

Frederick Joseph Nuzzo Junior, Secured Party
Attorney in Fact
36 Sunnyside Park
Saugus, MA 01906

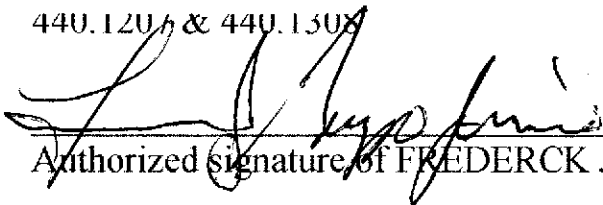
June 1, 2016

AFFIDAVIT OF OWNERSHIP

RE: Birth Certificate

I, Frederick Joseph Nuzzo Junior, the undersigned, of lawful age and being first duly sworn on oath, depose and state that I am familiar with the facts contain within said birth certificate and having attained the age of the majority at a date 18 years after the date of birth shown by said certificate the party named in said birth certificate is the same party as one of the owners named in said certificate of title.

440.1206 & 440.1308



Authorized signature of FREDERCK JOSEPH NUZZO JUNIOR

JURAT

On this 6 Day of JUNE, 2016 before me, the undersigned, a Notary Public in and for Massachusetts, personally appeared the above-signed, known to me to be the one whose name is signed on this instrument, and has acknowledged to me that s/he has executed the same.

Signed: Laurie Farnham

Printed Name: Laurie Farnham

Date: 6.1.16

Address: 448 LINCOLN AVE SAUGUS MA 01906



3 NE

pc.5

United States of America



SO.ESSEX #424 Bk:35075 Pg:566
07/11/2016 02:43 CERT Pg 1/3

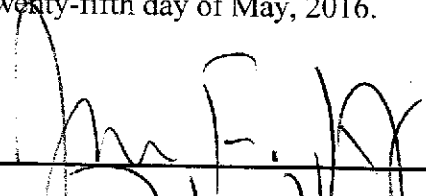
DEPARTMENT OF STATE

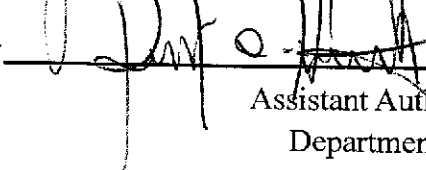
To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of Massachusetts, and that such Seal(s) is/are entitled to full faith and credit.*

**For the contents of the annexed document, the Department assumes no responsibility
This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, John F. Kerry, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-fifth day of May, 2016.



Secretary of State
By 

Assistant Authentication Officer,
Department of State

Issued pursuant to CHXIV, State of Sept. 15, 1789, 1 Stat. 68-69; 22 USC 2657; 22 USC 2651a; 5 USC 301; 28 USC 1733 et. seq.; 8 USC 1443(f); RULE 44 Federal Rules of Civil Procedure.

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth

C-27

C 1888662

Boston, Massachusetts

May 5, 2016

I hereby certify

that at the date of the attestation hereunto annexed,

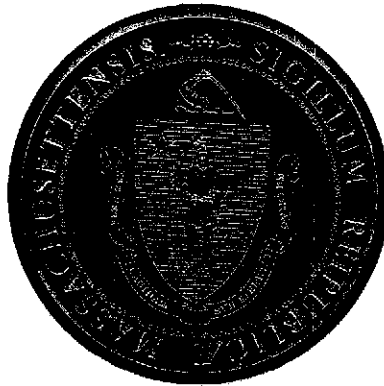
Elaine B Trudeau

Registrar of MA/Vital Records
duly Appointed

and that to his/her acts and attestations, as such, full faith and credit are and ought to be given in and out of Court; and further, that his/her signature to the annexed instrument is genuine.

In testimony of which, I have hereunto affixed the

Great Seal of the Commonwealth



on the first date above written

William Francis Galvin
Secretary of the Commonwealth



The Commonwealth of Massachusetts
EXECUTIVE OFFICES OF HEALTH AND HUMAN SERVICES
STATE DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

A 683000

The Commonwealth of Massachusetts

Middlesex
(County)

Malden
(City or Town)

No. Malden Hospital



JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF BIRTH

Malden 70
(City or Town making this return)

Registered No. 879

STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

NAME OF CHILD Frederick Joseph Nuzzo, Jr. 9-17 If child is not yet named, make supplemental report, as directed.

4 If plural Births Twin or Triplet? 5 Born ALIVE or STILLBORN 6 Date of Birth August 15, 1959
If so, born 1st, 2nd or 3rd? Alive (Month) (Day) (Year)

FATHER
Frederick Joseph Nuzzo

MOTHER
13 MAIDEN NAME Ethel May Henry
PRESENT NAME Ethel May Nuzzo

14 RESIDENCE, NO. 4 Crescent STREET
CITY OR TOWN Everett STATE Mass.

15 COLOR OR RACE White 16 AGE AT TIME OF THIS BIRTH 21 (Years)

10 AGE AT TIME OF THIS BIRTH 22 (Years)

17 PLACE OF BIRTH Malden, Mass. (City or Town) (State or country)

18 OCCUPATION Sheet Metal Worker

18 OCCUPATION Housewife

8:57A. certify that I attended the birth of this child who was born at the hour of ... m. on the date above stated. The information given was

by Ethel M. Nuzzo related to this child as Mother

SIGNATURE OF ATTENDANT AT BIRTH Paul P. Norman M.D. (Name) (Physician, parent or other, etc.)

(PRINT OR TYPE SIGNATURE) Paul P. Norman

ADDRESS NO. 300 Ferry St. Malden DATE August 15, 1959

AGNO₃ TO BOTH EYES 21 Birth weight 8 Lb. 8 Oz.

RECEIVED AT OFFICE OF CITY OR TOWN CLERK August 21, 1959 (Month) (Day) (Year)

TRUE COPY ATTEST (Registrar)

ORIGINAL REFERENCE REQUESTED PAGE 16/ 15994

I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage and death required by law to be kept in my office; and I do hereby certify