(28)

Instrument 200900004677 OR Book 365 Page 1555

200900004677
Filed for Record in
PERRY COUNTY, OHIO
BARBARA J. FOX
11-25-2009 At 08:01 am.
AFF TRNSFR 36.00
OR Book 365 Page 1555 - 1557

Teresa L. Stevenson
Perry County Auditor
Date: 11-23-09
By: KQV

Description Meets Minimum, Survey Standards, Approval for transfer is up to the Auditors Office.
10-20-09 dar
Perry County Engineers Ofc.

STATE OF OHIO :
: ss
COUNTY OF PERRY :

AFFIDAVIT OF TRANSFER

PAUL E. MILLER, of 107 E. Broadway, New Lexington, Ohio 43764, of full age, being first duly sworn and cautioned according to law, deposes and says that he has personal knowledge of all matters herein.

Affiant further states that he was married to BONNIE L. MILLER, who resided at 107 E. Broadway, New Lexington, Ohio 43764, at the time of her death on July 25, 2009 (Death Certificate attached).

Affiant further states that he and BONNIE L. MILLER owned the following real estate as joint and survivorship tenants in O.R. Volume 267, Page 1:

> Situated in the County of Perry, in the State of Ohio, and in the Village of New Lexington, and bounded and described as follows:
>
> Being Lots Numbered Four Hundred Eighty-eight (488) and Four Hundred Eighty-nine (489) in North Addition to the Village of New Lexington, Perry County, Ohio, as found on record in the Recorder's Office, Perry County, Ohio, being the same premises conveyed by Flossie Skillman, as shown by Record of Deeds, Perry County, Ohio, in Vol. 101 at Page 144.

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Further affiant sayeth naught.

Paul E. Miller

Paul E. Miller

SWORN to and subscribed in my presence this 20th day of October, 2009.

Linda L. Smith

NOTARIAL SEAL STATE OF OHIO

Linda L. Smith, Attorney at Law
Notary Public – State of Ohio
Lifetime Commission

This instrument was prepared by: Schnittke and Smith, Attorneys at Law
114 South High Street, P.O. Box 536, New Lexington, Ohio 43764

BONNIEMILLER.AFF

Reg. Dist. No. 60
Primary Reg. Dist. No. 6001
Registrar's No. 2009000065

Ohio Department of Health
VITAL STATISTICS

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

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State File No.

DECEDENT

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix): BONNIE L MILLER
2. Sex: Female
3. Date of Death (Mo/Day/Year): July 25, 2009
4. Social Security Number:
5a. Age (Years): 69
5b. Under 1 Year: Months / Days
5c. Under 1 day: Hours / Minutes
6. Date of Birth (Mo/Day/Year): October 23, 1939
7. Birthplace (City and State or Foreign Country): LISBON, OHIO
8a. Residence State: OHIO
8b. County: PERRY
8c. City or Town: NEW LEXINGTON
8d. Street and Number: 107 E BROADWAY
8e. Apt. No.:
8f. Zipcode: 43764
8g. Inside City Limits?: Yes
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): PAUL MILLER
12. Decedent's Education: HIGH SCHOOL GRADUATE OR GED
13. Decedent of Hispanic Origin: No
14. Decedent's Race: White
15. Father's Name: HAROLD DIETRICH
16. Mother's Name (prior to first marriage): RUTH MCCAIG
17a. Informant's Name: PAUL MILLER
17b. Relationship to Decedent: Husband
17c. Mailing Address (Street and Number, City, State, Zip Code): 107 E BROADWAY, NEW LEXINGTON, OHIO 437643
18a. Place of Death: Hospital - Inpatient
18b. Facility Name (If not Institution, give street & number): GENESIS HEALTHCARE SYSTEM
18c. City or Town, State and Zip Code: ZANESVILLE, OH 43701
18d. County of Death: MUSKINGUM

REGISTRAR DISPOSITION

19. Signature of Funeral Service Licensee or Other Agent: Patricia A. Wiley
20. License Number (of licensee): 008117
21. Name and Complete Address of Funeral Facility: CHUTE-WILEY FUNERAL HOME, 118 S JACKSON ST, NEW LEXINGTON, OH 43764
22a. Method of Disposition: Burial
22b. Date of Disposition: July 30, 2009
22c. Place of Disposition (Name of Cemetery, Crematory, or other place): NEW LEXINGTON CEMETERY
22d. Location (City/Town and State): NEW LEXINGTON, OH
23. Registrar's Signature: Corrie Marple
24. Date Filed: August 5 2009
25a. Name of Person Issuing Burial Permit: WATKINS, TINA MARIE
25b. District No.: 6400
25c. Date Burial Permit Issued: July 29, 2009

CERTIFIER

26a. Certifier (Check only one):
- [X] 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.
- [ ] 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 stated.

26b. Time of Death: 5:55 pm
26c. Date Pronounced Dead (Mo/Day/Year): 07/25/2009
26d. Was case referred to coroner?: No
26e. Signature and Title of Certifier: [signature] MD
26f. License number: 35.085437
26g. Date Signed: 8/3/09
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death: Jorge, Eduardo, 751 Forest Ave. ZANESVILLE, OH 43701

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. Coronary Artery Disease	
Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)	
	d. 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.

29a. Was An Autopsy?: [X] Yes [ ] No
29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?: [ ] Yes [ ] No [ ] Not Applicable
30. Did Tobacco Use Contribute to Death?: [ ] Yes [X] Unknown [ ] No [ ] Probably
31. If Female, Pregnancy Status: [ ] Not pregnant within past year; [ ] Pregnant at time of death; [ ] Not pregnant, but pregnant within 42 days of death; [ ] Not pregnant, but pregnant 43 days to 1 year before death; [ ] Unknown if pregnant within the past year
32. Manner of Death: [X] Natural; [ ] Homicide; [ ] Accident; [ ] Pending Investigation; [ ] Suicide; [ ] Could not be determined
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?: [ ] Yes [ ] 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: [ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other:

HEA 2724 Rev. 01/07

200900004677
SCHNITTKE & SMITH

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

AU-5090184 65

Corrie Marple
CORRIE MARPLE, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL