

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

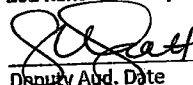
JUL 24 2020

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

JUL 24 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.
 7/24/2020
Deputy Abd. Date

AFFIDAVIT
(O.R.C. 5302.17)

STATE OF OHIO - COUNTY OF MERCER – ss:

Mary Ann Reichert, being duly cautioned and sworn, deposes and says that:

1] She is the age of majority and is a resident of 1624 East Wayne Street, Celina, Mercer County, Ohio.

2] She is the surviving spouse of Eugene J. Reichert, who died June 8, 2020, a resident of Celina, Mercer County, Ohio. A certified copy of the death certificate of Eugene J. Reichert is attached hereto.

3] There is a Fiduciary Deed dated June 25, 2019, and recorded June 25, 2019, at 10:45 a.m. in Instrument #201900002624, Mercer County, Ohio, Recorder's Records, which conveyed to Eugene J. Reichert and Mary Ann Reichert, husband and wife, for their joint lives, remainder to the survivor of them, the following described real estate:

Situated in the **CITY** of **CELINA**, **COUNTY** of **MERCER** and **STATE** of **OHIO**:

Being Unit Number One (1) of Settler's Lane West Condominium of Lot 1, together with its respective undivided interest in the common areas and facilities thereof, as the same is numbered, delineated and described in the Declaration, Bylaws and Drawings therefore, of record in Official Record Volume 202, Pages 2442-2469, as amended in Official Record Volume 203, Page 654, and the Condominium Plat recorded in Plat Cabinet 3, Page 125, in the Recorder's Office of Mercer County, Ohio.

Tax Parcel I.D. #27-026953.0102 / Tax Map #06-32-919-002

Prior Instrument Reference: Instrument #201900002624, Mercer County Recorder's Records.

4] There are no requirements for probating the Estate of Eugene J. Reichert or for filing an Ohio Estate Tax Return. All costs of the last sickness and funeral expenses have been paid by the surviving spouse, **Mary Ann Reichert**.

5] That by virtue of the death of **Eugene J. Reichert**, Affiant is the fee simple owner of the above described real estate and the Mercer County Auditor and the Mercer County Recorder are requested to record the transfer of the decedent's interest to the surviving tenant, **Mary Ann Reichert**.

Mary Ann Reichert
Mary Ann Reichert

SWORN TO BEFORE ME and subscribed in my presence on this 22nd day of July, A.D. 2020.



SHELLY J. BILLS
Notary Public, State of Ohio
My Commission Expires
March 10, 2022
Recorded in Mercer County

Shelly J. Bills
Notary Public for Ohio
My Commission:
Expires 3/10/2022

This instrument prepared by:

Knapke Law Office, LLC
115 N. Walnut St.
P.O. Box 504
Celina, OH 4582
Telephone: (419) 586-6444

Ohio Department of Health
VITAL STATISTICS
Primary Reg. Dist. No. 5701
State File No. 2020059505
Registrar's No. 5700-2020003448
CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) EUGENE J REICHERT						2. Sex MALE	3. Date of Death (Mo/Day/Year) JUNE 08, 2020
	4. Social Security Number [REDACTED]	5a. Age (Years) 84	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) SEPTEMBER 06, 1935	7. Birthplace (City and State or Foreign Country) CELINA, OHIO		
	8a. Residence State OHIO		8b. County MERCER		8c. City or Town CELINA			
	8d. Street Address and Zip Code 1624 E. WAYNE ST. 45822					9. Ever in US Armed Forces? YES - AIR FORCE		
DISPOSITION	10. Marital Status at Time of Death MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage) MARY ANN HOYNG			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE		
	15. Father's Name GEORGE REICHERT				16. Mother's Name (prior to first marriage) ALVINA FORTKAMP			
	17a. Informant's Name MARY ANN REICHERT				17b. Relationship to Decedent WIFE	17c. Mailing Address (Street and Number, City, State, Zip Code) 1624 E. WAYNE ST. CELINA, OHIO 45822		
CERTIFIER	18a. Place of Death HOSPITAL - INPATIENT				18b. Facility Name (If not institution, give street & number) MIAMI VALLEY HOSPITAL			18c. City or Town, State and Zip Code DAYTON, OH 45409
	18d. County of Death MONTGOMERY				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			
	22. Method and Place of Disposition CREMATION - VAN WERT CREMATORY, VAN WERT, OH				23. Local Registrar KRISTIE HUNTER-CONLEY			
CAUSE OF DEATH	24. Date Filed (Month/Day/Year) JUNE 12, 2020				25a. Certifier (Check only one) <input 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 checked="" 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 21:03				25c. Date Pronounced Dead (Month/Day/Year) JUNE 08, 2020		25d. Was Case Referred to Medical Examiner or Coroner? YES	
	26a. Certifier Name and Title KENT E HARSHBARGER MD				26b. License number 35.082090		26c. Date Signed (Month/Day/Year) JUNE 12, 2020	
	27. Name and Address of Person who Completed Cause of Death KENT E HARSHBARGER, 361 WEST THIRD ST, DAYTON, OH 45402							
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. BLUNT FORCE TRAUMA OF THE HEAD						DAYS
	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)						
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? UNKNOWN			31. If Female, Pregnancy Status NOT APPLICABLE			32. Manner of Death ACCIDENT		
33a. Date of Injury (Mo/Day/Year) 06/06/2020		33b. Time of Injury 09:00		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RESIDENCE			33d. Injury at Work? NO	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 336 BRUNS AVENUE, CARTHAGENA, OHIO								
33f. Describe How Injury Occurred: FALL FROM STANDING HEIGHT						33g. If Transportation Injury, Specify:		

HEA 2724 Rev. 08/18

KRISTIE L. HUNTER-CONLEY
LOCAL REGISTRAR

JUN 17 2020

Kristie Hunter-Conley

Reg. Dist. No. 5701

Ohio Department of Health

VITAL STATISTICS

State File No: 2020059505

Registrar's No. 5700-2020003448

Supplementary Medical Certification

1601091

Name of Deceased EUGENE J REICHERT			
Place of Death HOSPITAL - INPATIENT		Date of Death JUNE 08, 2020	
23. Local Registrar KRISTIE HUNTER-CONLEY		24. Date Filed JUNE 29, 2020	
28a. Certifier (Check only one) <input 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 checked="" type="checkbox"/> Coroner 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.			
28b. Time of Death 21:03		28c. Date Pronounced Dead (Month/Day/Year) JUNE 08, 2020	
28d. Was Case referred to Coroner? YES			
28e. Certifier Name and Title HARSHBARGER, KENT E MD		28f. License number 35.082090	
28g. Date Signed JUNE 29, 2020			
27. Name and Address of Person who Completed Cause of Death HARSHBARGER, KENT E, 361 WEST THIRD ST, DAYTON, OH, 45402			
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 black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. BLUNT FORCE TRAUMA OF THE HEAD		DAYS
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Consequence of)		
Enter Underlying Cause Last (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.			28a. Was an Autopsy Performed? NO
28b. Were Autopsy Findings Available Prior to completion of Cause of Death? NOT APPLICABLE			
30. Did Tobacco Use Contribute to Death? UNKNOWN	31. If Female, Pregnancy Status NOT APPLICABLE		32. Manner of Death ACCIDENT
33a. Date of Injury (Month/Day/Year) JUNE 06, 2020	33b. Time of Injury 09:00	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) AT HOME	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 1624 E. WAYNE ST., CELINA, OHIO			
33f. Describe How Injury Occurred: FALL FROM STANDING HEIGHT			33g. If Transportation Injury, Specify:

HEA 2752

Rev. 08/18

THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS

Required by section 3705.27 of the Ohio Revised Code



1601091



2020059505

KRISTIE L. HUNTER-CONLEY
LOCAL REGISTRAR

JUN 30 2020

Kristie Hunter-Conley