

REAL ESTATE CONVEYANCE
FEE \$0.00
EXEMPT # N

Carli J. Brown
County Auditor, Fairfield County, Ohio

TRANSFERRED

Dec 10 2021

Carli J. Brown CW
County Auditor, Fairfield County, Ohio

202100032507

FILED FOR RECORD IN
FAIRFIELD COUNTY, OH
LISA MCKENZIE, COUNTY RECORDER
12/10/2021 09:59 AM
AFFID DEED 42.00

AFFIDAVIT OF CONFIRMATION
ORC 5302.222

STATE OF OHIO)
COUNTY OF FAIRFIELD)

The undersigned, being first duly sworn according to law, and having personal knowledge of statements made herein, deposes and states as follows:

1. The land referred to in this affidavit is described as follows in Exhibit A attached hereto and made a part hereto.
2. That pursuant to Transfer on Death Designation Affidavit dated June 26, 2019, and filed for record on June 27, 2019, and recorded in Official Record Volume 1794, Page 2468, Recorder's Office, Fairfield County, Ohio, Gregory M. Kiger designated Alma C. Kiger as the transfer on death beneficiary.
3. That on March 26, 2020, Gregory M Kiger, the record owner of the property, died. A certified copy of his death certificate is attached hereto as Exhibit "B".
4. The name and address for the designated transfer on death beneficiary who survived the deceased record owner is as follows:

Alma C. Kiger
1080 Coonpath Rd NW
Lancaster, OH 43130

5. The names of each designated transfer on death beneficiary who did not survive the owner of record, along with an attached Certified Copy of said decedent, is/are as follows: N/A

Alma C. Kiger
Alma C. Kiger

CROSS REFERENCE TO OFFICIAL RECORD VOLUME 1794, PAGE 2468, RECORDER'S OFFICE, FAIRFIELD COUNTY, OHIO.

STATE OF OHIO)
COUNTY OF FAIRFIELD) SS:

Sworn to or affirmed and subscribed before me by ALMA C. KIGER this 6th day of December, 2021. This is a jurat certificate; an oath or affirmation was administered to the signer with regard to the personal act.



JEFFERSON M. KISER
Attorney At Law
Notary Public, State of Ohio
My commission has no expiration date
Sec. 147.03 R.C.

Jefferson M. Kiser
NOTARY PUBLIC - STATE OF OHIO

This Instrument Prepared By
Jefferson M. Kiser, Esq., STEBELTON SNIDER, LPA
109 North Broad Street, P.O. Box 130 Lancaster, Ohio 43130

EXHIBIT "A"

Situated in the Township of Greenfield, County of Fairfield, and State of Ohio, and being part of the Southeast Quarter of Section 14, Township 15, Range 19, and bounded as follows:
Beginning at the Southeast corner of Section 14, being the intersection of Baltimore Road and Coonpath Road; thence with the centerline of Coonpath Road South 89 degrees 49 minutes West 415.16 feet, the Southwest corner of the 0.75 acre tract now owned by Jefferson A. Stokes and Leona M. Stokes, and being the POINT OF BEGINNING of the tract herein conveyed; thence South 89 degrees 49 minutes West 119 feet to the Hatter line; thence Northward with the Hatter line 295.16 feet to a point thence North 89 degrees 49 minutes East 119 feet to a point; thence South along the Stokes line 295.16 feet to the place of beginning, containing 0.75 acres of land, more or less, but subject to all legal highways.

Parcel No. 013-00374.00 1080 Coonpath Road NW, Lancaster, Ohio

DESCRIPTION REVIEWED AND APPROVED
FOR TRANSFER ONLY FAIRFIELD COUNTY
AUDITOR/ENGINEER TAX MAPS
BY SK DATE 12/09/2021
0130037400

Primary Reg. Dist. No. 2300
 Registrar's No. 1300-20200003970
 Ohio Department of Health - Vital Statistics
 CERTIFICATE OF DEATH
 State File No. 2020030970

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include ALMA if any)		2. Sex		3. Date of Death (Month/Day/Year)	
GREGORY MICHAEL KIGER		MALE		MARCH 28, 2020	
4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Month/Day/Year)	7. Birthplace (City and State or Foreign Country)
	89			FEBRUARY 20, 1951	LANCASTER, OHIO
8a. Residence State		8b. County		8c. City or Town	
OHIO		FAIRFIELD		LANCASTER	
9a. Street Address and Zip Code				9b. Ever in US Armed Forces?	
1080 COONPATH ROAD NW 43130				YES - ARMY	
10. Marital Status at Time of Death		11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
MARRIED		ALMA A CALONGE			
12. Decedent's Education		13. Decedent of Hispanic Origin		14. Decedent's Race	
COLLEGE, BUT NO DEGREE		NO		WHITE	
15. Father's Name		16. Mother's Name (prior to first marriage)			
GERALD R. KIGER		DOROTHY L. SMITH			
17a. Informant's Name		17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)	
ALMA A KIGER		WIFE		1080 COONPATH ROAD NW LANCASTER, OHIO 43130	
18a. Place of Death		18b. City or Town, State and Zip Code		18c. County of Death	
DECEDENT'S HOME		LANCASTER, OH 43130		FAIRFIELD	
19. Funeral Service Licensee or Other Agent		20. License Number (if licensee)		21. Name and Complete Address of Funeral Facility	
GEORGE R. BARNES JR.		007456		FRANK E. SMITH FUNERAL HOME INC.	
22. Method and Place of Disposition		23. Date Filed (Month/Day/Year)			
CREMATION - RIVER VALLEY CARING CREMATORY, LANCASTER, OH		3/30/2020			
24. Local Registrar		25. Date of Death (Month/Day/Year)			
Pauletta Krieger		3/30/2020			
26a. Coroner (Check only one) <input checked="" type="checkbox"/> Certifying Physician's report used as basis of certification under investigation, in my opinion, death occurred at the time, date, and place and due to the causes and manner stated. <input type="checkbox"/> Coroner or Medical Examiner's report used as basis of certification under investigation, in my opinion, death occurred at the time, date, and place and due to the causes and manner stated.					
26b. Time of Death		26c. Date Pronounced Dead (Month/Day/Year)		26d. Was Case Referred to Medical Examiner or Coroner?	
7:35 PM		3/26/2020		NO	
26e. Certifier Name and Title		26f. License Number		26g. Date Signed (Month/Day/Year)	
DO		34.005783		3/30/2020	
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death					
JOETTE ELISE GREENSTEIN, 855 METRO PLACE SOUTH, STE 77, DUBLIN, OH 43017					
28. Part I: Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as accident 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. Due to (or as consequence of)		Approximate Interval: Offset and Death	
Osteomyelitis				4 MONTHS	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as consequence of)		4 MONTHS	
Social decubitus ulcer					
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.					
Paraplegia, chronic respiratory failure					
29. Was An Autopsy Performed?		30. 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			
31. Did Tobacco Use Contribute to Death?		32. If Female, Pregnancy Status		33. Manner of Death	
<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" 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 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within 1 year before death		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide	
34. Date of Injury (Month/Day/Year)		35. Time of Injury		36. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
37. Location of Injury (Street and Number or Rural Route Number, City or Town, State)					
38. Describe How Injury Occurred:					
39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other					

1572179
 2020030970
 1572179
 2020030970
 1572179
 2020030970

Pauletta Krieger, Registrar

MAR 30 2020

Pauletta Krieger

EXHIBIT
 3