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We, Donald R. Petrilli and Wilhelmena M. Petrilli, husband and wife, both
of Mendon Worcester County, Massachusetts,

for consideration paid, grant to James V. Parente of Cape Road, Milford, Mass.

~~with~~

with ~~quitclaim covenants~~

~~a certain~~ a certain parcel or tract of land situated on the easterly side of Millville Road, Mendon, Worcester County, Massachusetts, being more particularly bounded and described as follows:

Beginning at the northwesterly corner of the granted premises at a Worcester County Highway Bound in the easterly line of said Millville Road, said bound being the southwesterly corner of land, now or formerly, of Edith W. Doe;

THENCE: N. 87° 50' E., 700.00 feet to a concrete bound;

THENCE: S. 02° 10' E., 181.24 feet to a drill hole in the stone in the wall, said last two lines bounding on land of said Doe;

THENCE: S. 87° 50' W., and bounding on land, now or formerly, of one Grant, 736.05 feet to a drill hole in stone wall at the easterly line of said Millville Road;

THENCE: N. 09° 05' E., along the easterly line of said Millville Road, 184.79 feet to the point of beginning.

Containing, approximately 2.99 acres.

Said premises are shown on plan entitled "Land of Edith W. Doe, Mendon, Mass. Frank H. Andrews-Reg. C.E. 500 Lincoln Street, Worcester, Mass. Sept. 1, 1960" said plan filed with Worcester District Registry of Deeds, Plan Book 250, Plan 104.

Said premises are hereby conveyed subject to any rights regarding poles and wires of the Worcester Suburban Electric Company acquired under deed of Edward N. Kinsley, et al., dated July 6, 1934, recorded Worcester District Registry of Deeds, Book 2634, Page 186.

Being a portion of the premises described in deed of Frederic F. Rogers et ux. to Patrick J. Davis dated March 7, 1960, recorded with said Deeds, Book 4095, Page 37.

Being the same and all the same premises described in a deed from Patrick J. Davis to us, dated November 3, 1965, recorded with Worcester District Registry of Deeds, Book 4641, Page 311.

DRP.

WORCESTER COMMONWEALTH OF MASSACHUSETTS DEEDS & EXCISE APR 8 1968 $ 6.00

Executed as a sealed instrument this third day of April 1968

Donald R. Petrilli

Wilhelmena M. Petrilli

The Commonwealth of Massachusetts

Worcester ss. April 3, 1968

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Then personally appeared the above named Donald R. Petrilli and Wilhelmena M. Petrilli

and acknowledged the foregoing instrument to be their free act and deed.

Before me, Angelo J. Roberti

Angelo J.Roberti *Notary Public* ~~in and for said County~~

My commission expires July 15, 19 72

Recorded April 8, 1968 at 1h. 12m. P. M.

■ END OF INSTRUMENT ■

See Book 3820, Page 424

CERTIFICATE OF DEATH

STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1500 191

DECEDENT PERSONAL DATA 905

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Lester	D.	Clapp	February 4, 1968	3:00 P. M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR (Months / Days)	IF UNDER 24 HOURS (Hours / Minutes)
Male	White	Massachusetts	February 16, 1900	67 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Fred C. Clapp - Massachusetts	Elisabeth Doescher - Massachusetts

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
United States	030-01-5999	Married	Frances E. Kingman

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Carder	25	Asbestos Textile Inc.	Factory

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Bakersfield Memorial Hospital	420 - 34th. Street	

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Bakersfield	Kern	3 months YEARS	3 months YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
2217 Calloway Drive		Marion E. Clapp 2217 Calloway Drive Bakersfield, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Bakersfield	Kern	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. ——— (INVESTIGATION OR INQUEST)	21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM (ENTER MONTH, DAY, YEAR) 1-12-68 TO (ENTER MONTH, DAY, YEAR) 2-5-68 AND (LAST DAY THE PHYSICIAN SAW THE DECEASED ALIVE) 2-4-68	21c. PHYSICIAN OR CORONER—SIGNATURE AND TITLE: [signature] MD	21d. DATE SIGNED: 2-5-68
		21e. ADDRESS: Bakersfield, California	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C19327

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Cremation	Feb. 7,1968	Union Cemetery Crematory	Pat Kavanaugh for Yarbrough 5042

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS TIME OF DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Doughty-Calhoun-O'Meara	No	Owen A. Kearns, [illegible]	FEB 6 1968

MEDICAL AND HEALTH DATA

177X CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY — ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C.

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CA of Prostate with primary	.5 yrs
DUE TO OR AS A CONSEQUENCE OF	(B) Fibro Metastasis	
DUE TO OR AS A CONSEQUENCE OF	(C)	

30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO) OPERATION AND OR BIOPSY	32a. AUTOPSY (SPECIFY YES OR NO) Yes	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED. (STATE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

STATE REGISTRAR

A.	B.	C	D	E	F

REV. 1-1-66 Form VS 11

STATE OF CALIFORNIA) SS
COUNTY OF KERN)

I HEREBY CERTIFY THE FOREGOING TO BE A FULL, TRUE AND CORRECT COPY OF THE INSTRUMENT RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF KERN COUNTY.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY SEAL THIS 5th DAY OF March 1968.

RAY A. VERCAMMEN, COUNTY RECORDER

BY Norma Dasenaw DEPUTY

Recorded April 8, 1968 at 12h. 36m. P. M.