

AFFIDAVIT OF SURVIVORSHIP

NANCY G. HOFFNER (WIDOW)
AFFIANT

I, NANCY G. HOFFNER, herein state that I am the surviving wife of
ROWAN D. HOFFNER, who died on 8-26, 1994 in the County
of Fairfield, State of Ohio;

I further state that I am the surviving Trustee of The ROWAN D.
HOFFNER and NANCY G. HOFFNER Revocable Living Trust dated January 4, 1993,
and that I maintain all of the rights and powers of the Trustee under said
Trust agreement, including the power to sell, convey, mortgage, transfer or
maintain the following described real property:

Situated in the State of Ohio, County of Fairfield,
and Township of Greenfield:

Tract One: Being a portion of the Northwest Quarter of
Section 24, Township 15, Range 19, and bounded by beginning at
a point on the center line of the Coonpath Road 300 feet east
of the center line of Baltimore Road (State Route No. 158),
which point of beginning is the northeast corner of the
premises conveyed to Robert W. McGee by deed recorded in Vol.
242, page 292, Deed Records of Fairfield County, Ohio; thence
east on the center line of the Coonpath Road 100 feet to a
point thence south and parallel with the Baltimore Road 325
feet to a point; thence west and parallel with the Coonpath
Road 100 feet to a point, which point is the southeast corner
of the premises conveyed to Charles J. Kennedy, et al. by deed
recorded in Volume 248, page 554, Deed Records of Fairfield
County, Ohio; thence north and parallel with the Baltimore
Road 325 feet to the place of beginning, containing .745 acre,
more or less, but subject to all legal highways.

Tract Two: Being a part of the Northwest Quarter of Section
24, Township 15, Range 19, and bounded and described as
follows: Beginning at an iron pin in County Road No. 198,
400.10 feet south 88 degrees 55' east from the northwest
corner of Section 24; thence south 325.0 feet to an iron pin;
thence north 89 degrees 30' east 100.0 feet to an iron pin;
thence north 325.0 feet to an iron pin in said road; thence
south 89 degrees 30' west 100.0 feet to the place of
beginning, containing .75 acres of land, more or less, subject
to all legal road right-of-way.

**TRANSFER
NOT NECESSARY**

NOV 17 1994

James P. Reid
County Auditor, Fairfield County, Ohio

DESCRIPTION REVIEWED AND APPROVED
FOR TRANSFER ONLY, FAIRFIELD COUNTY
AUDITOR-TAX MAPS

By *Harry R. R.* Date 11-17-94
13-00618-0
13-06629-0

Further the Affiant sayeth naught

Tax district number and parcel number: 013-00629-00
013-00618-00

Street address of property: 935 Coonpath Rd., NW
Lancaster, OH 43130

Prior instrument reference: Volume 610 page 84
of the Deed Records of Fairfield County, Ohio.

ROWAN D. HOFFNER spouse of the grantor, is deceased.

Signed this 25 day of October, 1994.

Signed and acknowledged in the presence of:

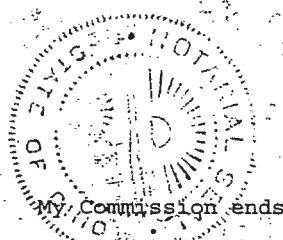
Nancy G. Hoffner
NANCY G. HOFFNER

STATE OF OHIO
COUNTY OF FAIRFIELD

The foregoing instrument was acknowledged before me this 25th day of
October, 1994 by:

NANCY G. HOFFNER
Complete pursuant to ORC Sec. 147.55

C. J. Whitaker
Notary Public



This instrument prepared by: Robert S. Hendrix, Attorney at Law

C.J. WHITAKER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES Jan. 31, 1997

Auditor's and Recorder's Stamp

62834

MAIL TO: NANCY G. HOFFNER, 935 Coonpath Rd. NW, Lancaster, Ohio 43130

RECEIVED IN FAIRFIELD COUNTY, OHIO
AT 2:45 O'CLOCK P.M.
RECORDED Nov 18 1994
RECORD Vol 631 PAGE 113

NOV 17 1994

Gene Wood
RECORDER, FAIRFIELD COUNTY, OHIO

DO NOT
WRITE IN MARGIN
RESERVED FOR
CODING DATA

Reg. Dist. No. 23
Primary Reg. Dist. No. 2301
Registrar's No. 000530

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

1. DECEDENT'S NAME (First, Middle, Last) Rowan Dale HOFFNER		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) August 26, 1994	
4. SOCIAL SECURITY NUMBER 188-18-2405		5a. AGE - Last Birthday (Years) 68		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) MAY 9, 1926		7. BIRTHPLACE (City and State or Foreign Country) PA.		8. PLACE OF DEATH (Check only one) Clearfield Co.	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution give street and number) Fairfield Medical Center		11. CITY, VILLAGE, TWP., OR LOCATION OF DEATH Lancaster		12. COUNTY OF DEATH Fairfield	
13. MARRITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)		14. SURVIVING SPOUSE (If wife, give maiden name) Nancy G. Whitehair		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Refueling Specialist	
16. RESIDENCE - STATE Ohio COUNTY Fairfield		17. CITY, TOWN, TWP., OR LOCATION Lancaster		18. STREET AND NUMBER 935 Coonpath Road NW	
19. INSIDE CITY LIMITS? <input type="checkbox"/> ZIP CODE 43130		20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		21. RACE - American Indian, Black, White, etc. (Specify) White	
22. FATHER'S NAME (First, Middle, Last) Lorenzo Charles Hoffner		23. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth Letitia McCabe		24. MOTHER'S BIRTH DATE (Month, Day, Year) 11-4-27	
25. INFORMANT'S NAME (Type/Print) Nancy G. Hoffner		26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 935 Coonpath Road NW, Lancaster, Ohio 43130		27. KIND OF BUSINESS/INDUSTRY Dept. of Defense	
28. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Floral Hills Memory Gardens		30. LOCATION - City or Town, State Fairfield Co., Ohio	
31. DATE OF DISPOSITION AUG 29, 1994		32. NAME OF EMBALMER James N. Dyer		33. LICENSE NUMBER 7091-A	
34. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON <i>[Signature]</i>		35. LICENSE NUMBER (of Licensee) 6326		36. NAME AND ADDRESS OF FACILITY Halteman-Fett & Dyer Funeral Home 436 N. Broad St. Lancaster, Ohio 43130	
37. REGISTRAR'S SIGNATURE <i>[Signature]</i>		38. DATE FILED (Month, Day, Year) 9-1-94		39. DIST No. 26	
40. SIGNATURE OF PERSON ISSUING PERMIT <i>[Signature]</i>		41. DATE PERMIT ISSUED 9-1-94		42. DATE PERMIT EXPIRES 9-1-94	
43. 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 as stated.		44. 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 as stated.		45. TIME OF DEATH 05:53A	
46. DATE PRONOUNCED DEAD (Month, Day, Year) 8/26/94		47. WAS CASE REFERRED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD	
49. LICENSE NUMBER 52719		50. DATE SIGNED 8/31/94		51. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Dr. Jerome Roche, 401 N. Ewing Street, Lancaster, Ohio 43130	
52. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Identify one cause on each line. (Type/Print in permanent black ink) Lung Cancer		53. IMMEDIATE CAUSE (I.e., disease or condition resulting in death) Lung Cancer		54. DUE TO (OR AS A CONSEQUENCE OF) Lung Cancer	
55. SEQUENTIALLY LIST CONDITIONS, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		56. DUE TO (OR AS A CONSEQUENCE OF)		57. DUE TO (OR AS A CONSEQUENCE OF)	
58. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		59. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		60. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
61. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		62. DATE OF INJURY (Month, Day, Year) 8/26/94		63. TIME OF INJURY M	
64. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		65. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At home		66. LOCATION (Street and Number or Rural Route Number, City or Town, State) Lancaster, Ohio 43130	

SEE INSTRUCTIONS
ON OTHER SIDE
HEA 2717
5152 06 Rev 7/93

CERTIFIED COPY
I HEREBY CERTIFY
THAT THIS IS A TRUE COPY
OF THE RECORD ON FILE WITH
THE DEPARTMENT OF HEALTH
LANCASTER, OHIO

SEP-22-1994



Reg. of Health