

## RELEASE DEED

ALICE BRIDGEWATER (also known as Alice W. Bridgewater), whose mailing address is 316 Delaware Street, New Castle, DE 19720, releases to ALICE W. BRIDGEWATER, ALICE L. SHIVOCK and MARY F. LENHOFF, TRUSTEES OF THE ALICE W. BRIDGEWATER REVOCABLE TRUST U/A DATED JULY 12, 2005 whose mailing address is c/o Alice W. Bridgewater, 316 Delaware Street, New Castle, DE 19720, all her right, title and interest in two certain lots or parcels of land, together with the buildings thereon, situated in Orland, County of Hancock, State of Maine, bounded and described as follows, to wit:

"PARCEL ONE: Beginning at a concrete post encasing an iron pipe near large boulders at the westerly shore of Lake Alamoosook and at the northwest corner of the Walter Jones lot (now or formerly); thence two hundred (200) feet along the shore of said lake in a northwesterly direction (about N 60° W) five hundred seventy (570) feet, more or less, to an iron pipe corner marker on the line between the Bearce property and the so-called Holy Ghost lot; then S 11° W, one hundred thirty-one (131) feet, more or less, along this property line to the lot of Edgar Leach (now or formerly) and an iron pipe corner marked surrounded by stones; thence in a southeasterly direction two hundred sixty (260) feet, more or less, along the Leach lot line to an iron pipe corner marker filled with concrete near the bulldozed road on the Bearce property; thence S 11° W, sixty-two (62) feet, more or less, along Will Leach line to an iron pipe corner marker on the Walter Jones lot (now or formerly); thence approximately S 60° E along the Walter Jones lot to the point of beginning; this lot being a part of the original so-called Keyes or Sparrow property; together with right of way in common with others upon and over the road leading to the above premises.

PARCEL TWO: Beginning at an iron rod surrounded by rocks at the southeast corner of the lot now or formerly owned by Stephen A. Barry et al on the western side of Lake Alamoosook; thence S 14 1/4° W one hundred ninety-six (196) feet, more or less, to an iron pipe filled with concrete on the north line of the Leach property (now or formerly); thence N 57 3/4° W, one thousand seventy-two (1,072) feet, more or less, along the Leach property line to an iron pipe on the northwest corner of the so-called Holy Ghost lot; thence N 14 1/4° E one hundred ninety-six (196) feet, more or less, to an iron pipe marker at the northwest corner of the Barry lot (now or formerly); thence S 57 3/4° E one thousand seventy-two (1,072) feet, more or less, to the point of beginning, containing 5 acres, more or less, and being a one-third part of the so-called Holy Ghost lot."

Being the same premises conveyed by Peter E. Baker to Clay Bridgewater and Alice Bridgewater by deed dated November 29, 1991 recorded with the Hancock County Registry of Deeds in Book 1896, Page 210.

Clay Bridgewater died on June 6, 2003, domiciled in New Castle, Delaware, and the Grantor succeeded to the full title in the premises as the surviving joint tenant.

The Grantor ALICE BRIDGEWATER has hereunto set her hand and seal this 3<sup>rd</sup> day of October, 2005.

Alice Bridgewater  
ALICE BRIDGEWATER

STATE OF MAINE  
COUNTY OF HANCOCK

10/31, 2005

Personally appeared before me the above named Alice Bridgewater and acknowledged the foregoing instrument to be her free act and deed.

Jane L. Iverson  
Notary Public

JANE L. IVERSON  
Notary Public, Maine

Type or print name of official \_\_\_\_\_  
Commission Expires August 15, 2009

**SEAL**

# CERTIFICATION OF VITAL RECORD

OFFICE OF  
VITAL  
STATISTICS

## CERTIFICATE OF DEATH

State of Delaware (107)

LOCAL REG NO.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

### DECEDENT

TO FUNERAL DIRECTOR: After certificate has been signed by attending physician and completely filled in by decedent, remove carbon, file para 1 and 2 with Registrar, 72 hrs. after death and then use Burial-Transit Permit for disposition of body.

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST) <b>Clay Bridgewater</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (MO., DAY, YR.) <b>June 06, 2003</b>	
4. SOCIAL SECURITY NO. <b>222-20-0389</b>		5A. AGE (YRS) <b>67</b>		5B. UNDER 1 YEAR MONTHS		5C. UNDER 1 DAY HOURS	
6. DATE OF BIRTH (MO., DAY, YR.) <b>July 03, 1935</b>				7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Haverhill, Massachusetts</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. ANATOMICAL GIFT <input type="checkbox"/> CONSENT GRANTED <input checked="" type="checkbox"/> NOT GRANTED		10A. PLACE OF DEATH (CHECK ONLY ONE, SEE INSTRUCTIONS ON OTHER SIDE) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input checked="" type="checkbox"/> HOME		10B. NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)	
10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) <b>318 Delaware Street, City of New Castle</b>				10C. CITY, TOWN, OR LOCATION OF DEATH <b>New Castle</b>		10D. COUNTY OF DEATH <b>New Castle</b>	
11. MARITAL STATUS — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC.) <b>Married</b>		12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME) <b>Alice L. Webber</b>		13A. DECEDENT'S USUAL OCCUPATION (KIND OF WORK DURING MOST OF WORKING LIFE, DO NOT USE RETIRED) <b>Fine Jeweler</b>		13B. KIND OF BUSINESS/INDUSTRY <b>Jewelry</b>	
14A. RESIDENCE — STATE <b>Delaware</b>		14B. COUNTY <b>New Castle</b>		14C. CITY, TOWN, OR LOCATION <b>City of New Castle</b>		14D. STREET AND NUMBER <b>318 Delaware Street</b>	
14E. INSIDE CITY LIMITS? (YES OR NO) <b>Yes</b>		14F. ZIP CODE <b>19720</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		16. RACE — AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY) <b>White</b>	
17. DECEDENT'S EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ELEMENTARY/SECONDARY (0-12) <b>12</b>		17. COLLEGE (1-4 OR 5+) <b>5+</b>					

### PARENTS

18. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>William B. Bridgewater, Sr.</b>		19. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME) <b>Janice Keighley</b>	
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### INFORMANT

20A. INFORMANT'S NAME (TYPE/PRINT) <b>Mrs. Alice W. Bridgewater (Wife)</b>		20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) <b>318 Delaware Street, New Castle, Delaware 19720</b>	
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### DISPOSITION

21A. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> OTHER (SPECIFY)		21B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE) <b>Glebe Cemetery of Immanuel Episcopal Church</b>		21C. LOCATION (CITY, TOWN, STATE) <b>New Castle, DE.</b>	
22A. SIGNATURE OF FUNERAL DIRECTOR <b>G.H. Gebhart, IV</b>		22B. LICENSE NUMBER OF LICENSEE <b>K10000525</b>		22C. DATE SIGNED (MO., DAY, YR.) <b>19720</b>	
24. REGISTRAR'S SIGNATURE <b>Maureen E. Dampers</b>		24. ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) <b>531 Delaware Street, New Castle, DE.</b>		25. DATE FILED (MO., DAY, YR.) <b>JUN 10 2003</b>	

### PRONOUNCING OFFICIAL

ITEMS 27-29 MUST BE COMPLETED BY PHYSICIAN OR HOSPICE NURSE WHO PRONOUNCES DEATH

SEE DEFINITION OF CERTIFIER ON OTHER SIDE

### CERTIFIER

26A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED <b>Marion A. Schubert</b>		26B. LICENSE NUMBER <b>L10029095</b>		26C. DATE SIGNED (MO., DAY, YR.) <b>6/6/03</b>	
27. TIME OF DEATH <b>2:30</b>		28. DATE PRONOUNCED DEAD (MO., DAY, YR.) <b>6/6/03</b>		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO) <b>NO</b>	
30A. CERTIFIER (CHECK ONLY ONE) <input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> (Physician certifying cause of death when another physician has pronounced death and completed item 26) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> <b>PRONOUNCING AND CERTIFYING PHYSICIAN</b> (Physician both pronouncing death and certifying the 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"/> <b>MEDICAL EXAMINER</b> 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.					
30B. SIGNATURE AND TITLE OF CERTIFIER <b>Maureen E. Dampers</b>		30C. LICENSE NUMBER <b>G20002282</b>		30D. DATE SIGNED (MO., DAY, YR.) <b>6-09-03</b>	
31. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 40) (TYPE/PRINT) <b>ANTHONY A. VASILE, D.O., 700 LEA BLVD., STE. 301, WILM., DE. 19802</b>					

32A. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		33. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		34. DATE OF INJURY (MO., DAY, YR.)		35. TIME OF INJURY		36. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		37. DESCRIBE HOW INJURY OCCURRED	
32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY))		39. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE)							

40. PART I DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE.				PRIMARY SITE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (FINAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH) <b>METASTATIC ADENOCARCINOMA</b>				<b>UNKNOWN</b>			
DUE TO (B)							
DUE TO (C)							
DUE TO <b>044787</b>				<b>2003 JUN 10 P 3:48</b>			
PART II OTHER CONTRIBUTING CONDITIONS — CONTRIBUTING TO CAUSE OF DEATH <b>SEVERE RESTRICTIVE LUNG DISEASE/ ANKYLOSING SPONDYLITIS</b>							

REV. 9/99

(1) ORIGINAL COPY — STATE

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State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Ret: J. Jones  
L.O.

