gause

Sworn to, affirmed, and subscribed in my presence, a notary public, by Lois L. Gause, this 12th of January 2023. This is a jurat. An oath or affirmation was given by Lois L. Gause that the statement(s) contained in this Affidavit are true and correct.

Keri L. McClure
Notary Public



KERI L. MCCLURE
Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My Commission Has No Expiration Date
Section 147.03 O.R.C.

*This instrument was prepared by Keri L. McClure, Attorney at Law
KEISTER & BAKER, LLC, 124 South Market Street, Suite 101, Van Wert, OH 45891*

No title search was requested or performed.

RDS FARMS SURVEY DESCRIPTION

Being a parcel of land situated in Blackcreek Township, Mercer County, Ohio, and in the southwest quarter of Section 28 Township 4 South, Range 1 East, being more particularly described as follows:

Commencing at a cornerstone at the southwest corner of said Section 28, being the Point of Beginning;

thence N 01° 44' 04" E, 347.09 feet along the west line of the southwest quarter of said Section 28 and also being the centerline of Grauberger Road to a Mag nail set;

thence S 88° 20' 52" E, 627.52 feet and passing through an iron pin with cap set at 18.87 feet to an iron pin with cap set;

thence S 01° 44' 04" W, 347.09 feet and passing through an iron pin with cap set at 321.96 feet to a Mag nail set;

thence N 88° 20' 52" W, 627.52 feet along the south line of the southwest quarter of said Section 28 and also being the centerline of State Route 707 to the Point of Beginning, containing 5.000 acres of land more or less, subject to all valid easements and right-of-way.

Reference is made to an actual field survey by Kent B. Marbaugh, Registered Surveyor #7421, dated April 5, 2019, on file in the County Tax Map Office.

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 5400
Registrar's No. 5400-2022000298

State File No. 2022126850

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) DAVID LLOYD GAUSE						2. Sex MALE	3. Date of Death (Mo/Day/Year) DECEMBER 01, 2022	
	4. Social Security Number [REDACTED]	5a. Age (Years) 76	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) NOVEMBER 25, 1946	7. Birthplace (City and State or Foreign Country) ROCKFORD, OHIO			
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town ROCKFORD				
	8d. Street Address and Zip Code 1041 STATE ROUTE 707 45882					9. Ever in US Armed Forces? YES - ARMY			
DISPOSITION	10. Marital Status at Time of Death MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage) LOIS CRAFT				
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE				
	15. Father's Name LLOYD GAUSE				16. Mother's Name (prior to first marriage) FLORENCE SHIVELY				
	17a. Informant's Name LOIS GAUSE				17b. Relationship to Decedent SPOUSE		17c. Mailing Address (Street and Number, City, State, Zip Code) 1041 STATE ROUTE 707 ROCKFORD, OHIO 45882		
	18a. Place of Death DECEDENT'S HOME				18b. Facility Name (If not Institution, give street & number) 1041 STATE ROUTE 707				
	18c. City or Town, State and Zip Code ROCKFORD, OH 45882				18d. County of Death MERCER				
	19. Funeral Service Licensee or Other Agent NICHOLE T GEARHART				20. License Number (of licensee) 010168		21. Name and Complete Address of Funeral Facility KETCHAM-RIPLEY FUNERAL HOME 111 W FIRST ST ROCKFORD, OH 45882		
	22. Method and Place of Disposition BURIAL - EAST BETHEL CEMETERY, ROCKFORD, OH				23. Local Registrar KRISTI TIMMERMAN				
	24. Date Filed (Month/Day/Year) DECEMBER 07, 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 06:30		25c. Date Pronounced Dead (Month/Day/Year) DECEMBER 01, 2022			25d. Was Case Referred to Medical Examiner or Coroner? NO				
25e. Certifier Name and Title JONATHAN A WINNER DO			25f. License number 34.010406		25g. Date Signed (Month/Day/Year) DECEMBER 07, 2022				
27. Name and Address of Person who Completed Cause of Death JONATHAN A WINNER, 950 SOUTH MAIN ST, SUITE 5, CELINA, OH 45822									
CAUSE OF DEATH	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		
	a. GRADE 4 GLIOBLASTOMA MULTIFORME						4 MONTHS		
	b. Due to (or as Consequence of)								
	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 ACUTE OCCIPITAL LOBE INFARCTION, BACTEREMIA						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 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

DEC 14 2022

Kristi Timmerman