

TRANSFERRED

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

AUG 29 2017

MERCER COUNTY
TAX MAP DEPARTMENT

AUG 29 2017

RANDALL E. GRAPNER
COUNTY AUDITOR
MERCER COUNTY, OHIO

Exemption paragraph, conveyance fee EM
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 8-29-17
Deputy Aud. Date.

AFFIDAVIT

STATE OF OHIO
COUNTY OF AUGLAIZE, SS:

JOSEPH W. HEMMELGARN, Affiant, and Son of THOMAS N.

HEMMELGARN, who being first duly sworn herein according to law,
and being of legal age and personally acquainted with the facts
as stated herein, states as follows:

1.) That THOMAS N. HEMMELGARN retained a **Life Estate**, in a
certain deed from Thomas N. Hemmelnarn, Grantor, which was
executed on May 11, 2017, and recorded on May 12, 2017, as
Mercer County, Ohio, Recorder's Instrument # 2017 00002192, as
relates to the following described real estate:

**Situated in the North part of the Southeast Quarter (1/4) of the
Northeast Quarter (1/4) of Section 32, T15N, R2E, Granville
Township, Mercer County, Ohio, and being more particularly
described as follows:**

Beginning at the Northeast corner of said Section 32, and at the
centerline intersection of Watkins Road and Post Road; thence
South 1 degree, 00' East, with the East line of said Section 32
and centerline of Post Road, 1,652.30 feet to a railroad spike
and the PLACE OF BEGINNING of the tract herein described.

Thence continuing South 1 degree 00' East, with the East line of
said Section 32 and centerline of Post Road, 332.60 feet to a
railroad spike.

Thence South 88 degrees, 51" West, a distance of 659.99 feet to
an iron pin;

Thence North 1 degree, 00" West, a distance of 331.84 feet to an
iron pin.

Thence North 88 degrees, 47' East a distance of 660.00 feet to
the PLACE OF BEGINNING.

Containing Five And Thirty Four Thousands (5.034) acres, more or
less, subject to all legal highways and easements of record.

Known as 354 Post Rd., Ft. Recovery OH 45846
Parcel # 21-000700.0200
Map # 14-32-200-006

PRIOR DEED INSTRUMENT # 201300004308

2.) Further affiant states that **THOMAS N. HEMMELGARN** died on May 12, 2017, and that **THOMAS N. HEMMELGARN's** life estate in and to the above described real estate is now terminated. Attached is a certified copy of his death certificate.

Further, affiant sayeth naught.

X *Joseph W. Hemmelgarn*
JOSEPH W. HEMMELGARN, Affiant

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE, THIS
29th day of August, 2017.

x *Victoria S. Hitchen*
NOTARY PUBLIC, STATE OF: _____
My Commission Expires: _____



VICTORIA S. HITCHEN
Notary Public, State of Ohio
My Comm. Expires 2-15-20

This instrument prepared by:
KENNETH E. HITCHEN
ATTORNEY AT LAW
510 W. South St.
St. Marys, OH 45885

Reg. Dist. No. 55
Primary Reg. Dist. No. 5502
Registrar's No. 5500-2017000317

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

State File No. 2017048542

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) THOMAS NORBERT HEMMELGARN						2. Sex MALE	3. Date of Death (Mo/Day/Year) MAY 12, 2017	
	4. Social Security Number [REDACTED]		5a. Age (Years) 85	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) SEPTEMBER 02, 1931		7. Birthplace (City and State or Foreign Country) NEW WESTON, OHIO	
	8a. Residence State OHIO			8b. County MERCER		8c. City or Town FORT RECOVERY			
	8d. Street and Number 354 POST RD.					8e. Apt. No.	8f. Zipcode 45846	8g. Inside City Limits? NO	
	9. Ever in US Armed Forces? YES		10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)			11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE			
	15. Father's Name CLEMENS H HEMMELGARN				16. Mother's Name (prior to first marriage) JULIANA R SAALMAN				
	17a. Informant's Name JOSEPH HEMMELGARN				17b. Relationship to Decedent SON		17c. Mailing Address (Street and Number, City, State, Zip Code) 10711 CR 66A		
	18a. Place of Death NONHOSPITAL - HOSPICE FACILITY						18c. City or Town, State and Zip Code TROY, OH 45373		18d. County of Death MIAMI
	18b. Facility Name (If not Institution, give street & number) HOSPICE OF MIAMI COUNTY - INPATIENT FACILITY								
DISPOSITION	19. Signature of Funeral Service Licensee or Other Agent RONALD R BOECKMAN				20. License Number (of licensee) 006642		21. Name and Complete Address of Funeral Facility BROCKMAN-BOECKMAN FUNERAL HOME		
	22a. Method of Disposition BURIAL				22b. Date of Disposition (Mo/Day/Year) MAY 17, 2017		308 S WAYNE ST		
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place) ST. BERNARD CEMETERY				22d. Location (City/Town and State) BURKETTSVILLE, OH		FORT RECOVERY, OH 45846		
	23. Registrar's Signature KRISTI BARNHART				24. Date Filed (Mo/Day/Year) MAY 18, 2017				
REGISTRAR	25a. Name of Person Issuing Disposition Permit BOECKMAN, RON				25b. District No. 5400		25c. Date Disposition Permit Issued (Mo/Day/Year) MAY 16, 2017		
	26a. 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.								
	26b. Time of Death 2323		26c. Date Pronounced Dead (Mo/Day/Year) MAY 12, 2017				26d. Was Case Referred to Medical Examiner or Coroner? NO		
	26e. Signature and Title of Certifier NAGA PRASUNA MADIREDDY MD		26f. License number 35.081903		26g. Date Signed (Mo/Day/Year) MAY 18, 2017				
CAUSE OF DEATH	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death NAGA PRASUNA MADIREDDY, 280 LOONEY RD, PIQUA, OH 45356								
	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. MULTIORGAN FAILURE				DAYS		
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) ACUTE ISCHEMIC STROKE				DAYS		
	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? 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. 07/15

Kristi Barnhart, Local Registrar

SEAL
MAY 24 2017

Kristi L Barnhart