APPROVED FOR TRANSFER
BY ____ DATE 9-26-13
PERRY COUNTY ENGINEER

Instrument 201300004325 OR | Book Page 400 1053

(10)

201300004325
Filed for Record in
PERRY COUNTY, OHIO
JACKIE HOOVER, RECORDER
09-30-2013 At 09:28 am.
AFF TRNSFR 28.00
OR Book 400 Page 1053 - 1054

Transfer Not Necessary
9-26 20 13
Teresa L. Stevenson
Perry Co. Auditor

AFFIDAVIT TO SURVIVORSHIP DEED

STATE OF OHIO
COUNTY OF PERRY, SS:

Trinda L. King, residing at **10132 Deavertown Road NW, Crooksville, Ohio 43731,** states that **she** is the survivor in the Survivorship Deed from **Kenneth E. King & Trinda L. King,** for their joint lives, remainder to the survivor of them. Said deed was dated **May 18, 1979** and recorded at Volume **243,** Page **557,** of the Official Records of Perry County, Ohio, and is for real property situated in the County of Perry, State of Ohio, and Village of New Lexington, and is further described as follows:

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 Number 503 and 504 and located on the South side of Broadway Street and between Monument Square on the West and Center Street on the East.

Prior Instrument Reference: Volume 243, Page 557.

Being Auditor's Parcel No. 27002964000

Affiant further states that said **Kenneth E. King,** died **March 15, 2012,** in Muskingum County, Ohio, and that a certified copy of that Certificate of Death is attached hereto.

Trinda L. King
Trinda L. King

SWORN TO BEFORE ME and subscribed in my presence this 6th day of September, **2013.**

Kimberly J. Spring
Kimberly J. Spring
Notary Public, State of Ohio
My commission expires 3-23-14

This instrument prepared by:
Fox Law Office
107 E. Main Street
Crooksville, Ohio 43701

VERIFY PRESENCE OF ODH WATERMARK — HOLD TO LIGHT TO VIEW

Reg. Dist. No. 60
Primary Reg. Dist. No. 6001
Registrar's No. 2012000226

Ohio Department of Health
VITAL STATISTICS

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

Instrument 201300004325 OR Book Page 400 1054
State File No.

DECEDENT

1. Decedent's Legal Name(Include AKA's if any)(First Middle, LAST, suffix): KENNETH EVERETT KING
2. Sex: Male
3. Date of Death (Mo/Day/Year): March 15, 2012
4. Social Security Number: [redacted]
5a. Age (Years): 64
5b. Under 1 Year: Months / Days
5c. Under 1 day: Hours / Minutes
6. Date of Birth(Mo/Day/Year): September 01, 1947
7. Birthplace(City and State or Foreign Country): NEW LEXINGTON, OHIO
8a. Residence State: OHIO
8b. County: MORGAN
8c. City or Town: CROOKSVILLE
8d. Street and Number: 10132 Deavertown Rd
8e. Apt. No.:
8f. Zipcode: 43731
8g. Inside City Limits? No
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): TRINDA L CLUTTER
12. Decedent's Education: HIGH SCHOOL GRADUATE OR GED
13. Decedent of Hispanic Origin: No
14. Decedent's Race: White
15. Father's Name: SAMUEL E KING
16. Mother's Name (prior to first marriage): DORIS MADELINE GIVENS
17a. Informant's Name: TRINDA L KING
17b. Relationship to Decedent: Wife
17c. Mailing Address (Street and Number, City, State, Zip Code): 10132 Deavertown Rd CROOKSVILLE, OHIO 43731
18a. Place of Death: Hospital - Emergency Room / Outpatient
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
19. Signature of Funeral Service Licensee or other Agent: [signature]
20. License Number (of licensee): 005791
21. Name and Complete Address of Funeral Facility: GOEBEL FUNERAL HOME INC, 36 N BUCKEYE ST, CROOKSVILLE, OH 43731
22a. Method of Disposition: Burial
22b. Date of Disposition: March 19, 2012
22c. Place of Disposition (Name of Cemetery, Crematory, or other place): Black Oak Cemetery
22d. Location (City/Town and State): CROOKSVILLE, OH
23. Registrar's Signature: Corrie Marple
24. Date Filed: 3-21-12
25a. Name of Person Issuing Burial Permit: MARPLE, CORRIE
25b. District No.: 6000
25c. Date Burial Permit Issued: March 16, 2012
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: 10:10
26c. Date Pronounced Dead (Mo/Day/Year): 3-15-12
26d. Was case referred to coroner? Yes
26e. Signature and Title of Certifier: [signature]
26f. License number: 34.004248
26g. Date Signed: 3/19/12
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death: MUMMA, PAUL DAVID, PO BOX 159 CROOKSVILLE, OH 43731

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. - Sudden Cardiac Death	Minutes
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	b. Due to (or as Consequence of): - CAUSE UNKNOWN	
	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 Performed? [ ] Yes [X] 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 [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] 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

585700

201300004325
FOX LAW OFFICE
107 E MAIN STREET
CROOKSVILLE OH 43731

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

MR 21 12037859

COMPARED BY / CHECKED BY / WITNESSED BY — TRAN / S / SEAL

REV. 6/2009

VERIFY PRESENCE OF ODH WATERMARK — HOLD TO LIGHT TO VIEW