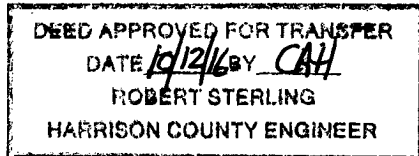


HARRISON COUNTY AUDITOR
PATRICK J. MOORE
REAL ESTATE TRANSFER BY JW
CONV.FEE EX X
TRAN.FEE \$2.00 DATE 10-14-16

201600003524
Filed for Record in
HARRISON COUNTY, OHIO
TRACY L. BOYER, RECORDER
12-02-2016 At 03:05 PM.
AFFIDAVIT 52.00
OR Book 244 Page 286 - 290

201600003524
MARK BEETHAM



AFFIDAVIT FOR TRANSFER TO SURVIVOR

STATE OF OHIO

SS:

COUNTY OF HARRISON

Anna Belle Watson, being duly cautioned and sworn, deposes and says that she is the sole surviving joint tenant of **Donald C. Watson**, who died January 4, 2016 resident of 74930 New Athens-St. Clairsville Road, P.O. Box 67, New Athens, Ohio 43981; that on March 14, 1973, Jean Stevens (single), conveyed certain real estate in the Township of Athens, County of Harrison and State of Ohio, and described hereinafter to Donald C. Watson and Anna Belle Watson, husband and wife, and to their survivors, his or hers separate heirs and assigns; that the foregoing deed was received for record on March 19, 1973 at 11:02 a.m. and recorded March 19, 1973, in Volume 175, Pages 127-130, Official Records of Harrison County, Ohio to which reference hereby is made and that the said real estate therein is described as follows:

TRACT ONE: Situated in the Township of Athens, County of Harrison, and State of Ohio: To find the place of beginning start at the N.E. corner of Sec. No. 4, Twp. No. 9, R. 5, thence along the N. line of said Section N. 85° 00' 00" W. 643.51 feet to an iron pin marking the true place of beginning for tract herein conveyed; said pin is also the N.W. corner of a 4.111 acre tract conveyed to Donald and Anna Watson by deed recorded in Vol. 141, Page 197 Harrison County, Ohio, records of Deeds; thence with the W. line of said 4.111 acre tract S. 4° 00' 00" W. 149.60 feet to an iron pin; thence with the S. line of said tract S. 51° 20' 00" E. 533.87 feet to an iron pin; thence S. 80° 27' 10" W. 117.67 feet to a stake thence N. 79° 39' 00" W. 143.09 feet to a stake; thence N. 73° 55' 5" W. 128.20 feet to a stake; thence N. 32° 37' 30" W. 233.70 feet to a stake; thence N. 8° 44' 00" E. 133.15 feet to a stake; thence N. 40° 33' 00" W. 71.87 feet to a stake; thence North 69° 26' 30" E. 130.09 feet to the place of beginning and containing 2.016 acres, more or less.

Parcel No. 02-0000335.000

TRACT TWO: Situated in the Twp. of Athens, County of Harrison and State of

Ohio: Being a part of the N.E. quarter of Sec. 4, Twp. 9, Range 5, Athens Twp. Harrison County, Ohio. To find the place of beginning start at the N.E. corner of said Section; thence along the E. line of said section S. 5° 00' W. 140 feet to a stake at the S.E. corner of the Village of New Athens 0.743 acre tract which is the place of beginning for tract herein described; thence continuing along said line of Section S. 5° 00' W. 436.5 feet to a stake; thence S. 51° 30' W. 747.1 feet to a post; thence N. 4° 00' W. 149.6 feet to a stake in the N. line of section; thence with the N. line of section S. 85° 00' E. 214 feet to a post and the N.W. corner of the Village of New Athens 0.743 acre tract; thence with the lines of said tract S. 34° 00' E. 205.76 feet to a stake; thence S. 85° 00' E. 100 feet to a stake; thence N. 5° 00' E. 20 feet to a stake; thence S. 85° 00' E. 200 feet to the place of beginning. Containing 4.111 acres, more or less.

Surveyed April 28, 1951 by Craig Haverfield, Reg. Eng. No. 4151; Reg. Sur. No. 1841.

Excepting and reserving the Pittsburgh No. 8 coal and mining rights heretofore conveyed.

EXCEPTING from the above described lands a tract deeded by Dean Edwards, unmarried to Steve Jurigam dated July 17, 1951 and recorded in Harrison County, Ohio, Deed Records Vol. 130, Page 91 described as follows: Situated in the Twp. of Athens, County of Harrison and State of Ohio, Being a part of the N.E. quarter of Sec. 4, Twp. 9, R. 5, Athens Twp., Harrison County, Ohio. To find the place of beginning start at the N.E. corner of said section; thence along the east line of said section S. 5° 00' W. 140 feet to a stake at the S.E. corner of the Village of New Athens 0.743 acre tract which is the place of beginning for tract herein described; thence continuing along said east line of sec. S. 5° 00' W. 55 feet to a point; thence N. 85° 00' W. 200 feet to a stake; thence N. 5° 00' E. 55 feet to a stake in the S. line of the Village of New Athens 0.743 acre tract; thence with S. line S. 85° 00' E. 200 feet to the place of beginning. Containing .252 acres, more or less, but subject to all legal highways.

ALSO EXCEPTING the following described tract deeded by Dean Edwards to Steve Juriga described as follows: Situated in the Twp. of Athens, County of Harrison and State of Ohio, Being a part of the N.E. quarter of Sec. 4, Twp. 9, R. 5, Athens Twp., Harrison County, Ohio. To find the place of beginning start at the N.E. corner of Sec. 4; thence along the E. line of said section S. 5° 00' W. 195 feet to a point at the S.E. corner and Steve Juriga 0.252 acre tract which is place of beginning for tract herein described; thence S. 5° 00' W. 18 feet to a point; thence N. 85° 00' W. 200 feet to a point; thence N. 5° 00' E. 18 feet to a point at the S.W. corner of the Steve Juriga 0.252 acre tract; thence with the S. line of the Juriga tract S. 85° 00' E. 200 feet to the place of beginning, containing 3600 sq. feet or 0.082 acres more or less, but subject to all legal highways.

SUBJECT TO a water and sewage line easement given to Ruth Jack, her heirs and assigns on December 15, 1957. ALSO SUBJECT to previous restrictions, reservations, limitations, easements and rights of way, if any, of records, be the same more or less., but subject to all legal highways.

Parcel No. 02-0000334.000

TRACT THREE: Being a part of the N.W. Quarter of Sec. 34, Twp. 8, Range 4, and beginning for description at an iron pin in the center of State Road #9 in the Village of New Athens which point is the corner between Section 34 ½ 35; thence S. 59° 30' E. 108' along the St. Clairsville Pike which is place of beginning for tract hereby conveyed; thence S. 22° 30' E. 30' to a post; thence S. 59° 30' E. 30' to a post; thence N. 22° 30' E. 30' to a post on the S. margin of the St. Clairsville Pike; thence N. 59° 30' W. along the South margin of the St. Clairsville Pike to the place of beginning, containing 900 sq. ft.

Parcel No. 02-0000342.000

TRACT FOUR: Being a part of the N.W. Quarter of Sec. 34, Twp. 8, Range 4, of the Steubenville Land District, and beginning for description at an iron pin in the center of the state road in New Athens Village, which point is the corner between Sections 34 and 35; thence South 4° 30' W. 351.2 feet along the section

line and center of the New Athens Pike to the place of beginning of the tract hereby conveyed; thence South 62° 20' E. 108 feet along the center line of St. Clairsville Pike; thence S. 19° 12' W. 70 feet to an iron pin; thence N. 62° 20' W. 84 feet to the center line of the Flushing pike; thence N. 4° 30' E. 76 feet to the place of beginning, containing 0.148 acres, be the same more or less.

TRACT FIVE: Being a part of the N.W. Quarter of Sec. 34, Twp. 8, Range 4, of the Steubenville Land District, and beginning at a point on the W. line of said quarter and in the center of the New Athens Flushing State Road, which point is S. 4 1/2° W. 427.2 feet from the referenced N.W. Corner of Sec. 34, thence S. 16° 28' W. 135.6 ft. along the center of the road to a railroad spike; in the center of the road midway along a line connecting the centers of each bridge railing; thence S. 49° 30' E. 66.7 feet with the center of the stream; thence N. 19° 12' E. 133 feet to grantee (Smith Jones) corner; thence N 62° 20' W. 84 feet to the place of beginning, containing 17/100 acres measured to the center of road.

Being the same premises as conveyed unto T.M. Conley by Robert W. Boyd, Widower, and Roberta Boyd, single, by deed recorded in Deed Book 97, Page 586 of the Deed Records of Harrison County, Ohio.

Parcel No. 02-0000341.000 (Tract 4&5 together)

Affiant further states that this affidavit is made for the purpose of showing the foregoing premises to have vested in Anna Belle Watson, who is the current owner of the premises and for the purpose of obtaining a transfer by the Auditor of Harrison County on their tax duplicate of such County as provided in Section 319.20 of the Ohio Revised Code.

FURTHER, AFFIANT SAYETH NAUGHT.


Anna Belle Watson

JURAT

Sworn to before me and subscribed in my presence this 12th day of October, 20 16, at Cadiz, Ohio.



REBECCA L. ZOOK
Notary Public, State of Ohio
My Commission Expires 5/11/2021


Notary Public

This instrument prepared by:
BEETHAM LAW OFFICE
T. MARK BEETHAM, ESQ.
146 South Main Street
Cadiz, OH 43907
(740) 942-2356

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION
PHYSICIANS / MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ROOM 165, 350 CAPITOL STREET, CHARLESTON, WV 25301

BK 16
244 289
000079

TYPE/PRINT
IN
PERMANENT
BLACK INK

STATE FILE NUMBER

NAME OF DECEDENT
For use by Physician or Institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

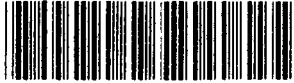
CAUSE OF
DEATH

CERTIFIER

REGISTRAR

1 DECEDENT'S NAME (First, Middle, Last) Donald Watson				2 SEX Male		3 DATE OF DEATH (Month, Day, Year) Jan. 4, 2016							
4 SOCIAL SECURITY NUMBER 271-28-1198		5a AGE-Last Birthday (Years) 85		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Month, Day, Year) Oct. 17, 1930		7 BIRTHPLACE (City and State or Foreign Country) New Athens, OH			
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) No		9a PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> Inpatient <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)											
9b FACILITY NAME (If not institution, give street and number) Wheeling Hospital				9c CITY, TOWN, OR LOCATION OF DEATH Wheeling				9d COUNTY OF DEATH Ohio					
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Anna Belle Nash		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Service Station Owner				12b KIND OF BUSINESS/INDUSTRY Automotive					
13a RESIDENCE—STATE Ohio		13b COUNTY Harrison		13c CITY, TOWN, OR LOCATION New Athens				13d STREET AND NUMBER 74920 New Athens-St. Clairsville					
13e INSIDE CITY LIMITS? (Yes or no) No		13f ZIP CODE 43981		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify				15 RACE—American Indian, Black, White, etc. (Specify) white		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 16B			
17 FATHER'S NAME (First, Middle, Last) James W. Watson						18 MOTHER'S NAME (First, Middle, Maiden Surname) Mabel Augusta Cannon							
19a INFORMANT'S NAME (Type/Print) Anna Belle Watson						19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 67, New Athens, OH 43981							
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Longview Cemetery				20c LOCATION—City or Town, State New Athens, Ohio					
21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH C. E. G. Barr						22 NAME AND ADDRESS OF FACILITY Clark-Kirkland Funeral Home, Inc. 172 S. Main St., Cadiz, OH 43907							
23a To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title <i>[Signature]</i> MD				23b DATE SIGNED (Month, Day, Year) 01/04/16									
24 TIME OF DEATH 01:50 AM				25 DATE PRONOUNCED DEAD (Month, Day, Year) 01/04/16				26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No					
27 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. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Natural Cause Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Recurrent Cerebral Vascular Disease c. d. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I										28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		30a DATE OF INJURY (Month, Day, Year)		30b TIME OF INJURY M		30c INJURY AT WORK? (Yes or No)		30d DESCRIBE HOW INJURY OCCURRED					
30e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)						30f LOCATION (Street and Number or Rural Route Number, City or Town, State)							
31a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death). 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"/> MEDICAL EXAMINER/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.													
31b SIGNATURE AND TITLE OF CERTIFIER Shashi Gupta MD								31c DATE SIGNED (Month, Day, Year) 1/5/16					
32 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Shashi Gupta, MD, 51339 National Rd., East, St. Clairsville, OH 43950													
33 REGISTRAR'S SIGNATURE Ramona Fox								34 DATE FILED (Month, Day, Year) JAN 08 2016					

D0507554



D0507554

STATE OF WEST VIRGINIA



This is to certify that this document is a true and accurate reproduction of an official record, or the facts abstracted from an official record, on file with:

Vital Statistics
Bureau for Public Health
West Virginia Department of Health and Human Resources
Charleston, West Virginia.

Instrument
D0507554

BK PG
244 290

Gary L. Thompson
State Registrar

Jan 8, 2016

Date Certified:

The certified copy or information appears on the reverse side on multicolor surface.
Document contains heat-sensitive stamp and watermark.

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