

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

MAY 19 2023

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

MAY 19 2023

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 5/19/2023
Deputy Aud. Date

JOAN A. PAX, Deceased

: STATE OF OHIO

-to-

: COUNTY OF MIAMI, SS

SARAH G. WORLEY, ESQ.
TRUSTEE OF THE JOAN A. PAX
REVOCABLE LIVING TRUST
210 W. Main Street
Troy, Ohio 45373

:
:
: **AFFIDAVIT FOR TRANSFER OF**
: **TRANSFER ON DEATH REAL**
: **ESTATE**

Sarah G. Worley, Esq., being first duly sworn, says that she is the Successor Trustee to the **JOAN A. PAX REVOCABLE LIVING TRUST AGREEMENT** originally dated September 27, 2000, as most recently amended and restated on August 5, 2021. The creator of the Trust, Joan A. Pax, died on April 5, 2023. A certified copy of her death certificate is attached hereto as Exhibit "A" and incorporated herein.

Affiant further states that the real estate located at 1103 Buckeye Drive, Coldwater, Ohio 45828, and further described on Exhibit "B" attached hereto and incorporated herein, was made Transfer on Death by Joan A. Pax on July 15, 2021, as recorded on or about July 16, 2021, at Instrument Number 202100004425 of the Mercer County, Ohio Records.

By virtue of the death of Joan A. Pax, the Joan A. Pax Trust, also known as the Joan A. Pax Revocable Living Trust, acquired complete ownership of the real property in fee simple.

Further Affiant sayeth not.



SARAH G. WORLEY, ESQ.

Sworn to before me and subscribed in my presence by the said **SARAH G. WORLEY, ESQ.**, on or about the 5th day of May, 2023.



MIRANDA R. ROHWER, Notary Public
In and for the State of Ohio
My Commission Expires 8-29-23
Recorded In Miami County



Notary Public

This instrument was prepared by Sarah G. Worley, Attorney at Law, DUNGAN & LEFEVRE CO., L.P.A., 210 West Main Street, Troy, OH 45373, Phone: (937) 339-0511.

Exhibit “B”

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

Being Lot #1711 in Northfield Estates Fifth Addition to the Village of Coldwater, Ohio, as shown on the recorded plat of said addition at Instrument #201500005419, Mercer County Recorder’s Office.

Said conveyance is subject to all the restrictions, conditions, and provisions shown on said plat as recorded at Instrument #201500005418, Mercer County Recorder’s Office, which are incorporated herein by reference, the same as if fully rewritten herein and subject to the zoning restrictions of the Village of Coldwater, Ohio.

Parcel ID#: 05-012850.1711

Map #: 08-28-151-043

4862-7030-2816, v. 1

Primary Reg. Dist. No. 0600

Ohio Department of Health - Vital Statistics

State File No. 2023034834

Registrar's No. 0600-202300103

CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JOAN A PAX						2. Sex FEMALE		3. Date of Death (Month/Day/Year) APRIL 05, 2023	
	4. Social Security Number [REDACTED]		5a. Age (Years) 88	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) DECEMBER 30, 1934		7. Birthplace (City and State or Foreign Country) LIGHTSVILLE, OHIO		
	8a. Residence State OHIO			8b. County MERCER		8c. City or Town COLDWATER				
	8d. Street Address and Zip Code 805 EMERALD DR 45828						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) FRANCIS PAX			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE			
	15. Father's Name FRANK A STAMMEN				16. Mother's Name (prior to first marriage) HILDA B OTTE					
	17a. Informant's Name MIKE PAX				17b. Relationship to Decedent SON		17c. Mailing Address (Street and Number, City, State, Zip Code) 909 OPAL DR COLDWATER, OHIO 45828			
	18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY						18b. Facility Name (If not Institution, give street & number) ELMWOOD ASSISTED LIVING OF NEW BREMEN			
	18c. City or Town, State and Zip Code NEW BREMEN, OH 45869						18d. County of Death AUGLAIZE			
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, GOLDWATER, OH									
	23. Local Registrar Beth Sanders				24. Date Filed (Month/Day/Year) April 11, 2023					
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 1400		25c. Date Pronounced Dead (Month/Day/Year) APRIL 5, 2023			25d. Was Case Referred to Medical Examiner or Coroner? NO				
	25e. Certifier Name and Title Eric Prenger MD		25f. License number 35.089087		25g. Date Signed (Month/Day/Year) April 11, 2023					
CAUSE OF DEATH	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death ERIC JOHN PRENGER, 945 WEST MICHIGAN ST, SIDNEY, OH 45365									
	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. MULTIPLE SCLEROSIS		Approximate Interval: Onset and Death YEARS							
	Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of)									
	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? <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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Probably		31. If Female, Pregnancy Status <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		32. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:				

HEA 2724 Rev. 08/18

Beth Sanders, Registrar

APR 11 2023

Beth Sanders