

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 *[Signature]* Date 11-17-94
13-00618-0
13-00629-0

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 DEED VOL 631 PAGE 113

NOV 17 1994

Gene Wood
RECORDER, FAIRFIELD COUNTY, OHIO

DO NOT
WRITE IN MARGINS
RESERVED FOR
COM DATA CODING

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)		2. SEX		3. DATE OF DEATH (Month, Day, Year)	
Rowan Dale HOFFNER		Male		August 26, 1994	
4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year)
188-18-2405		68	Months	Days	PA.
7. BIRTHPLACE (City and State or Foreign Country)		8. PLACE OF DEATH (Check only one)			
Fairfield Co.		MAY 9, 1926 Clearfield Co.			
9. WAS DECEDENT EVER IN U.S. ARMED FORCES?		10. PLACE OF DEATH (Check only one)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hospital <input type="checkbox"/> Patient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
11. FACILITY NAME (If not institution give street and number)		12. CITY, VILLAGE, TWP., OR LOCATION OF DEATH		13. COUNTY OF DEATH	
Fairfield Medical Center		Lancaster		Fairfield	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		15. SURVIVING SPOUSE (If wife, give maiden name)		16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	
Married		Nancy G. Whitehair		Refueling Specialist	
17. RESIDENCE - STATE		18. COUNTY		19. STREET AND NUMBER	
Ohio		Fairfield		935 Coonpath Road NW	
20. INSIDE CITY/LIMITS (If not, give ZIP CODE)		21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		22. RACE - American Indian, Black, White, etc. (Specify)	
No		43130		White	
23. FATHER'S NAME (First, Middle, Last)		24. MOTHER'S NAME (First, Middle, Maiden Surname)		25. DECEDENT'S EDUCATION (Specify and attach grade completed)	
Lorenzo Charles Hoffner		Ruth Letitia McCabe		Elementary/Secondary (5-12) (College 11-12 or 13-14)	
26. INFORMANT'S NAME (Type, Print)		27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
Nancy G. Hoffner		935 Coonpath Road NW, Lancaster, Ohio 43110			
28. METHOD OF DISPOSITION		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Floral Hills Memory Gardens, Fairfield Co., Ohio			
30. DATE OF DISPOSITION		31. NAME OF EMBALMER		32. LICENSE NUMBER	
AUG 29, 1994		James N. Dyer		7091-A	
33. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON		34. LICENSE NUMBER (of Licensee)		35. NAME AND ADDRESS OF FACILITY	
<i>[Signature]</i>		6126		Halteman-Fett & Dyer Funeral Home	
36. REGISTRAR'S SIGNATURE		37. DATE FILED (Month, Day, Year)		38. ADDRESS (Street and Number or Rural Route Number, City or Town, State)	
<i>[Signature]</i>		9-1-94		436 N. Broad St. Lancaster, Ohio 43110	
39. SIGNATURE OF PERSON ISSUING PERMIT		40. DIST. NO.		41. DATE PERMIT ISSUED	
<i>[Signature]</i>					
42. 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.					
<input 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 as stated.					
43. TIME OF DEATH		44. DATE PRONOUNCED DEAD (Month, Day, Year)		45. WAS CASE REFERRED TO CORONER?	
05:53A		8/26/94		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46. SIGNATURE AND TITLE OF CERTIFIER		47. LICENSE NUMBER		48. DATE SIGNED (Month, Day, Year)	
<i>[Signature]</i> MD		52719		8/31/94	
49. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print)					
Dr. Jerome Roche, 401 N. Ewing Street, Lancaster, Ohio 43110					
50. PART I. Enter the diseases, injuries, or conditions 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. If more than one cause, list them in order of contribution to death.					
IMMEDIATE CAUSE (If not listed on line 1, list here)					
Lung Cancer					
51. DUE TO (OR AS A CONSEQUENCE OF)					
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