

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

JUN 29 2020

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUN 29 2020

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.
HS 6/29/2020
Deputy Aud. Date

AFFIDAVIT

(Ohio Revised Code Section 5302.17)

STATE OF OHIO, COUNTY OF AUGLAIZE, ss:

Galen B. Cisco, of 604 Elmwood Lane, Celina, OH 45822, being first duly sworn, deposes and says that he is the surviving spouse of **Martha J. Cisco**, who died on November 6, 2019, at Columbus, Ohio; that at the time of her death, this Affiant and **Martha J. Cisco** were the owners with rights of survivorship of the following described real estate:

Situated in the Township of Jefferson, County of Mercer, and State of Ohio, to-wit:

Being all of Lot Number Ten (10) and also 43.00 feet of uniform width off of the southwesterly side of Lot Number Nine (9), measured at right angles to the common line between said lots of Section "D" Northwood Subdivision in the Northwest Quarter of Section 2, Township 6 South, Range 3 East, Jefferson Township, Mercer County, Ohio, as shown on the recorded plat thereof in Plat Book 4, Page A1 and in subdivision of parts of land of the State of Ohio, Grand Lake St. Marys Reservoir No. 1.

ALSO:

Being a parcel of land situated in Jefferson Township, Mercer County, Ohio, in Section D of Northwood Addition, Section 2, Jefferson Township, Township 6 South, Range 3 East. Being more particularly described as follows:

Commencing for reference at a point at the Southwest corner of Lot 10 in Section D of Northwood Addition - being parts of Lots Eight (8) and Nine (9) in said Addition;

Thence, North 52° 41' 33" East, along the North line of Elmwood Lane, a distance of 93.00 feet to a P.K. nail. Said point being the Place of Beginning for the parcel of land to be conveyed by this instrument;

Thence, continuing, North 52° 41' 33" East, along the last described line, a distance of 20.00 feet to a P.K. nail;

Thence, North 37° 12' 16" West, a distance of 88.00 feet to a 5/8 inch iron bar;

Thence, South 52° 41' 34" West, a distance of 20.00 feet to a 5/8 inch iron bar;

Thence, South 37° 12' 16" East, a distance of 88.00 feet to the Place of Beginning.

Containing 0.040 acre of land more or less.

Subject to all valid easements and right-of-way of record.

Reference is made to a survey of this area by James W. Geeslin, Professional Surveyor 7764, dated November 16, 2005 on file in the County Engineer's Office.

Parcel ID#: 26-110500.0000 Tax Map #: 09-02-177-004
~~Parcel ID#: 26-110400.0000 Tax Map #: 09-02-177-003~~

Property known as: 604 Elmwood Lane, Celina, Ohio 45822

That the deed indicating their ownership is recorded at Instrument No. 201600000842 of the Official Records of Mercer County, Ohio.

That by virtue of the death of said Martha J. Cisco, the undersigned is the surviving owner in fee simple of the above described property.

That all debts, claims and charges against the decedent will be fully paid. The decedent did not receive any Medicaid benefits.

A certified copy of the death certificate is attached.

Further affiant saith not.

Galen B. Cisco
Galen B. Cisco

Sworn to before me and subscribed in my presence this 24th day of JUNE, 2020.

Victoria S. Hardeman
Notary Public



VICTORIA S. HARDEMAN
Notary Public, State of Ohio
My Commission Expires September 21, 2023
Recorded in Auglaize County

This instrument prepared by:
NOBLE, MONTAGUE & MOUL, LLC
Attorneys at Law
146 East Spring Street
St. Marys, OH 45885
Telephone: (419) 394 7441

F:\EstatePlanning-FinancialPlanning\Cisco-Galen&Martha\AffidavitTerminatingJ&S
(KEN/bc)

Primary Reg. Dist. No. 2501
 Registrar's No. 2019011390

Ohio Department of Health - Vital Statistics
 CERTIFICATE OF DEATH

Slate File No. 2019105531

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) MARTHA J CISCO						2. Sex FEMALE	3. Date of Death (Month/Day/Year) NOVEMBER 06, 2019
	4. Social Security Number	5a. Age (Years) 81	5b. Under 1 Year Months	5c. Under 1 day Days	6. Date of Birth (Mo/Day/Year) SEPTEMBER 02, 1938	7. Birthplace (City and State or Foreign Country) STOCKDALE, OHIO		
	8a. Residence State OHIO		8b. County MERCER			8c. City or Town CELINA		
	8d. Street Address and Zip Code 604 ELMWOOD LN 45822						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) GALEN CISCO				
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE				
15. Father's Name LESTER HOWERTON			16. Mother's Name (prior to first marriage) LOUISE HUGHS					
17a. Informant's Name GALEN CISCO			17b. Relationship to Decedent HUSBAND		17c. Mailing Address (Street and Number, City, State, Zip Code) 604 ELMWOOD LN CELINA, OHIO 45822			
18a. Place of Death HOSPITAL - INPATIENT			18b. Facility Name (If not Institution, give street & number) JAMES CANCER HOSPITAL & SOLOVE RESEARCH INSTITUTE			18c. City or Town, State and Zip Code COLUMBUS, OH 43210		
						18d. County of Death FRANKLIN		
DISPOSITION	19. Funeral Service Licensee or Other Agent ROBERT N CISCO			20. License Number (of licensee) 008625		21. Name and Complete Address of Funeral Facility CISCO-FUNERAL HOME 6921 SR 703 CELINA, OH 45822		
	22. Method and Place of Disposition CREMATION - TRI COUNTY CREMATORY, LIMA, OH							
	23. Local Registrar <i>Sandra Taylor</i>				24. Date Filed (Month/Day/Year) NOV 12 2019			
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 10:36 AM		25c. Date Pronounced Dead (Month/Day/Year) November 6, 2019			25d. Was Case Referred to Medical Examiner or Coroner? NO		
	25e. Certifier Name and Title Kiranveer Kaur MD		25f. License number 35.133748		25g. Date Signed (Month/Day/Year) 11/8/2019			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death KIRANVEER KAUR, 460 W 10TH AVE, COLUMBUS, OH 43210								
CAUSE OF DEATH	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: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a. Hypoxic respiratory failure					7 days	
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of) Lung cancer					1 year	
	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 type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
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. 08/18

SEAL

Sandra Taylor, Franklin County Registrar

NOV 13 2019

Sandra Taylor