

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

DEC 13 2023

MERCER COUNTY  
TAX MAP DEPARTMENT

**TRANSFERRED**

DEC 13 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.

800000 12/13/2023  
Deputy Aud. Date

**AFFIDAVIT FOR TRANSFER TO SURVIVING JOINT OWNER  
(O.R.C. Section 5302.17)**

Christy L. Koester, unmarried, of 808 Opal Drive, Coldwater, Ohio 45828, being first  
duly cautioned and sworn, deposes and states as follows:

1. I have knowledge of the facts set forth herein and am competent to testify  
concerning same in open court.
2. I am the surviving spouse of Michael B. Koester who died a resident of Mercer  
County, Ohio on December 3, 2022. A certified copy of his death certificate is attached hereto.
3. Michael B. Koester and I owned fee simple title, with rights of survivorship, to  
the following described real estate:

Situated in the Village of Coldwater, County of Mercer and State of Ohio, bounded  
and described as follows:

Being Lot #1294 in Westview First Addition to the Village of Coldwater, Ohio, as  
shown on the recorded plat of said Addition in Plat Cabinet 1, Pages 56-57,  
Recorder's Office, Mercer County, Ohio.

Said conveyance is subject to all the restrictions, conditions and provisions shown  
on said plat and also in Miscellaneous Volume 7, Pages 864-865, all in the  
Recorder's Office, Mercer County, Ohio, which are incorporated herein by  
reference, the same as if fully rewritten herein, and subject to zoning restrictions of  
the Village of Coldwater, Ohio.

Deed Reference: Instrument #202100000153, Mercer County Recorder's Office.

Tax ID #05-170200.0000

Tax Map #08-28-178-007

ALSO: Situated in the Village of Coldwater, in the County of Mercer, in the State of Ohio, and bounded and described as follows:

Being Lot Number One Thousand Seven Hundred Ten (1710) in Northfield Estates Fifth Addition to the Village of Coldwater, Ohio, as shown on the Plat recorded in Instrument #201500005419, Official Records of Mercer County, Ohio. Said conveyance is subject to all easements, conditions, restrictions and reservations as set forth on said plat and the covenants and restrictions set forth in Instrument #201500005418, Official Records of Mercer County, Ohio, 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.

Deed Reference: Instrument #202000001805, Mercer County Official Records.

Tax ID #05-012850.1710

Tax Map #08-28-151-042

4. This Affidavit is made pursuant to Ohio Revised Code Section 5302.17 to establish that Christy L. Koester is the sole record owner of and vested with the entire fee simple interest in and to, the above-described real estate, and to enable the Mercer County Auditor's Office and Mercer County Treasurer's Office to update their records to reflect that Christy L. Koester is the sole owner of said real estate.

5. The decedent, Michael B. Koester, was not a recipient of Medicaid. The State of Ohio has no claim against the decedent's property, nor has it filed a certificate of lien under Section 5162.211 of the Ohio Revised Code.

6. The estate of Michael B. Koester is administered in Case No. 20231020, Mercer County Probate Court.

7. Further affiant sayeth not.

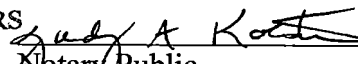
  
Christy L. Koester

STATE OF OHIO, COUNTY OF MERCER, SS:

Sworn or affirmed to before me and subscribed in my presence by Christy L. Koester, the Affiant in the foregoing Affidavit for Transfer to Surviving Joint Owner, on this 13th day of December, 2023.



JUDY A. KOESTERS  
Attorney at Law  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Has No Expiration Date  
Section 147.03 O.R.C.

  
Judy A. Koesters  
Notary Public

Instrument Prepared By: Judy A. Koesters, Attorney at Law, 201 E. Vine Street, Coldwater, Ohio 45828 (419) 678-2378 j&s.koester1.23/pro23/mr

Primary Reg. Dist. No. 5400

Ohio Department of Health - Vital Statistics

State File No. 2022126961

Registrar's No. 2022000295

CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)					2. Sex		3. Date of Death (Month/Day/Year)	
	MICHAEL B KOESTER					MALE		DECEMBER 03, 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)	
			55			SEPTEMBER 23, 1967		COLDWATER, OHIO	
	8a. Residence State			8b. County		8c. City or Town			
	OHIO			MERCER		COLDWATER			
	8d. Street Address and Zip Code							9. Ever in US Armed Forces?	
	808 OPAL DR 45828							NO	
	10. Marital Status at Time of Death					11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
	MARRIED					CHRISTY SWEEBE			
DISPOSITION	12. Decedent's Education (E.G., BA, AB, BS)					13. Decedent of Hispanic Origin		14. Decedent's Race	
	BACHELORS DEGREE (E.G., BA, AB, BS)					NO		WHITE	
	15. Father's Name					16. Mother's Name (prior to first marriage)			
	CHARLES KOESTER					ANETA WERLING			
	17a. Informant's Name					17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)	
	CHRISTY KOESTER					WIFE		808 OPAL DR COLDWATER, OHIO 45828	
	18a. Place of Death					18b. City or Town, State and Zip Code			
	DECEDENT'S HOME					COLDWATER, OH 45828			
	18c. Facility Name (If not institution, give street & number)					18d. County of Death			
	808 OPAL DR					MERCER			
CERTIFIER	19. Funeral Service Licensee or Other Agent					20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility	
	BRIAN J HOGENKAMP					007618		N J HOGENKAMP SONS INC 715 E MAIN ST COLDWATER, OH 45828	
	22. Method and Place of Disposition								
	CREMATION - VAN WERT CREMATORY, VAN WERT, OH								
	23. Local Registrar					24. Date Filed (Month/Day/Year)			
	Kristi Timmerman					December 6, 2022			
	25a. Certifier (Check only one)					25b. Time of Death			
	<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.					1705			
	<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.					25c. Date Pronounced Dead (Month/Day/Year)			
						12/3/2022			
CAUSE OF DEATH	25d. Was Case Referred to Medical Examiner or Coroner?					25e. Date Signed (Month/Day/Year)			
	NO					DEC 6, 2022			
	26. Certifier Name and Title					26f. License number		26g. Date Signed (Month/Day/Year)	
	Mrs. A. One MD					35.098639		DEC 6, 2022	
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death								
	MEGAN CORE, 830 W MAIN ST, COLDWATER, 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.								
	Immediate Cause (Final disease or condition resulting in death)		a. Due to (or as Consequence of)					Approximate Interval (Onset and Death)	
	Rectal adenocarcinoma							4 yrs	
	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.									
30. Did Tobacco Use Contribute to Death?			31. If Female, Pregnancy Status			32a. Was An Autopsy Performed?		32b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?	
<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably			<input 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable	
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 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:									

MEA 2724 Rev. 03/10

Kristi Timmerman  
LOCAL REGISTRAR

DEC - 6 2022

Kristi Timmerman