

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

NOV 03 2023

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

NOV 03 2023

RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

~~TRANSFER NOT NECESSARY~~

NOV 03 2023

~~RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO~~

### **AFFIDAVIT FOR TRANSFER TO SURVIVOR**

STATE OF OHIO, COUNTY OF MERCER, SS:

**Sharon Lee Brest**, being first duly sworn, hereby states that her husband, **Joseph M. Brest, Jr.**, died a resident of Mercer County, Ohio, on October 7, 2023, as shown by a certified copy of the official death certificate attached hereto and incorporated herein by reference; that a Fiduciary Deed recorded as Instrument Number 201800005666 in the Recorder's Office of Mercer County, Ohio, conveyed to Joseph M. Brest, Jr. and Sharon Lee Brest, husband and wife, for their joint lives, remainder to the survivor of them, the real property described as follows:

<b>Tax Parcel Number:</b>	09-033300.0000
<b>Tax Map Number:</b>	09-20-283-002
<b>Prior Instrument Reference:</b>	Inst. No. 201800005666
<b>Property Location:</b>	5339 Karafit Rd., Celina

**SEE ATTACHED "EXHIBIT A" FOR LEGAL DESCRIPTION**

that at the time of the delivery of said Deed, the said Joseph M. Brest, Jr. and Sharon Lee Brest were husband and wife, and continued in that relationship until the death of Joseph M. Brest, Jr.; that this Affidavit is made for the purpose of showing **Sharon Lee Brest to be the sole owner of said tract**, vested with the entire fee simple title thereto, and for the purpose of obtaining a transfer by the Auditor of Mercer County, Ohio, on his tax duplicate as provided by the Ohio Revised Code; and that the address of Sharon Lee Brest continues to be 5339 Karafit Road, Celina, Ohio 45822.

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.

Scott 11/3/2023  
Deputy Aud. Date

FURTHER AFFIANT SAITH NOT.

Dated this November 2, 2023.

Sharon Lee Brest  
SHARON LEE BREST

**Notary Jurat**

Sworn to or affirmed and subscribed before me by Sharon Lee Brest this November 2, 2023.

[SEAL]



EVIN Z. BACHELOR  
Attorney at Law  
NOTARY PUBLIC, STATE OF OHIO  
My commission has no expiration date  
Section 147.03 O.R.C.

Evin Z. Bachelor  
Notary Public, State of Ohio

This instrument prepared by: Evin Bachelor, Attorney  
PURDY, LAMMERS & SCHIAVONE, ATTYS.  
113 East Market Street, P.O. Box 404  
Celina, Ohio 45822  
(419) 586-6442

After recording, return to same.

**EXHIBIT A**

**PARCEL NO. 09-033300.0000**

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

Being Lot Number Two (2) of Davis Addition as the same appears upon the recorded plat thereof of record in Plat Bok 5, Page 28 of the Mercer County, Ohio Records of Plats.

**ALSO:**

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

Being Lot Number One (1) of Davis Addition as the same appears on the recorded plat thereof in Plat Book 5, Page 28 of the Plat Records of Mercer County, Ohio; together with a parcel of land adjacent thereto being bounded and described as follows: Commencing at the East quarter post of Section Twenty (20) of Franklin Township, Mercer County, Ohio, which point is the intersection of the centerline of State Route #703 and Karafit Road; thence North Eight Hundred Twenty-Eight and Seventy-Five Hundredths (828.75) feet to the place of beginning which is the south line of a tract of land owned by Ottie C. Lakes and Gertrude Lakes; thence North Twenty (20) feet; thence West to the West line of said tract of land, said West line in the East bank of a channel running in a Northwesterly direction forming the West boundary of said tract of land, thence in Southeasterly direction to the South line of said tract of land; thence East Two Hundred Ten and Fifty hundredths (210.50) feet to the place of beginning.

Subject to all easements, covenants, conditions, restrictions and reservations of record and all zoning and legal highways.

**FOR INFORMATIONAL PURPOSES ONLY:**

<b>Tax Parcel Number:</b>	09-033300.0000
<b>Tax Map Number:</b>	09-20-283-002
<b>Prior Instrument Reference:</b>	Inst. No. 201800005666
<b>Property Location:</b>	5339 Karafit Rd., Celina

Ohio Department of Health  
VITAL STATISTICS  
Primary Reg. Dist. No. 5401  
State File No. 2023097393  
Registrar's No. 5400-2023000247  
CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JOSEPH MARTIN BREST						2. Sex MALE	3. Date of Death (Mo/Day/Year) OCTOBER 07, 2023
	4. Social Security Number [REDACTED]		5a. Age (Years) 79	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) SEPTEMBER 09, 1944	7. Birthplace (City and State or Foreign Country) DAYTON, OHIO
	8a. Residence State OHIO			8b. County MERCER			8c. City or Town CELINA	
	8d. Street Address and Zip Code 5339 KARAFIT RD. 45822						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) SHARON L BURNS	
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE	
	15. Father's Name JOSEPH MB BREST						16. Mother's Name (prior to first marriage) ELIZABETH SPIRK	
	17a. Informant's Name SHARON L BREST						17b. Relationship to Decedent WIFE	
	17c. Mailing Address (Street and Number, City, State, Zip Code) 5339 KARAFIT RD.							
	18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY						CELINA, OHIO 45822	
	18b. Facility Name (If not Institution, give street & number) CELINA MANOR						18c. City or Town; State and Zip Code CELINA, OH 45822	
	18d. County of Death MERCER							
	19. Funeral Service Licensee or Other Agent STEVE E DZENDZEL						20. License Number (of licensee) 008023	
	21. Name and Complete Address of Funeral Facility LEHMAN-DZENDZEL FH 901 MYERS ROAD CELINA, OH 45822							
CERTIFIER	22. Method and Place of Disposition CREMATION - VAN WERT CREMATORY, VAN WERT, OH							
	23. Local Registrar KRISTI TIMMERMAN						24. Date Filed (Month/Day/Year) OCTOBER 10, 2023	
	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.							
CAUSE OF DEATH	26b. Time of Death 23:03						26c. Date Pronounced Dead (Month/Day/Year) OCTOBER 07, 2023	
	26d. Was Case Referred to Medical Examiner or Coroner? NO							
	26e. Certifier Name and Title RACHEL LYNN HUNTER DO						26f. License number 34.012467	
	26g. Date Signed (Month/Day/Year) OCTOBER 10, 2023							
	27. Name and Address of Person who Completed Cause of Death RACHEL LYNN HUNTER, 1896 AMY'S RIDGE COURT, BEAVERCREEK, OH 45434							
	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. ACUTE CARDIOPULMONARY ARREST						Approximate Interval: Onset and Death IMMEDIATE	
	Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) DIABETES MELLITUS						20 YEARS	
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death) c. Due to (or as Consequence of) HYPERTENSION						30 YEARS	
	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

OCT 11 2023

Kristi Timmerman