

DOCKET# 89546

Type: DEE
PAGES: 12

JAMES N. HOGAN
GLOUCESTER COUNTY CLERK
RECEIPT#: 67194 12:14:33 P.M.

12/12/2005
DB 4123 89

GLOUCESTER COUNTY RECORDING DATA PAGE

PLEASE DO NOT DETACH THIS PAGE FROM THE ORIGINAL
DOCUMENT AS IT CONTAINS IMPORTANT INFORMATION AND
IS PART OF THE PERMANENT RECORD.

CONSIDERATION: \$1.00 EXEMPT CODE: E

County	State	N.P.N.R.F.	Total
\$.00	\$.00	\$.00	
P.H.P.F.A.	E.A.A.		
\$.00	\$.00		\$.00
GEN PURP	C) \$1M		
\$.00	\$.00		
NJGLTORC	Date: 12/12/2005		

RECORD & RETURN TO:

Winkler & Tingles
2651 Main St
Lawrenceville, N.G. 08648

GLOUCESTER COUNTY RECORDING DATA PAGE
JAMES N. HOGAN, COUNTY CLERK

STATE OF NEW JERSEY
SELLER'S RESIDENCY CERTIFICATION/EXEMPTION (C-55, P.L. 2004)

CONSIDERATION: \$1.00 EXEMPT CODE: E
County State N.P.H.R.F.
P.H.P.F.A. E.A.A.
\$.00 \$.00 Total
GEN PURP C) \$1M \$.00
NJGLTRC Date: 12/12/2005

SELLER(S) INFORMATION
(If multiple Seller, each Seller must complete a Certification)

NAME: Hubert M. Gallagher, as Executor of the Estate of Kitty Sue Gallagher, Deceased
ADDRESS: 729 Beacon Place, Mount Laurel, New Jersey 08054
PHONE: (856) 231-7858

PROPERTY INFORMATION (Brief description of Property)

BLOCK: 164.04 LOT: 22
STREET ADDRESS: 364 Driscoll Avenue, Woodbury, New Jersey 08096
SELLER'S PERCENTAGE OF OWNERSHIP: 100%
CONSIDERATION: \$1.00 CLOSING DATE: NONE

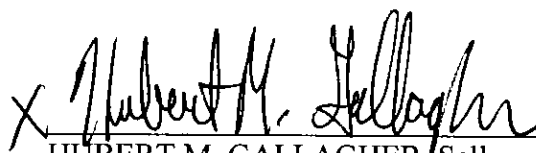
SELLER'S ASSURANCES (Check the appropriate box)

1. ☐ I am a resident taxpayer of the State of New Jersey pursuant to N.J.S.A. 54A:1-1, et seq. and will file a resident gross income tax return and pay any applicable taxes on any gain or income from the disposition of this property.
2. ☐ The real property being sold or transferred is being used exclusively as my principal residence within the meaning of Section 121 of the Federal Internal Revenue Code of 1986, 26 U.S.C.s. 121.
3. ☐ I am a mortgagor conveying the mortgaged property to a mortgagee in foreclosure or in a transfer in lieu of foreclosure with no additional consideration.
4. ☐ Seller, transferor, or transferee is an agency or authority of the United States of America, an agency or authority of the State of New Jersey, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.
5. ☐ Seller is not an individual, estate or trust and as such not required to make an estimated payment pursuant to N.J.S.A. 54A:1-1, et seq.
6. ☒ [xxxxx] The total consideration for the property is \$1,000 or less and as such, the seller is not required to make an estimated payment pursuant to N.J.S.A. 54A:5-1-1, et seq.

SELLER'S DECLARATION

The undersigned understands that this declaration and its contents may be disclosed or provided to the New Jersey Division of Taxation and that any false statement contained herein could be punished by fine, imprisonment, or both. I furthermore declare that I have examined this declaration and, to the best of knowledge and belief, it is true, correct and complete.

OCTOBER 28, 2005

X 
HUBERT M. GALLAGHER, Seller, as Executor of the Estate
of Kitty Sue Gallagher, Deceased

DOCKET# 89546
DB 4123 P 90

Prepared by:

HERBERT D. HINKLE, ESQ.

DEED

This Deed is made on OCTOBER 28, 2005,

BETWEEN HUBERT M. GALLAGHER, as Executor of the Estate of
KITTY SUE GALLAGHER, Deceased

whose address is 729 Beacon Place, Mount Laurel, New Jersey 08054,

referred to as the Grantor,

AND THE GALLAGHER FAMILY TRUST OF 2002 (with a 75% interest);
HUBERT M. GALLAGHER (with an 8% interest); DIANNE VIDEN
(with a 9% interest) and MICHAEL GALLAGHER (with an 8%
interest), as
Tenants in Common,

whose addresses are:

Hubert M. Gallagher: 729 Beacon Place, Mount Laurel, New Jersey 08054

Dianne Viden: 126 Hunter Street, Woodbury, New Jersey 08096

Michael Gallagher: 5691 Kalaniana'ole Highway, Honolulu, Hawaii 96821,

referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed
above.

Grantor. The Grantor makes this Deed as the Executor of the Estate of Kitty
Sue Gallagher, late of the CITY of WOODBURY, County of GLOUCESTER and
State of New Jersey.

HINKLE & FINGLES
ATTORNEYS AT LAW

Page 1 of 5

CONSIDERATION: \$1.00		EXEMPT CODE: E	
County	State	N.P.H.R.F.	
\$.00	\$.00	\$.00	
P.H.P.F.A.	E.A.A.		Total
\$.00	\$.00		\$.00
GEN PURP	C) \$1M		
\$.00	\$.00		
NJGLTORC	Date: 12/12/2005		

Transfer of Ownership. The Grantor grants and conveys (transfers ownership of) the property described below to the Grantee. This transfer is made for the sum of ONE DOLLAR (\$1.00). The Grantor acknowledges receipt of this money.

Tax Map Reference. (N.J.S.A. 46:15-2.1) Municipality of WOODBURY, Block No. 164.04; Lot No. 22.

Property. The property consists of the land and all the buildings and structures on the land in the CITY of WOODBURY, County of GLOUCESTER and State of New Jersey. The legal description is:

ALL THAT certain lot, tract or parcel of land and premises situate in the City of Woodbury, County of Gloucester and State of New Jersey, bounded and described as follows:

BEGINNING at a point in the Northeasterly line of Driscoll Avenue (50 feet wide) 540 feet Southeastwardly from the intersection of the Northeasterly line of Driscoll Avenue and Wick Boulevard (having a radius of 25 feet) said beginning point being in the division line of Lots 21 and 22, Block D on plan hereinafter mentioned; thence

- (1) South 69 degrees 33 minutes East along the Northeasterly line of Driscoll Avenue 60 feet to the division line of Lots 22 and 23, Block D, said plan; thence
- (2) North 20 degrees 27 minutes East along the last mentioned division line 95 feet to a corner common to Lots 22, 23 and 24, Block D, said plan; thence
- (3) North 35 degrees 51 minutes 36 seconds West along the Southwesterly line of Lot 24, a distance of 54.08 feet to a corner common to Lots 2, 22 and 24, Block D, said plan; thence
- (4) North 69 degrees 33 minutes West along the rear line of Lot 2, a distance of 15 feet to a corner common to Lots 2, 3, 21 and 22, and in the division line of Lots 21 and 22, Block D, aforesaid; thence
- (5) South 20 degrees 27 minutes West along the last mentioned division line 12 feet to the point and place of BEGINNING.

BEING KNOWN AND DESIGNATED as Lot 22, Block D, on Plan of Lots of Section 3 or Evergreen Park Homes, made by Earl R. Davis, P.E. & L.S., dated July 1950, and recorded in the Clerk's Office of Gloucester County, File No. 75.

BEING the same property conveyed by Evergreen Park Homes, Inc., a corporation of the State of New Jersey, to John J. Gallagher and Kitty Sue Gallagher, Husband and Wife, by Deed dated September 30, 1952, and recorded in the Gloucester County Clerk's Office on October 2, 1952, in Deed Book 724 at Page 350, etc.

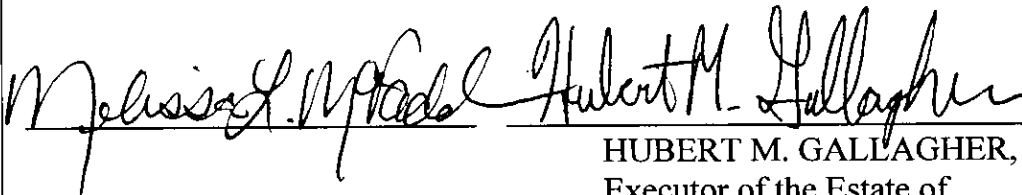
The said Kitty Sue Gallagher died testate on June 30, 2004, leaving a Will duly probated on July 19, 2004, in Gloucester County. Hubert M. Gallagher was appointed Executor and an Executor Short Certificate was issued to him on July 19, 2004. Ms. Gallagher's Death Certificate is attached hereto as "Exhibit A" and an original Executor Short Certificate is attached hereto as "Exhibit B."

This Deed reflects the dispositions required under the aforementioned Will, to namely the following: the Gallagher Family Trust of 2002 (a 75% interest); Hubert M. Gallagher (an 8% interest); Dianne Viden (a 9% interest) and Michael Gallagher (an 8% interest).

Promises by Grantor. The Grantor promises that the Grantor has done no act to encumber the property. This promise is called a "covenant as to grantor's acts" (N.J.S.A. 46:4-6). This promise means that the Grantor has not allowed anyone else to obtain any legal rights which affect the property (such as by making a mortgage or allowing a judgment to be entered against the Grantor).

Signatures. The Grantor signs this Deed as of the date at the top of the first page.

Witnessed by:



HUBERT M. GALLAGHER, as
Executor of the Estate of
KITTY SUE GALLAGHER, Deceased

EXHIBIT A

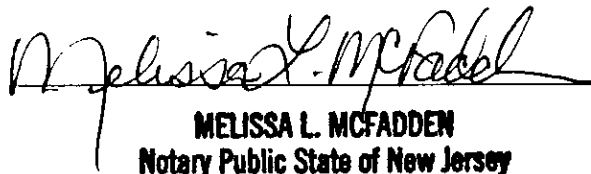
STATE OF NEW JERSEY)

ss.

COUNTY OF MERCER)

I CERTIFY that on OCTOBER 28, 2005, HUBERT M. GALLAGHER, as Executor of the Estate of KITTY SUE GALLAGHER, personally came before me and acknowledged under oath, to my satisfaction, that this person:

- (a) is named in and personally signed this Deed;
- (b) signed, sealed and delivered this Deed as his act and deed; and
- (c) made this Deed for \$1.00 as the full and actual consideration paid or to be paid for the transfer of title. (Such consideration is defined in N.J.S.A. 46:15-5.)

 (Seal)

MELISSA L. MCFADDEN
Notary Public State of New Jersey
My Commission Expires December 13, 2009

DEED

HUBERT M. GALLAGHER,
as Executor of the Estate of
KITTY SUE GALLAGHER, Deceased

Grantor

TO

THE GALLAGHER FAMILY TRUST OF 2002 (with a 75% interest);
HUBERT M. GALLAGHER (with an 8% interest);
DIANNE VIDEN (with a 9% interest) and
MICHAEL GALLAGHER (with an 8% interest),
as Tenants in Common,

Grantee

Record and return to:

Herbert D. Hinkle, Esq.
HINKLE & FINGLES
ATTORNEYS AT LAW
2651 Main Street, Suite A
Lawrenceville, New Jersey 08648
(609) 896-4200

mm-zip-4
Gallagher-Exec.Deed-2005

STATE OF NEW JERSEY

REG-18
AUG 03NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

80000794630

Name of Decedent as Known by Physician
Kittysue Gallagher
Date of Death
6/30/04
Time of Death
0741
AM
PMFOR STATE
USE ONLYPlace of
Accident

Cross Class

Received for
Limb
OnlyRecord
Contains
Amendment

H5119

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY MEDICAL CERTIFIER

1. Legal Name of Decedent (First-Middle-Last) Kittysue Gallagher		2. Sex F	3. Social Security Number 193-20-2121
1b. Also Known As (AKA), If Any (First, Middle, Last) Kitty Sue Gallagher		6. Birthplace (City & State/Foreign Country) Philadelphia, PA	
4a. Age-Last Birthday 80 Years	4b. Under 1 Year Months Days Hours Minutes	5. Date of Birth (Mo/Dy/Yr) 06/05/1924	6. Birthplace (City & State/Foreign Country) Philadelphia, PA
7a. Residence-State NJ	7b. County Gloucester	7c. Municipality/City Woodbury	7d. Inside City Limits? ☒ Yes ☐ No
7e. Street and Number 364 Driscoll Ave		7f. Apt. No. -	7g. Zip Code 08096
8a. Ever in US Armed Forces? ☐ Yes ☒ No ☐ Unk b. If yes, Name of War: c. War Service Dates (From-To):		9. Marital Status at Time of Death ☐ Never Married ☐ Divorced ☐ Married ☐ Widowed ☐ Married but Separated ☐ Unknown	
11. Father's Name (First, Middle, Last) Francis Mills		12. Mother's Name Prior to First Marriage (First, Middle, Last) Gertrude Sheenan	
13a. Name of Informant Hubert Gallagher		13b. Relationship to Decedent Son	
13c. Mailing Address (Street and Number, City, State, Zip Code) 729 Beacon Place, Mt. Laurel, NJ 08054			
14. Method of Disposition ☒ Burial ☐ Donation ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Other (Specify):		15. Place of Disposition (Name of cemetery, crematory, other place) Eglington Cemetery	
16. Location-City, Town and State Clarksboro, NJ		17. Name and Complete Address of Funeral Facility McGuinness Funeral Home, 34 Hunter St., Woodbury, NJ 08096	
18. Signature of Funeral Director <i>Angela Ryan</i>		19. NJ License Number 4586	
20. Decedent Education Highest degree or level of school completed at time of death: ☐ Grade 8 or less ☐ Grade 9-12; no diploma ☐ High school graduate or GED ☐ Some college credit, no degree ☐ Associate degree (AA, AS) ☒ Bachelor's degree (BA, BS) ☐ Master's degree (MA, MS, MEd, MSW) ☐ Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)		21. Decedent of Hispanic Origin? Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino. ☒ No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latino (Specify):	
22. Decedent Race - Check one or more boxes to indicate what race the decedent considered himself/herself to be. ☒ White ☐ Black or African American ☐ American Indian or Alaska Native (Enrolled or principal tribe) ☐ Asian Indian ☐ Filipino ☐ Korean ☐ Chinese ☐ Japanese ☐ Vietnamese ☐ Other Asian (Specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) ☐ Other (Specify):		23. Occupation of Decedent (Type of work done most of life, even if retired) Art Teacher	
24. Kind of Business/Industry Education		25. Name and Address of Last Employer West Deptford Board of Education	
26. Date Pronounced Dead (Mo/Dy/Yr) 6/30/04		27. Time Pronounced Dead 0741 AM ☐ PM	
28. Signature of Person Pronouncing Death (If other than Certifier) <i>Nicholas D'Amico</i>		29. License Number 38242	
30. Date Signed (Mo/Dy/Yr) 6/30/04		31. Was Medical Examiner Contacted? ☒ Yes ☐ No	
32. Date of Death (Mo/Dy/Yr) 6/30/04		33. Time of Death 0741 AM ☐ PM	
34. PLACE OF DEATH (Check only one): If Death Occurred in a Hospital: ☐ Inpatient ☐ Emergency Room ☐ Outpatient ☐ Death on Arrival If Death Occurred Somewhere Other Than a Hospital: ☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other (Specify):			
35a. Facility Name (If not institution, give street and number) Underwood Hospital		35b. Municipality Woodbury	
35c. County Gloucester		36a. PART I - Immediate Cause - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. Coronary Pulmonary Disease Due to (or as a consequence of): Coronary Artery Disease Due to (or as a consequence of): Thrombolytic Therapy Due to (or as a consequence of): Myocardial Infarction	
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.		37. Was an Autopsy Performed? ☐ Yes ☒ No	
38. Were Autopsy Findings Available to Complete Cause of Death? ☐ Yes ☒ No		39. Date of Injury (Mo/Dy/Yr)	
40. Time of Injury ☐ AM ☐ PM		41. Place of Injury (e.g., home, construction site, restaurant)	
42. Injury at Work? ☐ Yes ☐ No		43a. Location of Injury (Number and Street, Zip Code)	
43b. Municipality		43c. County	
43d. State		44. Describe How Injury Occurred	
45. If Transportation Injury: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (specify):		46. Manner of Death ☒ Natural ☐ Pending ☐ Accident ☐ Investigation ☐ Suicide ☐ Could not be determined ☐ Homicide	
47. Did Decedent Have Diabetes? ☒ Yes ☐ No ☐ Unknown		48. Did Tobacco Use Contribute to Death? ☒ Yes ☐ Probably ☐ No ☐ Unknown	
49. If Female: ☐ 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		50. Certifier (Check only one): ☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Pronouncing and 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. ☐ Medical Examiner-On the basis of my examination, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
51. Name, Address and Zip Code of Certifier 639 E KINGS HIGHWAY			
52. Signature of Certifier <i>Gail R. Scheffler</i>		53. License Number MA6018 NT	
54. Date Certified (Mo/Dy/Yr) 7/2/04		55. Signature of Local Registrar <i>Gail R. Scheffler</i>	
56. District No. 0822		57. Date Received 7/2/04	
58. Local File Number 201-2004			

07/02/2004

Issued By: Woodbury City,
Health Department

Gail R. Scheffler, Registrar

This is to certify that the above is correctly copied
from a record on file in my office.Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital StatisticsREG-42B
JAN 04

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETECT FRAUD; VOID IF ALTERED

DB 4123 P 97

EXHIBIT B

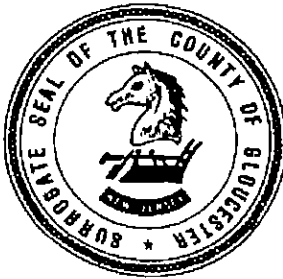
**State of New Jersey
Gloucester County Surrogate's
Court**

In the matter of the Estate of
Kitty Sue Gallagher, Deceased

**EXECUTOR
SHORT CERTIFICATE**

I, **Stephen R. Salvatore**, Surrogate, do hereby certify that the last Will and /or Codicil(s) of the above named decedent, late of the County of **Gloucester**, State of **New Jersey**, was (were) admitted to Probate by the Surrogate of **Gloucester** County on this **19th of July, 2004**, and that Letters Testamentary were issued to **Hubert M. Gallagher, Executor**; who is (are) duly authorized to take upon himself/herself (themselves) the administration of the estate of said testator agreeably to the said Will and/or Codicil(s) and said Letters Testamentary have never been revoked and still remain in full force and effect.

WITNESS my hand and seal of office,
this **19th day of July, 2004**.





Stephen R. Salvatore, Surrogate

STATE OF NEW JERSEY
AFFIDAVIT OF CONSIDERATION FOR USE BY SELLER

(Chapter 49, P.L.1968, as amended through Chapter 66, P.L. 2004)

To be recorded with deed pursuant to Chapter 49, P.L. 1968, as amended by Chapter 308, P.L. 1991 (N.J.S.A. 46:15-5 et seq.)
BEFORE COMPLETING THIS AFFIDAVIT, PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.

STATE OF NEW JERSEY

CONSIDERATION: \$1.00 EXEMPT CODE: E

COUNTY OF MERCER

} SS.

County	State	N.P.N.R.F.	Total
\$.00	\$.00	\$.00	
P.H.P.F.A.	E.A.A.		
\$.00	\$.00		\$.00
GEN PURP	C) \$1M		

(1) PARTY OR LEGAL REPRESENTATIVE (See Instructions # 3 and

Deponent, HUBERT M. GALLAGHER, being duly sworn according to law upon his/her oath,
(Name)
deposes and says that he/she is the GRANTOR in a deed dated OCTOBER 28, 2005 Date: 12/12/2005
(Grantor, Grantee, Legal Representative, Corporate Officer, Officer of Title Co., Lending Institution, etc.)real property identified as Block number 164.04 Lot number 22 located at
364 DRISCOLL AVENUE, WOODBURY, GLOUCESTER COUNTY, N.J. 08096 and annexed thereto.
(Street Address, Municipality, County)(2) CONSIDERATION \$ 1.00 (See Instructions #1 and #5 on reverse side)

(3) FULL EXEMPTION FROM FEE (See Instruction #6 on reverse side)

Deponent states that this deed transaction is fully exempt from the Realty Transfer Fee imposed by C. 49, P.L. 1968, as amended through Chapter 66, P.L. 2004, for the following reason(s). Mere reference to exemption symbol is insufficient. Explain in detail.

(A) FOR A CONSIDERATION OF LESS THAN \$100.00

(O) BY AN EXECUTOR OR ADMINISTRATOR OF A DECEDENT, ET ALS.

(4) PARTIAL EXEMPTION FROM FEE (See Instruction #7 on reverse side)

PARTIAL EXEMPTION FROM FEE EXEMPTION FROM FEE (See Instructions #7 on reverse side)

NOTE: All boxes below apply to grantor(s) only. ALL BOXES IN APPROPRIATE CATEGORY MUST BE CHECKED. Failure to do so will void claim for partial exemption.

Deponent claims that this deed transaction is exempt from State portions of the Basic Fee, Supplemental Fee, and General Purpose Fee, as applicable, imposed by C. 176, P.L. 1975, C. 113, P.L. 2004 and C. 66, P.L. 2004 for the following reason(s):

- A. SENIOR CITIZEN Grantor(s) ☐ 62 years of age or over. * (See Instruction #7 on reverse side for A or B)
- B. { BLIND PERSON Grantor(s) ☐ legally blind or; *
- DISABLED PERSON Grantor(s) ☐ permanently and totally disabled ☐ Receiving disability payments ☐ Not gainfully employed*

Senior citizens, blind or disabled persons must also meet all of the following criteria.

- | | |
|--|--|
| ☐ Owned and occupied by grantor(s) at time of sale. | ☐ Resident of the State of New Jersey. |
| ☐ One or two-family residential premises. | ☐ Owners as joint tenants must all qualify. |

*IN THE CASE OF HUSBAND AND WIFE, ONLY ONE GRANTOR NEEDS TO QUALIFY IF OWNED AS TENANTS BY THE ENTIRETY.

C. LOW AND MODERATE INCOME HOUSING (See Instruction #7 on reverse side)

- | | |
|--|--|
| ☐ Affordable according to H.U.D. standards. | ☐ Reserved for occupancy. |
| ☐ Meets income requirements of region. | ☐ Subject to resale controls. |

(5) NEW CONSTRUCTION (See Instructions #8 and #10 on reverse side)

- | | |
|---|---|
| ☐ Entirely new improvement. | ☐ Not previously occupied. |
| ☐ Not previously used for any purpose. | ☐ "NEW CONSTRUCTION" printed clearly at the top of the first page of the deed. |

Deponent makes this Affidavit to induce county clerk or register of deeds to record the deed and accept the fee submitted herewith in accordance with the provisions of Chapter 49, P.L. 1968, as amended through Chapter 66, P.L. 2004.

Subscribed and sworn to before me
this 28TH day of OCTOBER, 20 05

Signature of Deponent

HUBERT M. GALLAGHER
Grantor Name

Deponent Address

Grantor Address at Time of Sale


MELISSA L. MCFADDEN
Notary Public State of New Jersey
My Commission Expires December 13, 2009

Name/Company of Settlement Officer

FOR OFFICIAL USE ONLY

Instrument Number	County
Deed Number	Book Page
Deed Dated	Date Recorded

The Director of the Division of Taxation in the Department of the Treasury has prescribed this form, as required by law.
This form may not be altered or amended without the approval of the Director.
For further information on the Realty Transfer Fee or to print a copy of this Affidavit, visit the Division of Taxation website at
www.state.nj.us/treasury/taxation/lpt/localtax.htm.

DEPONENT ADDRESS & GRANTOR ADDRESS ARE THE SAME:

729 BEACON PLACE, MOUNT LAUREL, N.J. 08054