FAMILY TRANSFER EXEMPT
APPROVED FOR TRANSFER
BY: MK DATE 1-26-15
PERRY COUNTY ENGINEER

(12)

Instrument 201500000371 OR | Book 412 | Page 1338

201500000371
Filed for Record in
PERRY COUNTY, OHIO
JACKIE HOOVER, RECORDER
01-28-2015 At 11:26 am.
AFFIDAVIT 28.00
OR Book 412 Page 1338 - 1339

Transfer Not Necessary
1-28 20 15
Teresa L. Stevenson
Perry Co. Auditor KJW

AFFIDAVIT OF FACTS RELATING TO TITLE
(O.R.C. Section 5301.252)

STATE OF OHIO,

SS:

COUNTY OF PERRY,

Terri Lynn Studer, being first duly cautioned and sworn, states the following:

1. That I am the daughter of Margaret Ann Baldwin, who is the grantor in the Quit Claim Deed from Margaret Ann Baldwin, single, to James T. Studer and Terri Lynn Studer, dated January 6, 2005, and of record in Volume 318, Page 202, of the Official Records of Perry County, Ohio. The herein described deed conveyed the following described real estate:

   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 Four Hundred and Twenty-seven (427) and Four Hundred and Twenty-eight (428) in the North Addition to the Village of New Lexington, Ohio.

   Excepting therefrom Fifty (50) feet off of the north end of each of said lots.

   See Plat Book 2, Page 87, Slot 42-B.

   Parcel Numbers: 27-002532-0000 and 27-002533-0000

2. The said Grantor, Margaret Ann Baldwin, who reserved a life estate in the deed described in paragraph number one hereof died on November 23, 2014 as evidenced by the death certificate attached hereto.

3. Further, affiant sayeth naught.

Terri Lynn Studer
Terri Lynn Studer

Sworn to and subscribed in my presence this 8th day of January, 2015 by Terri Lynn Studer.

NOTARIAL SEAL STATE OF OHIO

JOSEPH A. FLAUTT, Attorney at Law
Notary Public, State of Ohio
My commission has no expiration date
Section 147.03 R.C.

Notary Public

This instrument prepared by FLAUTT LAW OFFICE, LTD., L.P.A.
Attorneys at Law
New Lexington, Ohio 43764

Reg. Dist. No. 23
Primary Reg. Dist. No. 2300
Registrar's No. 2300-2014001050

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

Instrument 201500000371 OR Book 412 Page 1339
State File No. 2014102268

DECEDENT

1. Decedent's Legal Name (Include AKA's if any)(First Middle, LAST, suffix): MARGARET ANN BALDWIN
2. Sex: Female
3. Date of Death (Mo/Day/Year): November 23, 2014
4. Social Security Number: [redacted]
5a. Age (Years): 80
5b. Under 1 Year: Months / Days
5c. Under 1 day: Hours / Minutes
6. Date of Birth (Mo/Day/Year): July 28, 1934
7. Birthplace (City and State or Foreign Country): NEW LEXINGTON, OHIO
8a. Residence State: OHIO
8b. County: PERRY
8c. City or Town: NEW LEXINGTON
8d. Street and Number: 610 Carroll Street
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: Widowed (and not remarried)
11. Surviving Spouse's Name (If wife, give name prior to first marriage):
12. Decedent's Education: HIGH SCHOOL GRADUATE OR GED
13. Decedent of Hispanic Origin: No
14. Decedent's Race: White
15. Father's Name: ALBERTUS HAMMOND
16. Mother's Name (prior to first marriage): MARY EDITH STAFFORD
17a. Informant's Name: TERRI STUDER
17b. Relationship to Decedent: Daughter
17c. Mailing Address (Street and Number, City, State, Zip Code): 408 Shady Lane, NEW LEXINGTON, OHIO 43764
18a. Place of Death: NonHospital - Hospice Facility
18b. Facility Name (If not institution, give street & number): The Pickering House
18c. City or Town, State and Zip Code: LANCASTER, OH 43130
18d. County of Death: FAIRFIELD

DISPOSITION

19. Signature of Funeral Service Licensee or Other Agent: Robert C Winegardner
20. License Number (of licensee): 008230
21. Name and Complete Address of Funeral Facility: ROBERTS WINEGARDNER FUNERAL HOME, 304 MILL ST, NEW LEXINGTON, OH 43764
22a. Method of Disposition: Burial
22b. Date of Disposition: November 29, 2014
22c. Place of Disposition (Name of Cemetery, Crematory, or other place): New Lexington Cemetery
22d. Location (City/Town and State): NEW LEXINGTON, OH

REGISTRAR

23. Registrar's Signature: Paulette Krieger
24. Date Filed: 12/4/14
25a. Name of Person Issuing Burial Permit: WATKINS, TINA MARIE
25b. District No.: 6400
25c. Date Burial Permit Issued: November 25, 2014

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: 16:33
26c. Date Pronounced Dead (Mo/Day/Year): 11/23/14
26d. Was case referred to coroner?: No
26e. Signature and Title of Certifier: MD
26f. License number: 35.050515
26g. Date Signed: 12/1/14
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death: CANTER, HALL GIBBONS, 313 NORTH DR SOMERSET, OH 43783

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. Lung Cancer	9 months
Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of) Tobacco Abuse	50 years
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.: Coronary artery disease, Hypertension

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?: [x] Yes [ ] Unknown [ ] No [ ] Probably

31. If Female, Pregnancy Status:
- [x] 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

898194
2014102268

201500000371
JOSEPH A FLAUTT
PICK UP

... THIS ... EXACT COPY ... ON FILE WITH THE ... HEALTH.

DE - ...013142

PAUL... LOCAL REGISTRAR ... STATISTICS ... NATURE & SEAL

REV. 6/2009