

DESCRIPTION
SUFFICIENT
FOR TAX MAPPING PURPOSES

FEB 04 2019

MERCER COUNTY
TAX MAP DEPARTMENT

TRANSFERRED

FEB 04 2019

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.

[Signature] 2/4/19
Deputy Aud. Date

AFFIDAVIT FOR TRANSFER TO SURVIVOR

STATE OF OHIO, VAN WERT COUNTY, SS:

Karen Kline, being first duly sworn, says that Keith Kline, died a resident of Van Wert county, Ohio, on February 19, 2018, as shown by official death certificate attached hereto. Keith Kline and Keith Wayne Kline is one and the same person.

Affiant further states that a certain fiduciary deed recorded as Instrument No. 201700000983 and a certain warranty deed recorded as Instrument No. 201700000982 of the records of Mercer county, conveyed to said Keith Kline and Karen Kline during their joint lives and the remainder to the survivor of them, the real estate described on the attached "Exhibit A".

Affiant further states that this affidavit is made for the purpose of showing Karen Kline to be the sole owner and vested with the entire fee simple title to the above described real estate, and for the purpose of obtaining a transfer by the auditor of Mercer county on the tax duplicate as provided by Section 319.20, Revised Code; and that the address of Karen Kline is 17375 Rhodes Mill Road, Ohio City, Ohio 45874.

[Signature: Karen Kline]
Karen Kline

Sworn to before me and subscribed in my presence this 24th day of January, 2019.

[Signature]
-Notary Public

This instrument was prepared by
Attorney Charles Koch
106 West Main Street
Van Wert, Ohio 45891



CHARLES F. KOCH
Attorney At Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

“EXHIBIT A”

The following described real estate situate in the Township of Dublin, County of Mercer and State of Ohio, to-wit:

(Center part of the East side Section 1, Godfrey’s Reserve).

Beginning at a point “E”, a section in the centerline of the Godfrey Reserve Road and at the Southwest corner of fractional Section 3, above town and range; thence North 1°0' West along the centerline of the Godfrey Reserve Road a distance of two thousand thirty-three and sixty hundredths (2,033.60) feet to a point “K”; an iron pipe set in the centerline of the road; thence South 88°50' West a distance of twelve hundred twenty-four and fifty-four hundredths (1,224.54) feet to a point “J”, an old wooden corner post; thence South 1°07' East a distance of two thousand one hundred sixty-four and fifteen hundredths (2,164.15) feet to point “I” an iron pipe set in the centerline of the Old Town Run Road; thence North 89°04' East along the centerline of the road a distance of twelve hundred twenty and forty-three hundredths (1,220.43) feet to point “F” an iron pipe at the intersection of the centerline of the Old Town Run Road and the Godfrey Reserve Road; thence North 1° 08' West along the centerline of the Godfrey Reserve Road to stone “E” the place of beginning.

Containing sixty and eighty hundredths (60.80) acres of land, and is subject to the legal right of way of the Godfrey Reserve Road along the entire East side and the Old Town Run Road along the entire South side.

LESS AND EXCEPT THE FOLLOWING: Being a parcel of land situated in Section One (1) of Godfrey’s Reserve in Dublin Township, Township 4 South, Range 2 East, Mercer County, Ohio being more particularly described as follows: Commencing for reference at the corner stone at Southwest corner of fractional Section 3, Dublin Township; thence North 01°00' West, along the East line of said Section 1, Godfrey’s Reserve, the West line of the Southwest Quarter of Fractional Section 3, Dublin Township, and the centerline of Godfrey’s Reserve Road, a distance of One Thousand Four Hundred Fifty-seven and 51/100 (1457.51) feet to a 5/8 inch iron bar, said point being the place of beginning for the parcel to be conveyed by this instrument; thence, continuing North 01°00' West, along the last described line, a distance of Five Hundred Seventy-six and 07/100 (576.07) feet to an iron pipe; thence, South 88°50' West, a distance of Six Hundred Twenty and 24/100 (620.24) feet to a 5/8 inch iron bar; thence, South 01°14' 42" East, a distance of Five Hundred Fifty-one and 91/100 (551.91) feet to a 5/8 inch iron bar; thence South 88° 55' 39" East, a distance of Six Hundred Eighteen and 28/100 (618.28) feet to the place of beginning.

Said exception containing 8.015 acres of land, more or less, subject to all easements and right of way record.

Reference is made to a survey of this area by B.R. Gebhart, Registered Surveyor 3909, dated September 13, 1965 and a retracement of that survey by Gordon L. Geeslin, Registered Surveyor 5372, dated November 11, 1985, on file in the County Engineer’s Office.

Containing after said exception 52.785 acres.

Tax Parcel No. 07-020500.0000

Tax Map No. 02-03-300-003

Reg. Dist. No. 81
Primary Reg. Dist. No. 8100
Registrar's No. 8100-201800041

Ohio Department of Health - Vital Statistics
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

State File No. 2018018467

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) KEITH WAYNE KLINE			2. Sex MALE		3. Date of Death (Mo/Day/Year) FEBRUARY 19, 2018				
4. Social Security Number		5a. Age (Years) 58	5b. Under 1 Year Months	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) MARCH 18, 1959		7. Birthplace (City and State or Foreign Country) VAN WERT, OHIO	
8a. Residence State OHIO			8b. County VAN WERT		8c. City or Town OHIO CITY			8d. Street and Number 17375 RHODESMILL DRIVE	
8e. Apt. No.		8f. Zipcode 45874		8g. Inside City Limits? NO					
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) KAREN KLEMAN					
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE				
15. Father's Name DELLOYD WAYNE KLINE				16. Mother's Name (prior to first marriage) LILLIAN GRACE ROYER					
17a. Informant's Name KAREN KLINE				17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 17375 RHODESMILL DRIVE OHIO CITY, OHIO 45874			
18a. Place of Death DECEDENT'S HOME			18b. Facility Name (If not Institution, give street & number) 17375 RHODESMILL DRIVE			18c. City or Town, State and Zip Code OHIO CITY, OH 45874		18d. County of Death VAN WERT	
19. Signature of 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			
22a. Method of Disposition CREMATION			22b. Date of Disposition (Mo/Day/Year) February 20, 2018			22c. Place of Disposition (Name of Cemetery, Crematory, or other place) TRI COUNTY CREMATORY			
22d. Location (City/Town and State) LIMA, OH			23. Registrar's Signature <i>Marylou Smith</i>		24. Date Filed (Mo/Day/Year) February 22, 2018				
25a. Name of Person Issuing Disposition Permit CISCO, ROBERT				25b. District No. 0600		25c. Date Disposition Permit Issued (Mo/Day/Year) February 19, 2018			
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 4:44 A.M.			26c. Date Pronounced Dead (Mo/Day/Year) FEB 19, 2018			26d. Was the Medical Examiner or Coroner Contacted? NO			
26e. Signature and Title of Certifier <i>[Signature]</i> MD				26f. License number 35.048258		26g. Date Signed (Mo/Day/Year) FEB 19, 2018			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death JOEL DAVID KNERR, 290 E THIRD ST, OTTOVILLE, OH 45876									
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) HEPATIC ENCEPHALOPATHY							Approximate Interval Between Onset and Death 6 WK		
Sequentially list conditions, if any, leading to immediate cause. CHOLANGIO CARCINOMA							1 YR		
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) NONALCOHOLIC STEATOSIS HEPATITIS W/ CIRRHOSIS									
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably			31. If Female, Pregnancy Status <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			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	
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. 07/15-09/16

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Marylou Smith, Local Registrar

FEB 22 2018

Marylou Smith