

DESCRIPTION  
SUFFICIENT  
FOR TAX MAPPING PURPOSES

AUG 13 2021

MERCER COUNTY  
TAX MAP DEPARTMENT

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.

KP 8.13.2021  
Deputy Aud. Date

**TRANSFERRED**

AUG 13 2021

RANDALL E. GRAPNER  
COUNTY AUDITOR  
MERCER COUNTY, OHIO

**AFFIDAVIT FOR TRANSFER TO SURVIVOR  
(O.R.C. Section 5302.17)**

Valerie A. Cryer, unmarried, of 5383 U.S. Route 127, Celina, Ohio 45822, 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. Jerome H. Meiring died a resident of Mercer County, Ohio on March 21, 2021. A certified copy of his death certificate is attached hereto.
3. Jerome H. Meiring and I owned fee simple title, with rights of survivorship, to the following described real estate:

**TRACT 1:** Situated in the Township of Butler, County of Mercer, State of Ohio, and bounded and described as follows:

Being a part of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Number Thirty-four (34), Town Six (6) South, Range Two (2) East and described as follows: Beginning for the same at the Northwest corner of the Southwest Quarter (1/4) of Section Thirty-four (34); thence South One Hundred (100) feet; thence East One Hundred and Sixty (160) feet; thence North One Hundred (100) feet; thence West One Hundred and Sixty (160) feet to the place of beginning.

Deed Reference: Instrument #201100004807, Mercer County Recorder's Office.

Tax ID #03-039600.0000  
Tax Map #08-34-300-001

**TRACT 2:** The following described real estate situated in Butler Township, Mercer County, Ohio, and being part of the Northeast Quarter of Section 24, Town 6 South, Range 2 East, and more particularly described as follows:

Beginning at the stone at the center of the Northeast Quarter of said Section 24; thence with the North line of the Southeast Quarter of the Northeast Quarter of said Section 24 S88°30'E 56.90 feet to the West right-of-way line of U.S. Route 127; thence with the West right-of-way line of U.S. Route 127 S25°38' E 97.40 feet to a point; thence S64°39'W 115.93 feet to an iron pipe; thence N85°46'W 101.00 feet to the center of a 6-inch tile in a concrete headwall; thence with the approximate centerline of a channel N3°22''E 374.30 feet to a point in Grassy Branch Ditch; thence S34°04'E 159.00 feet to an iron pipe on the West right-of-way line of U.S. Route 127; thence with the East line of the Northwest Quarter of the Northeast Quarter of said Section 24 S2°20'W 110.60 feet to the place of beginning.

**Containing 0.93 of an acre more or less.** As part of the consideration herefor, the above premises are hereby conveyed with the restriction that the premises may be used for the purpose of used car sales, but shall not be used as an automobile wrecking yard, and that the Grantees, their heirs and assigns shall not use such premises to store scrap,

old batteries, junk, dismantled or wrecked automobiles or parts thereof, and that the Grantees, their heirs and assigns, shall not dispose of parts or motor vehicles by burning the same on said premises. It is the intent of the parties hereto that this restriction shall run with the land and shall be binding upon any person, firm or corporation obtaining title to the above-described premises from or through the Grantees.

**ALSO:** The following described real estate situated in Butler Township, Mercer County, Ohio, and being part of the Northeast Quarter of the Northeast Quarter of Section 24, Town 6 South, Range 2 East, and more particularly described as follows:

Beginning at the stone at the center of the Northeast Quarter of said Section 24; thence with the East line of the Northwest Quarter of the Northeast Quarter of said Section 24 N2°20'E 110.60 feet to an iron pipe on the West right-of-way line of U.S. Route 127; thence with the West right-of-way line of U.S. Route 127 S25°09' E 123.70 feet to the North line of the Southeast Quarter of the Northeast Quarter of Section 24; thence with the North line of the Southeast Quarter of the Northeast Quarter of said Section 24 N88°30' W 56.90 feet of the place beginning.

**Containing 0.07 of an acre more or less.** The above-described parcel being all that part of the Northeast Quarter of the Northeast Quarter of said Section 24 which lies West of the West right-of-way line of U.S. Route 127 and is the same tract as recorded in Deed Volume 239, Page 249, in the Mercer County Recorder's Office.

Deed Reference: Instrument #201100004808, Mercer County Recorder's Office.

Tax ID #02-011000.0000 & #02-011000.0100

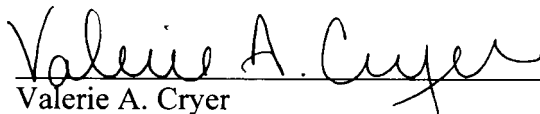
Tax Map #08-24-276-001 & #08-24-276-002

4. This Affidavit is made pursuant to Ohio Revised Code Section 5302.17 to establish that Valerie A. Cryer 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 Valerie A. Cryer is the sole owner of the above-described real estate.

5. The decedent, Jerome H. Meiring, 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 Jerome H. Meiring is administered in Case No. 20211081, Mercer County Probate Court.

7. Further affiant sayeth not.

  
Valerie A. Cryer

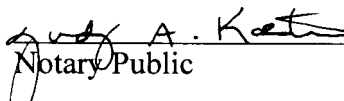
STATE OF OHIO, COUNTY OF MERCER, SS:

BE IT REMEMBERED, that on this 11th day of August, 2021, before me, the subscriber, a notary public in and for said State, personally appeared **Valerie A. Cryer**, the Affiant in the foregoing Affidavit for Transfer to Survivor, and acknowledged the signing thereof to be her voluntary act and deed.

**IN TESTIMONY WHEREOF**, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.



JUDY A. KOESTERS  
NOTARY PUBLIC  
STATE OF OHIO  
My Comm. Has No  
Expiration Date  
Section 147.03 R. C.

  
Notary Public

Instrument Prepared By: Judy A. Koesters, Attorney at Law, 201 E. Vine Street, Coldwater, Ohio 45828 (419) 678-2378 j&s.meiring8.21/pro21/mr

Primary Reg. Dist. No. 0201

Ohio Department of Health - Vital Statistics

State File No. 2021034451

Registrar's No. 0200-2021000422

CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)	2. Sex		3. Date of Death (Month/Day/Year)					
JEROME H MEIRING	MALE		MARCH 21, 2021					
4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year)	7. Birthplace (City and State or Foreign Country)		
	60				AUGUST 14, 1960	COLDWATER, OHIO		
8a. Residence State		8b. County		8c. City or Town				
OHIO		MERCER		CELINA				
9a. Street Address and Zip Code					9. Ever in US Armed Forces?			
5383 U.S. ROUTE 127 45822					NO			
10. Marital Status at Time of Death				11. Surviving Spouse's Name (If wife, give name prior to first marriage)				
DIVORCED (AND NOT REMARRIED)								
12. Decedent's Education			13. Decedent of Hispanic Origin		14. Decedent's Race			
9TH THRU 12TH GRADE; NO DIPLOMA			NO		WHITE			
15. Father's Name				16. Mother's Name (prior to first marriage)				
HAROLD MEIRING				BERNADINE WENNING				
17a. Informant's Name			17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)			
VALERIE CRYER			SIGNIFICANT OTHER		5383 U.S. ROUTE 127 CELINA, OHIO 45822			
18a. Place of Death				18b. Facility Name (If not institution, give street & number)		18c. City or Town, State and Zip Code		18d. County of Death
HOSPITAL - INPATIENT				LIMA MEMORIAL HEALTH SYSTEM		LIMA, OH 45804		ALLEN
19. Funeral Service Licensee or Other Agent			20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility			
WILLIAM N PRENGER			009998		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)				
Kathryn Tussing				March 29, 2021				
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		25c. Date Pronounced Dead (Month/Day/Year)		25d. Was Case Referred to Medical Examiner or Coroner?				
04:37 AM		03/21/2021		NO				
25e. Certifier Name and Title		25f. License number		25g. Date Signed (Month/Day/Year)				
Francis MD		35.134023		03/24/2021				
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death								
FRANCIS UKPOKOLO, 1001 BELLEFONTAINE AVE, LIMA, OH 45804								
28. Part I. Enter the disease, infection, 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. <u>Decompensated Liver Cirrhosis</u>						Approximate Interval: Onset and Death	
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.				29a. Was An Autopsy Performed?		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable		
30. Did Tobacco Use Contribute to Death?		31. If Female, Pregnancy Status			32. Manner of Death			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No		<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 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. 09/18

Kathryn Tussing, Local Registrar

MAR 31 2021

*Kathryn Tussing*