

I William Panzino would like Emily Soule to attend the zoom meeting on august 27th 2020 in my behalf as I will be out of town. If you have any questions or concerns please feel free to call me at (207)240-2943.

William Panzino

A handwritten signature in black ink, appearing to read 'William Panzino', with a long, sweeping horizontal line extending to the right.

Operations

I William Parzino will be in operation during normal business hours of 9AM-5PM. During these business hours I will be either retrieving vehicles that I have purchased for recycling or I will be processing vehicles that are already on the lot. I will be removing the Catalac converters, O2 sensors, and Rims for reselling then I will be transporting the vehicles to an actual vehicle grave yard where they will fully recycle the vehicle and remove all fluids. I will have 5 to 10 vehicles at a time on the lot that will be there for no longer than 2 to 3 days. I will be retrieving vehicles and bringing them in on Monday and Tuesday, I will be processing the vehicles on Wednesday and Thursday, and will be bringing the vehicles to the Junk yard on Fridays. There will be absolutely no fluids drained or stored on site.

Waiver Request

I William Panzino is Requesting a waiver for Number 3 letter I. There will be no off site Drainage facilities, Topography map will show Drainage Direction of any Surface water on site.

I Give William Panzino
permission to place his
lot on my right away
and use my road as
access to his lot.

Thank you
Richard Salinger

DEED OF DISTRIBUTION BY PERSONAL REPRESENTATIVE
Maine Statutory Short Form

Know all Persons by these Present,

That I, **MARY AVERY**, of Minot, County of Androscoggin and State of Maine, duly appointed and acting personal representative of the estate of Janet M. Shirley, deceased, whose will was duly admitted to probate in the Probate Court for Sagadahoc County, Maine, by the power conferred by law and every other powers (in distribution of the estate) grant to:

NANCY SOULE

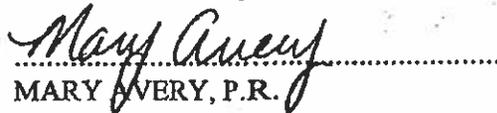
whose mailing address is 7 Daisy Drive, Freeport, ME 04032, being the person entitled to distribution, the real property, together with any improvements thereon, situated in the Town of Bowdoinham, County of Sagadahoc and State of Maine, bounded and described in the Exhibit A attached hereto and made a part hereof.

Witness my hand and seal this day of August 2012.

Signed, Sealed and Delivered
in the presence of

ESTATE OF JANET M. SHIRLEY, by

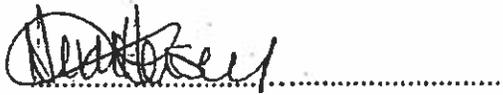



MARY AVERY, P.R.

STATE OF MAINE
County of *Androscoggin*

August *17th*, 2012

Then personally appeared before me the above named Mary Avery, in her said capacity and acknowledged the foregoing instrument to be her free act and deed.


Notary Public
Printed Name: *Heidi L. Hersey*

Received
SAGADAHOC COUNTY MAINE
JUDITH E STEVENS
REGISTRAR

HEIDI L. HERSEY
Notary Public, Maine
My Commission Expires March 28, 2016

EXHIBIT A

All that certain parcel of land with the improvements thereon, situated east of Carding Machine Road, in the town of Bowdoinham, county of Sagadahoc and state of Maine, bounded and described as follows;

BEGINNING at a rebar set on the assumed easterly sideline of the Carding Machine Road at the south line of land now or formerly of John W. & Virginia M. Murphy;

THENCE S 59° 54' 08" E along land now or formerly of said Murphy, as marked in part by a stone wall, a distance of 1258.68 feet to a rebar set at land of Richard Gallagher;

THENCE S 29° 43' 26" W along land of said Gallagher, a distance of 383.94 feet to a rebar set in the stone wall;

THENCE N 60° 54' 29" W, as marked in part by a stone wall, a distance of 1147.38 feet to a rebar set at the assumed easterly sideline of the Carding Machine Road;

THENCE N 11° 10' 21" E along said road line, a distance of 168.83 feet to a point;

THENCE N 12° 55' 40" E along said road line, a distance of 145.33 feet to a point;

THENCE N 21° 18' 19" E along said road line, a distance of 106.77 feet to the point of beginning of the parcel herein described.

Meaning and intending to convey and hereby conveying a 10.9 acre parcel of land with the improvements thereon, be it the same more or less, being a portion of those premises described in a deed to Cecil J. Shirley and Janet M. Shirley dated May 26, 1988 and recorded in said registry of deeds at book 881 page 349

The above described 10.9 acre lot is conveyed subject to a right of way along the north side of said lot. Said right of way being of variable width of between 50 feet and 20 feet and serving a 2 acre parcel of land of Richard Gallagher which lies immediately to the east of the above described 10.9 acre lot. Said right of way is for all vehicles and all utilities. The parties having a legal interest in, or subject to said right of way, may relocate said right of way upon the written consent of all parties concerned.

All rebars set were set in 2012 and are 5/8 inch and are marked B. Smith -- Smith 1175. Bearings used in this description are based on observed magnetic 2003.

CERTIFICATE OF VITAL RECORD

STATE OF MAINE

COPY - Place of Death COPY - Place of Residence COPY - Place Permit Issued

NAME KNOWN TO PHYSICIAN: Janet Shirley STATE OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CERTIFICATE OF DEATH STANDARD FORM

1. DECEASED		10. MIDDLE NAME <u>H</u>		11. LAST NAME <u>Shirley</u>		12. JR., etc. <u>NA</u>	
13. DATE OF DEATH (Mo., Day, Yr.) <u>4/19/2008</u>		1. SEX <u>F</u>		4. SOCIAL SECURITY NUMBER <u>004-44-1055</u>		6a. AGE (Yrs.) <u>64</u>	
7. PLACE OF BIRTH (City and State or Foreign) <u>Portland, ME.</u>		8. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>NO</u>		9. PLACE OF BIRTH (Check only one) HOSPITAL: <input type="checkbox"/> ODA <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient		8. DATE OF BIRTH <u>7/5/1943</u>	
16. FACILITY NAME (If not institution, give street and number) <u>779 Carding Machine Road</u>		17. COUNTY OF DEATH <u>Sagadahoc</u>		11. CITY OR TOWN OF DEATH <u>Bowdoinham</u>			
13. MARITAL STATUS <input checked="" type="checkbox"/> Widowed		14. MOST RECENT SPOUSE PARTNER (If female, give maiden name) <u>Cecil Shirley</u>		15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working yrs. Do not use retired) <u>IPS</u>		16. KIND OF BUSINESS / INDUSTRY <u>Nursing Homes</u>	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12 grades) <u>College (1-4 or 5+ years)</u>		18. ANCESTRY (Specify) <u>American</u>		19. RACE - American Indian, Black, White, etc. (Specify) <u>White</u>			
20. RESIDENCE STATE <u>Maine</u>		21. RESIDENCE COUNTY <u>Sagadahoc</u>		22. RESIDENCE CITY OR TOWN <u>Bowdoinham</u>		23. RESIDENCE STREET AND NUMBER <u>779 Carding Machine Road</u>	
FATHER'S 24a. FIRST NAME <u>Ernest</u>		24b. MIDDLE NAME <u>NA</u>		24c. LAST NAME <u>Crogin</u>		24d. JR., etc. <u>Dr.</u>	
MOTHER'S 25a. FIRST NAME <u>Mary</u>		25b. MIDDLE NAME <u>F</u>		25c. MOTHER SURNAME <u>Winball</u>			
INFORMANT 26. INFORMANT NAME (Type or Print) <u>Nancy Soule</u>		27. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip) <u>779 Carding Machine Rd. Bowdoinham, ME, 04008</u>					
28. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Reburial from State <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Gracelawn Memorial Park</u>		30. LOCATION (City or Town, State) <u>Auburn, ME.</u>		31. DATE OF DISPOSITION <u>04/21/2008</u>	
32. SIGNATURE OF FUNERAL PRACTICER OR AUTHORIZED PERSON <u>[Signature]</u>		33. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON <u>Cabriel-Ribosta Funeral Home 17 Wardo Ave. Bangor, ME 04915</u>					
34. LICENSE NUMBER: <u>9635</u>		35. FUNERAL ESTABLISHMENT (LICENSE NUMBER): <u>9752</u>					
36. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place and (one to the cause) and manner as stated. Signature and Title: <u>Megha Desai MD</u>		37. DATE SIGNED (Mo., Day, Yr.) <u>4/19/08</u>		38. VIEWED BODY AFTER DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		39. TIME OF DEATH <u>6:50 AM</u>	
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Megha Desai</u>		41. M.D., ADDRESS AND TITLE OF CERTIFIER (Type or Print) <u>CITMC 300 Main Street Bowdoin, ME 04240</u>		42. MO <input checked="" type="checkbox"/> DO <input type="checkbox"/> CHP <input type="checkbox"/>		43. TIME OF DEATH <u>6:50 AM</u>	
44. PHYSICIAN'S SIGNATURE <u>Pamela C. Ross</u>		45. DATE <u>4/21/08</u>					
46. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		47. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		48. MANNER OF DEATH <input checked="" type="checkbox"/> Natural		49. OFFICE OF THE CHIEF MEDICAL EXAMINER. DO NOT COMPLETE THIS SECTION.	
50. PART I. Enter the diseases, injuries, or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or how it falls. List only one cause on each line: IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Cardiorespiratory arrest</u>		51. DUE TO (OR AS A CONSEQUENCE OF) <u>Metastatic Small Cell Lung Cancer</u>		52. DUE TO (OR AS A CONSEQUENCE OF) <u>Pulmonary Embolism</u>		53. DUE TO (OR AS A CONSEQUENCE OF) <u>Hypertension, COPD</u>	
54. SEQUENTIAL: For conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST <u>Hypertension, COPD</u>		55. MONTHS <u>months</u>		56. YEARS <u>years</u>		57. PART II. Other significant conditions contributing to death but not reporting in the underlying cause given in Part I.	

12065 USE SLACK INK ONLY ORIGINAL - STATE USE SLACK INK ONLY

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE EXTRACT OR COPY OF A CERTIFICATE OF RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF Bowdoinham DATE ISSUED April 24, 2008
Pamela C. Ross, Town Clerk



12065-0008 This may be filed in the unprepared or prepared border of any 12x18 and 12x24 size folder.

The first marker is the existing structure
The second marker is the proposed
hot site

