

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

OCT 18 2018

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

OCT 18 2018

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 10-18-18
Deputy Aud. Date

**AFFIDAVIT FOR TRANSFER OF REAL ESTATE
HELD IN TENANCY BY THE ENTIRETIES OR JOINT AND SURVIVORSHIP
O.R.C. 319.54 & 5302.17**

STATE OF OHIO
AUGLAIZE COUNTY, SS:

ROBERT A. HEETER, joint tenant and surviving spouse of ADELE J. HEETER, Deceased, being first duly sworn according to law, states as follows:

That he and said decedent acquired certain real estate, hereinafter described, on March 2, 2010, by a Survivorship Deed which was recorded on March 3, 2010, in the Mercer County, Ohio Recorder's Office at Instrument #201000000996.

Affiant further says that ADELE J. HEETER died on September 12, 2017, as is shown by the certified copy of her death certificate which is attached hereto, and that upon her death, the entire interest in the below described real estate passed by right of survivorship to affiant, ROBERT A. HEETER.

Said real estate is described as follows:

SITUATE IN THE TOWNSHIP OF FRANKLIN, COUNTY OF MERCER, AND STATE OF OHIO, to-wit:

Being Lots Numbered Sixteen (16) and Seventeen (17) in Grand Haven Subdivision as shown in Plat Book 7, Page 17, but subject to all legal highways, conditions, reservations, and restrictions and easements of record.

PRIOR INSTRUMENT #201000000996

Tax Parcel #09-029500.0000,

#09-029600.0000

Map #09-20-281-002,

Map #09-20-281-001

Known as 5313 Dorothy Lane, Celina, OH 45822

X Robert A. Heeter
ROBERT A. HEETER
Affiant

The foregoing affidavit was sworn to before me and subscribed to in my presence by **ROBERT A. HEETER, Affiant**, this 18th day of October, 2018.

IN TESTIMONY WHEREOF, I have hereunto set my hand and notarial seal the date aforesaid.

Victoria S. Hitchen

NOTARY PUBLIC

Prepared by:
KENNETH E. HITCHEN
Attorney at Law
510 West South St.
St. Marys, Ohio 45885
Ph: 419-394-7431
Fax: 419-394-7432



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

Reg. Dist. No. 57		Ohio Department of Health - Vital Statistics		State File No. 2017086966	
Primary Reg. Dist. No. 5701		CERTIFICATE OF DEATH			
Registrar's No. 2017005398		Type or print in permanent blue or black ink			
1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)			2. Sex	3. Date of Death (Mo/Day/Year)	
ADELE JOSEPHINE HEETER			FEMALE	SEPTEMBER 12, 2017	
4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year)
	72				DECEMBER 28, 1944
7. Birthplace (City and State or Foreign Country)			8. City or Town		
DENVER, COLORADO			TROY		
8a. Residence State			8b. County	8c. City or Town	8d. Street and Number
OHIO			MIAMI	TROY	1133 WESTRIDGE DR.
8e. Apt. No.			8f. Zipcode	8g. Inside City Limits?	
			45373	YES	
9. Ever in US Armed Forces?			10. Marital Status at Time of Death		
NO			MARRIED		
11. Surviving Spouse's Name (If wife, give name prior to first marriage)			12. Decedent's Education		
ROBERT A HEETER			COLLEGE, BUT NO DEGREE		
13. Decedent of Hispanic Origin			14. Decedent's Race		
NO			WHITE		
15. Father's Name			16. Mother's Name (prior to first marriage)		
CECIL BUTT			CORINNE HANNA		
17a. Informant's Name			17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)
ROBERT A HEETER			HUSBAND		1133 WESTRIDGE DR.
18a. Place of Death			18b. Facility Name (If not institution, give street & number)		
HOSPITAL - INPATIENT			KINDRED HOSPITAL-DAYTON		
18c. City or Town, State and Zip Code			18d. County of Death		
DAYTON, OH 45408			MONTGOMERY		
19. Signature of Funeral Service Licensee or Other Agent			20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility
STURGIS HOWARD CHENEY			005403		FISHER-CHENEY FUNERAL HOME
22a. Method of Disposition			22b. Date of Disposition (Mo/Day/Year)		22c. Place of Disposition (Name of Cemetery, Crematory, or other place)
CREMATION			9/14/2017		OAKWOOD CREMATORY INC
22d. Location (City/Town and State)			22e. Date of Disposition (Mo/Day/Year)		
BRADFORD, OH			9/14/2017		
22f. Name and Complete Address of Funeral Facility			22g. Date of Disposition (Mo/Day/Year)		
1124 W MAIN STREET			9/14/2017		
TROY, OH 45373					
23. Registrar's Signature			24. Date Filed (Mo/Day/Year)		
Roy E. Jordan			9/14/2017		
25a. Name of Person Issuing Disposition Permit			25b. District No.		25c. Date Disposition Permit Issued (Mo/Day/Year)
JORDAN, ROY			5700		9/14/2017
26a. Certifier (Check only one)			26b. Time of Death		
<input checked="" type="checkbox"/> Certifying Physician			5:58PM		
To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.			26c. Date Pronounced Dead (Mo/Day/Year)		
<input type="checkbox"/> Coroner or Medical Examiner			9-12-2017		
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.			26d. Was the Medical Examiner or Coroner Contacted?		
			NO		
26e. Signature and Title of Certifier			26f. License number		26g. Date Signed (Mo/Day/Year)
Kevin Lee Hornbeck DO			34.005321		9/14/2017
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death					
KEVIN LEE HORNBECK, 3080 ACKERMAN BLVD, KETTERING, OH 45429					
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)					
END STAGE LIVER DISEASE					
29. Approximate Interval Between Onset and Death					
4 yrs					
30. Enter Underlying Cause (Disease or injury that initiated events resulting in a death)					
CIRRHOSIS					
31. Due to (or as Consequence of)					
4 yrs					
32. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
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:					

HEA 2724, Rev. 07/18-09/16

ROY E. JORDAN, LOCAL REGISTRAR

SEP 14 2017

Roy E. Jordan