


3/20/19

Anthony Alessi

Enclosed you will find all the documentations requested except for the supporting document that our Home owner's Insurance has paid. The claim has been submitted to our insurance company. Upon receipt of the paid amount or denial of claim we will forward immediately to you.

Thank you


Richard K

If you have any questions
Please call myself or my wife,
Kimberly at



Erie County Water Authority

295 Main Street • Room 350 • Buffalo, NY 14203-2494
716-849-8484 • Fax 716-849-8463

Tuesday, March 05, 2019

Mr. Richard K

Angola, New York 14006

Dear Mr. K

**Re: ECWA Claim Number: 2018-056
Alleged damage to your property**

I have attached the instructions and checklist for your completion for the above captioned matter.

This letter does not confirm liability for this claim. Liability will be determined following a review of the facts and circumstances of the alleged incident.

Very truly yours,

ERIE COUNTY WATER AUTHORITY

A handwritten signature in black ink, appearing to read "AJA", followed by a horizontal flourish.

Anthony J. Alessi
Claims Representative / Risk Manager

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

AJA/kzs
Enclosures

2018-056 - K Richard
Procedures for Filing a Claim with the Erie County Water Authority

General Information

If you desire to file a claim against the Erie County Water Authority, please consider the following information.

A "Notice of Claim" is a notice to the Erie County Water Authority of your claim against the Erie County Water Authority. The contents of a Notice of Claim are set forth in the New York General Municipal Law § 50-e (2). A Notice of Claim must include: (1) the name and post office address of each claimant, and of his/her attorney, if any; (2) the nature of the claim; (3) the time when, the place where and the manner in which the claim arose; and (4) the items of damage or injuries claimed to have been sustained so far as then practicable.

If you wish to file a claim against the Erie County Water Authority for property damage or personal injury, please follow this procedure:

1. Submit a claim to your own insurance company and provide insurance company claim number. (If damage is less than deductible, there is no need to submit to insurance.) Deductible payment is still required with claim.
2. Your claim should include:
 - A. Information indicating a filing of a claim with your own insurance company including the amount of claim, name of the insurance company, and adjuster, and the amount that the insurance company paid. Also, provide evidence as to the amount of your deductible by sending a copy of the declarations page of your policy.
 - B. A written statement supporting the claim for which you are seeking recovery, including date, location, persons and property involved.
 - C. Documentation of your claim:
 - a. Ownership (aka Certificate of Title).
 - b. If medical expenses are being claimed - copies of bills once submitted to health insurance or automobile insurance (under the medical portion of the policy) must be submitted explaining what insurance covered and the outstanding balance.
 - c. If property damage is a vehicle- a copy of the declaration page (showing deductible amounts and coverage) from your insurance company. If liability insurance coverage (2) repair estimates must be submitted also.
 - d. Evidence of any other amounts you are claiming (accompanying a receipt).
 - e. Names of persons with whom you have communicated regarding this claim.

*County Clerk - next to
25 Delaware St Rath Bldg.
92 Franklin St
between
Rath
Bldg
+
Jail
it's building
w/ the big
clock
tower on
it*

Once information on a claim is received, an investigation is started to determine if the Erie County Water Authority is liable. All of the above information is necessary to start the investigation. **Please submit insurance information and your Notice of Claim immediately. A written statement for the total amount of the claim must be provided.**

If the Erie County Water Authority is liable, the claim is paid by the Erie County Water Authority or by our insurance company. The Erie County Water Authority cannot write you a check immediately for your damages, as the Erie County Water Authority Board of Commissioners must approve claim payments.

If your claim has been allowed and an amount agreed upon, you will be sent a General Release to sign. You must return that release before your claim can be processed. It may take many weeks after approval of your claim before you receive a check from the Erie County Water Authority or our insurance company

2018-056 - K**Richard**

PROPERTY DAMAGE CLAIMANT STATEMENT
CLAIMS REPRESENTATIVE / RISK MANAGER ERIE
COUNTY WATER AUTHORITY
295 MAIN STREET - ROOM 350
BUFFALO, NEW YORK 14203-2494
(716) 849-8484 - TELEPHONE
(716) 849-8463 - FAX

Property Damage Claim Checklist, (the following items must be included for your claim to be processed):

☒ 1 - Insurance declaration page (If at fault, the Erie County Water Authority or our insurance company will reimburse for uncovered items such as your deductible)

☒ 2 - Two written estimates

☒ 3 - Evidence of any other amounts you are claiming

Please Print

Claimant Name	Richard K	Social Security #	7432
Address		Zip Code	14006
Home Phone #		Work Phone #	

Accident / Damage Location		(Kim Wite) 614 Milson Pkwy	
Date of Incident		Time of Incident	a.m. / p.m.
Police Contacted?	Yes / No	Police Report Taken?	Yes / No
If NO, why?	not necessary		

If this is not your property, give the name and address of the owner:

Name			
Address		Zip Code	
Home Phone #		Work Phone #	

Repair Estimates	\$ 11,162.50	\$
------------------	--------------	----

Witness(es), if available

Name	Kimberly K	Name	
Address		Address	
Phone		Phone	

2018-056 - K

Richard

Claimant's Statement (please be specific):

see attached

(Use reverse side if necessary)

VERIFICATION

_____, being duly sworn, deposes and says s/he is the Claimant in this action; that s/he has read the foregoing Notice of Intention to File a Claim and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged upon information and belief, and as to those matters s/he believe it to be true.

Claimant's Signature: _____

Date: 3/20/19

Sworn to before me this ____ day of _____.

Notary Public

Erie County Sewer District No. 2 Building Sewer Repair Permit

SBL # 219.16-2-34

In District Yes

Permit Date: 2/19/2019

Address:

Town: Evans

Owner: Richard G. K

Prop. Type: Residential Single Unit

Sump Pump:

Construction Date: 1950

Inspection Fee:

Permit Fee: \$2.00

Other Fees:

Payment Type: Cash

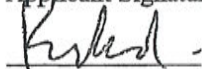
**FOR INSPECTION AND TAPS:
Call 549-3161**

Contract 3/A-52

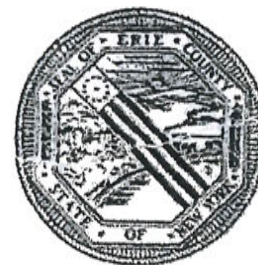
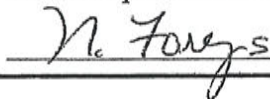
Sewer Installer:

Applicant: Richard G. K

Applicant Signature:



District Representative Signature:



PERMIT EXPIRES 30 DAYS AFTER DATE OF ISSUE

COUNTY USE ONLY:

Inspection Date

Approval

Remarks

EC Inspector

2-20-19

x

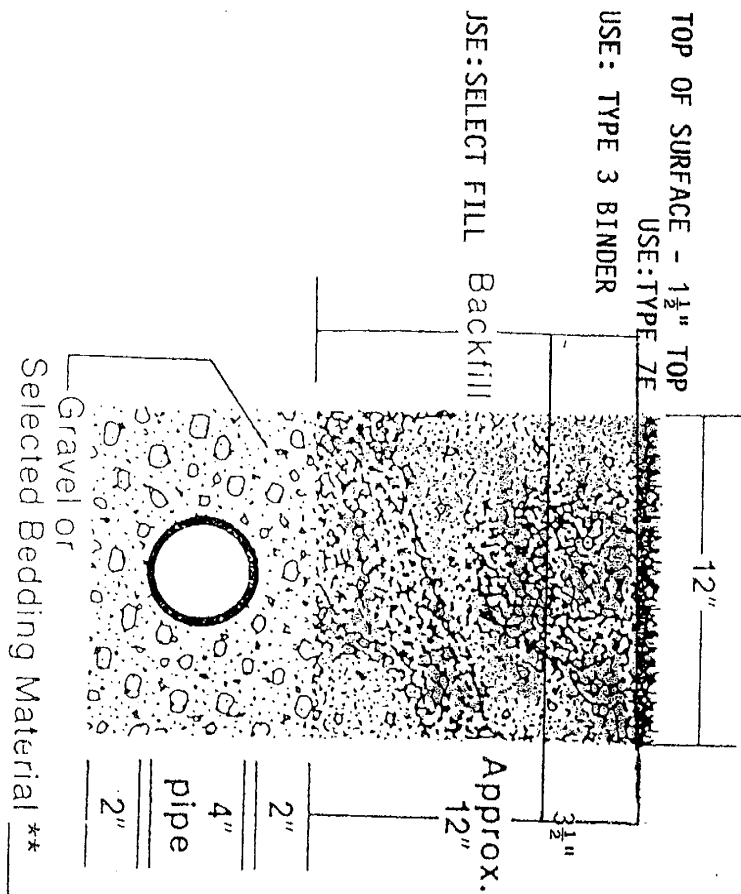
Repair

Mike ENDERS

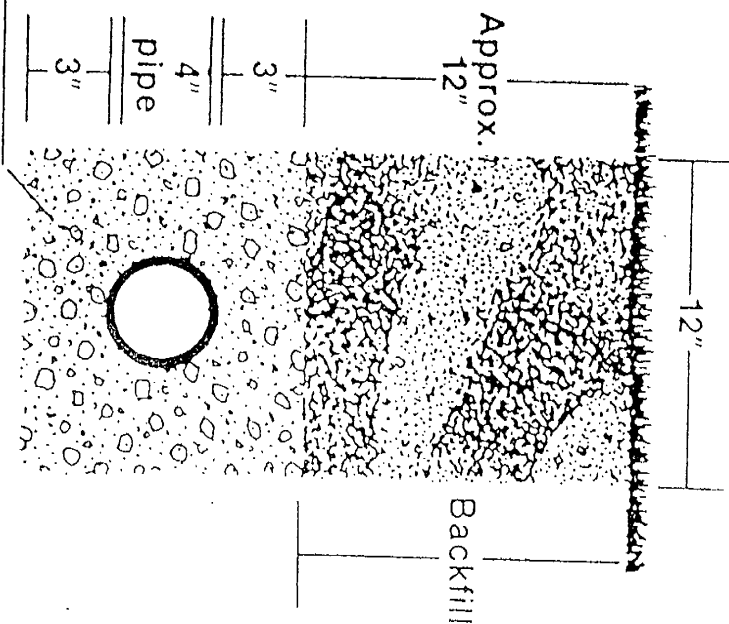
****Prior to any Erie County Sewer personnel entering any trench, excavation must be in full compliance with OSHA standards (29 CFR 1926, Subpart P)****

TOWN OF EVANS
ROAD CUT SECTION OF TOWN HIGHWAYS

SECTION A



SECTION B



Note: 12" width is suggested to allow easy access for proper bedding. Other widths may be used if good bedding practices can be obtained.

** AS PER UTILITY SPECIFICATIONS.

Town of Evans
8787 Erie Rd
Angola, NY 14006

Road Cut Permit/Fee

*** RECEIPT ***

Date: 02/20/19

Receipt#: 37312

Quantity	Transactions	Reference	Subtotal
1	Fee	2019001	\$150.00

Total Paid: \$150.00

Notes:

Payment Type	Amount	Paid By
CK #28874201	\$150.00	K Richard

Name: McKillen Enterprises Inc,

Clerk ID: COUNTER

Internal ID: 2019001

Town of Evans
8787 Erie Rd
Angola, NY 14006

*** RECEIPT ***

Date: 02/20/19

Receipt#: 37313

Quantity	Transactions	Reference	Subtotal
1	Deposit	20190001	\$250.00
Total Paid:			\$250.00

Notes:

Payment Type	Amount	Paid By
CK #28874202	\$250.00	K Richard

Deposit to be held until roadwork
is to be completed.

Name: McKillen Enterprises,

Clerk ID: COUNTER

Internal ID: 20190001



McKillen Enterprises, Inc.

INVOICE

9612 Hardpan Road
Angola, NY 14006
gtemckill@aol.com
P: 716-548-4444

Invoice No.: 2019-1
Invoice Date: 3/2/2019
Due Date: on receipt

BILL TO:

Richard and Kimberly K
Angola, NY 14006

DESCRIPTION**AMOUNT**

Repair broken sewer in roadway - all work performed at 614 Milson St
Cut street, expose broken sewer, repair broken sewer, was broken from
water main repair
Material and labor

\$6,800.00

* Price does NOT include blacktop repair for street cut
** Pictures included with emailed invoice

- Road needs to be
Repaired

TAX

\$595.00

TOTAL

\$7,395.00

Make all checks payable to

McKillen Enterprises, Inc.

Thank you for your business!

paid \$550.00 3/11/19
paid \$1500 on 3/4/19

Shubert

McKillen Enterprises, Inc.
9612 Hardpan Road
Angola, N.Y. 14006
glemekill@aol.com
P. 716-548-4444

Invoice No: 2019-1

Invoice Date: 3/2/2019

As per above listed invoice, black top repair for street cut/permit was not included in bill.

Permit Fee as per included \$400

Town of Evans

8787 Erie Rd

Angola, N.Y. 14006

Receipt # 37312

Date 02/20/19

~~Estimate~~ Estimate

~~Estimate~~ of Black Top Repair

\$850 To be determined as of present cost prices of black top as per batch plant prices at time of repair

These fees are in addition to work performed as per attached Invoice.

JASON KELLY SEWER & PLUMBING MAINTENANCE

LICENSED MASTER PLUMBER • 35 Years Experience

45 PEARL AVE. • BLASDELL, NY 14219 • (716) 824-0350

Name Kim K

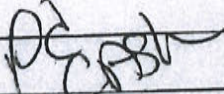
Nº 2295

Address

Angola, NY 14006

Phone

Date 10-14-18

DESCRIPTION OF SERVICES	TOTAL
Snake Sewer House to Road. Got 85' Before Getting Stuck.	200 -
Camera - 72' Pipe Full Holding water Solids And Paper. unable to See after 10'	
Located Camera approximately 13' From Road	
	

Video Sewer Inspection • Sewer Locating
Plumbing Repairs • Sewer Cleaning

We are responsible for cleaning NORMAL sewers.
Not responsible for the COST of retrieving a snake
that may have broken due to roots, collapsed sewers,
broken or separated pipes(s), or a defective trap.

Subtotal	
Tax	17 50
Total Due	217 50

We Appreciate Your Business

Approval for Cleaning by _____ Date _____



TODD'S LANDSCAPING & SITE DEVELOPEMENT

129 Commercial Street
ANGOLA, NY 14006

(716) 549-7900

TO:

Kim, and Richard E

Angola N.Y. 14006

PHONE

DATE

3-10-19

Page No. _____ of _____ Pages

LANDSCAPING PROPOSAL

CONTRACTOR LICENSE NO.

JOB PHONE NO.

JOB NAME / NO.

JOB LOCATION

LANDSCAPE ARCHITECT

DATE OF PLANS

APPROXIMATE STARTING DATE

APPROXIMATE COMPLETION DATE

We hereby submit specifications and estimates for landscaping as follows:

1 Removal of All Debris from Repair of water line

2 truck away -

3 Top dress Area approx 20' x 20' with shredded topsoil.

4 Seed with 50/50 grass seed.

5 Peen mulch applied to area.

*Price Includes all labor / Equipment / Supplies.
for completion.*

850.00 + Tax

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices.

Any alteration or deviation from the above specifications involving extra costs will be done only upon a written change order. The costs will become an extra charge over and above the estimate.

All elements of this agreement are contingent upon strikes, accidents or delays beyond our control. The estimate does not include material price increases, or additional labor and materials which may be required should unforeseen problems arise after the work has started.

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. Cancellation must be done in writing.

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

_____ dollars (\$_____).

Payment to be made as follows:

Payment due upon completion of services.

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Authorized Signature

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

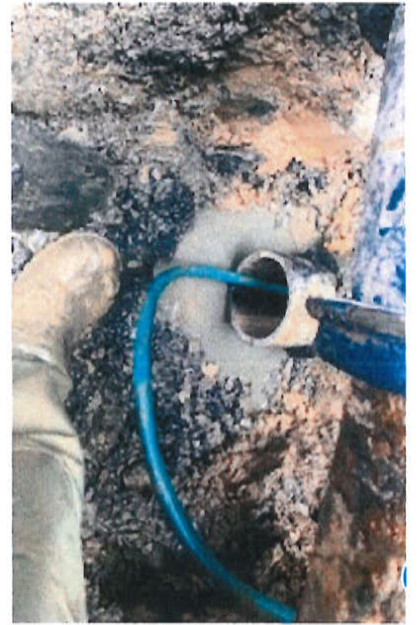
Date

Signature

Date











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2. Your claim should include:
 - A. Information indicating a filing of a claim with your own insurance company including the amount of claim, name of the insurance company, and adjuster, and the amount that the insurance company paid. Also, provide evidence as to the amount of your deductible by sending a copy of the declarations page of your policy.
 - B. A written statement supporting the claim for which you are seeking recovery, including date, location, persons and property involved.
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 - c. If property damage is a vehicle- a copy of the declaration page (showing deductible amounts and coverage) from your insurance company. If liability insurance coverage (2) repair estimates must be submitted also.
 - d. Evidence of any other amounts you are claiming (accompanying a receipt).
 - e. Names of persons with whom you have communicated regarding this claim.

County Clerk - next to
25 Delaware Rath Bldg.
92 Franklin St between
Rath
Bldg
+ Jael
it's build
w/ the big
clock
tower
it

Once information on a claim is received, an investigation is started to determine if the Erie County Water Authority is liable. All of the above information is necessary to start the investigation. **Please submit insurance information and your Notice of Claim immediately. A written statement for the total amount of the claim must be provided.**

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2018-056 - K

Richard

PROPERTY DAMAGE CLAIMANT STATEMENT
CLAIMS REPRESENTATIVE / RISK MANAGER ERIE
COUNTY WATER AUTHORITY
295 MAIN STREET - ROOM 350
BUFFALO, NEW YORK 14203-2494
(716) 849-8484 - TELEPHONE
(716) 849-8463 - FAX

Property Damage Claim Checklist, (the following items must be included for your claim to be processed):

☒ 1 - Insurance declaration page (If at fault, the Erie County Water Authority or our insurance company will reimburse for uncovered items such as your deductible)

☒ 2 - Two written estimates

☒ 3 - Evidence of any other amounts you are claiming

Please Print

Claimant Name	Richard L	Social Security #	(743)
Address		Zip Code	14006
Home Phone #		Work Phone #	

Accident / Damage Location	Jim White 614 Milson Pkwy		
Date of Incident		Time of Incident	a.m. / p.m.
Police Contacted?	Yes / No	Police Report Taken?	Yes / No
If NO, why?	not necessary		

If this is not your property, give the name and address of the owner:

Name			
Address		Zip Code	
Home Phone #		Work Phone #	

Repair Estimates	\$ 11,162.50	\$
------------------	--------------	----

Witness(es), if available

Name	Kimberly K
Address	
Phone	

Name	
Address	
Phone	

Claimant's Statement (please be specific):

see attached

(Use reverse side if necessary)

VERIFICATION

_____, being duly sworn, deposes and says s/he is the Claimant in this action; that s/he has read the foregoing Notice of Intention to File a Claim and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged upon information and belief, and as to those matters s/he believe it to be true.

Claimant's Signature: _____

Date: _____

Sworn to before me this ____ day of _____

Notary Public

Policy Number:

Anniversary Update
Your Homeowners Policy
In Plain Language

**ERIE AND NIAGARA
INSURANCE
ASSOCIATION**



8800 Sheridan Drive • Box 9062
Williamsville, New York 14231-9062

Policy Change:

Insured: Richard G. & Kimberly K

Angola, NY 14006

EN-45 (4/14) CHANGE ENDORSEMENT

Agent: # 1175

Evans Agency, LLC (The)

Phone: (716) 549-3500

Policy Period: From 9/11/2017

to 9/11/2020

Policy Changes Effective: 9/11/2018

***** **THIS IS NOT A BILL** ***** Any premium charge will be reflected in your next bill

The Reason(s) For This Change Are As Follows:

Anniversary Update

The Described Location covered by this policy is located at the above address, unless otherwise stated.

Number, Street, Town or City, County, State, Zip Code

614 Milsom Pkwy Angola, NY 14006 - Erie County

<u>Policy Coverage</u>	<u>Limits</u>
A. Residence	\$ 208,000
B. Private Structures	\$ 20,800
C. Personal Property	\$ 145,600
D. Additional Living Expenses	\$ 41,600

Policy Forms:

ENFDE (01/09)	EN-PJ (2/13)	FMD1 (8/08)
ML20 (6/99)	ML3 (6/99)	ML430 (6/99)
ML430B (1/91)	ML78 (8/03)	ML9 (1/87)

<u>Liability Coverage</u>	<u>Limits</u>
L. Personal Liability	\$ 500,000
M. Medical Payments	\$ 5,000

Each Occurrence
Each Person

Property Coverage

Deductible: \$1,000
Basic Premium: \$496

Rating Information:

Protection Class: Protected

No. of Families: 1

Occupancy: Primary

Rating Basis - Dwelling: RC

Construction: Frame

Miles From Fire Dept: Less Than 5

Feet From Hydrant: Less Than 1000

Subject to the following forms and endorsements:

ENIA-AIP-HO (11/09) Automatic Inflation Protection	
ENIA-ML150 (1/17) Homeowner's Plus Coverage	\$27.00
ML19 (10/06) Policy Endorsement	
ML216 (1/87) Premises Alarm	
ML346BG (9/13) Equipment Breakdown Enhancement Endorsement	\$18.00

Subsequent payments will be due each year based on rates in effect at that time.

New Annual Premium: \$604.00

Mortgagee(s) or Secured Party: None

Richard G. & Kimberly Ka
7/27/2018 8:39 AM REN

Agent Image

EN-45 (4/14) CHANGE ENDORSEMENT
Policy Period: 9/11/2017 - 9/11/2020
Amended: 9/11/2018



ADDED WATER DAMAGES COVERAGE

Refer to Supplemental Declarations if information is not shown on this form.
For an additional premium, *we* provide the following coverage under this endorsement subject to the *terms* contained in the General Policy provisions.

The amount of Added Water Damages Coverage provided in this endorsement is in addition to any other Added Water Damages Coverage contained in *your* policy.

Added Water Damages Coverage

We pay up to \$2,500 per *occurrence* for direct loss to property caused by the backup of water on the *insured premises*:

1. Through sewers and/or drains; and
2. Through sump basins caused by failure of sump pump operation.

Exclusions - Added Water Damages Coverage

These additional exclusions apply to this Added Water Damages Coverage:

We Do Not Pay For:

1. Loss or damage resulting from an *insured's* negligence;
2. Loss or damage resulting from an *insured's* neglect or failure to service or maintain the sump pump or any plumbing appliance; or
3. Generalized or localized flooding resulting from excess runoff or overflow of streams, rivers or other bodies of water.

All other *terms* and conditions remain unchanged.

If the Replacement Cost option is selected by the *insured*, then losses under Coverage A-Residence and Coverage B-Related Private Structures on the Premises will be settled according to the *terms* of the Replacement Cost Provision set forth in the Causes of Loss Section.

b. **Our Amount of Insurance**-For loss to property, *we* pay the lesser of the following amounts:

- 1) the applicable amount of insurance;
- 2) an amount not greater than *your* interest in the property;
- 3) the cost of repairing or replacing the property with materials of equivalent kind and quality to the extent practicable;
- 4) the amount computed after applying the deductible or other limitation applicable to the loss;
- 5) the actual cash value of the property at the time of loss (except as provided under the Replacement Cost Provision, if applicable); or
- 6) (applies to manufactured homes only at *your* option) the amount equal to the difference between the actual cash value of the property immediately before the loss and its actual cash value immediately after the loss.

c. **Deductible:**

- 1) The deductible applies to the following Principal Property Coverages: Coverage A-Residence; Coverage B-Related Private Structures on the Premises; and Coverage C-Personal Property. It also applies to the following Incidental Property Coverages: Debris Removal; Trees, Plants, Shrubs and Lawns; Tenant's Improvements and Betterments; Condominium Unit-Owner Additions; and Antenna Coverage. The deductible applies to covered causes of loss, except as excluded or limited, unless otherwise stated in the Declarations or any endorsement.
- 2) *We* pay only that part of the loss over the deductible stated in the Declarations or endorsement. Not more than one deductible applies per *occurrence*;
- 3) If coverage is otherwise restricted by special amounts of insurance, *our* liability must be separately computed under both the deductible and the special amount of insurance. *We* pay the lesser of the two amounts.

d. **Loss to a Pair or Set**-If there is loss to an article which is part of a pair or set, *we* are only liable for a reasonable proportion of the value of the entire pair or set, and the loss is not considered a total loss of the pair or set.

2. **Under Personal Liability and Medical Payments to Others Coverages**-The limits of liability stated in the Declarations are the maximum amounts *we* pay for loss in a single *occurrence* under these coverages, regardless of the number of:

- a. persons covered under this policy;
- b. parties who sustain injury or damage; or
- c. claims made or suits brought.

Payment of a claim under the Medical Payments to Others coverage does not constitute an admission of liability under the Personal Liability coverage.

3. **Insurance Under More Than One Coverage**-If more than one coverage of this policy covers the same loss, *we* pay no more than the actual claim, loss or damage sustained.

4. **Insurance Under More Than One Policy**-Where property coverage is involved, if there is other collectible insurance that applies to the loss, *we* pay *our* share of the loss. *Our* share is that part of the loss that the amount of insurance stated in the policy bears to the total amount of insurance that applies to the loss. When a loss is also covered by the master policy of a condominium association, this insurance is excess.

Where personal liability is involved, this insurance is excess over other valid and collectible insurance that applies to the loss or claim.

5. **Restoration of Limit of Liability**-Any loss *we* pay under this policy does not reduce the amount of insurance.

PAYMENT OF LOSS OR CLAIM

1. **Property Coverages:**

a. **Your Property**-*We* will adjust all losses with *you*. A covered loss will be payable 45 days after an acceptable proof of loss is received and the amount of the loss has been established either by written agreement with *you* or the filing of an appraisal award with *us*. Payment will be made to *you* unless another loss payee is named in the policy.

b. **Additional Expenses**-If the *insured premises* are made unfit for occupancy for more than one month, covered expenses will be paid on a monthly basis upon submission of reasonable proof of the *insured's* expenses.

ERIE COUNTY CLERK'S OFFICE



County Clerk's Recording Page

Return to:

BOX 269

Party 1:

K RICHARD G

Party 2:

K RICHARD G JR

Book Type: D Book: 11314 Page: 6243

Page Count: 4

Doc Type: DEED

Rec Date: 06/20/2017

Rec Time: 02:02:11 PM

Control #: 2017120830

UserID: Kathy

Trans #: 17106379

Document Sequence Number

TT2016023253

Recording Fees:

RECORDING	\$40.00
COE CO \$1 RET	\$1.00
COE STATE \$14.25 GEN	\$14.25
COE STATE \$4.75 RM	\$4.75
RP5217 CNTY \$9	\$9.00
RP5217 ST-RES \$116	\$116.00
TP584	\$10.00

Consideration Amount: 1.00

BASIC MT	\$0.00
SONYMA MT	\$0.00
ADDL MT/NFTA	\$0.00
SP MT/M-RAIL	\$0.00
NY STATE TT	\$0.00
ROAD FUND TT	\$0.00

Total: \$195.00

STATE OF NEW YORK
ERIE COUNTY CLERK'S OFFICE

WARNING - THIS SHEET CONSTITUTES THE CLERK'S ENDORSEMENT REQUIRED
BY SECTION 319&316-a (5) OF THE REAL PROPERTY LAW OF THE STATE OF NEW
YORK. DO NOT DETACH. THIS IS NOT A BILL.

Peggy A. Lagree
Acting County Clerk

Box 269

Quit Claim Deed

This Indenture, made the 26th day of May, 2017

Between

RICHARD G. K. Individually and as surviving spouse of
EVELYN M. K

Buffalo, NY 14206

Grantor, and

RICHARD G. K. Life Tenant

Buffalo, NY 14206

and

RICHARD G. K. , as remainderman

Angola, NY 14000,

Grantees.

Witnesseth, that the Grantor, in consideration of

-----One & No More-----Dollars (\$1 & No
More), lawful money of the United States, paid by the Grantees, does hereby grant and
release unto the Grantees, their heirs, distributees and assigns forever.

SEE ATTACHED SCHEDULE A

The Grantor hereby reserves for himself a life interest in the premises.

The Grantor hereby reserves, jointly and severally, a Special Power of Appointment, exercisable as often as chosen, to change the remaindermen to an institution, individual or member or members of a class, including but not limited to descendants, whether now living or hereafter born, whether outright, or in trust, in such portions and amounts, as Grantor may direct in her lifetime by written instrument acknowledged and recorded prior to the Grantor's death, making specific reference to this Special Power of Appointment.

Notwithstanding the generality of the foregoing reservation, the Grantor has not reserved the power to and may not appoint the Grantor, the Grantor's estates, the Grantor's creditors or the creditors of the Grantor's estate.

Notwithstanding the provisions of §10-6.2 of the Estates, Powers and Trusts Law this power may not be exercised by Will. Notwithstanding the provisions of §10-6.2 of the Estates, Powers and Trusts Law the recording of an instrument during the lifetime of the Grantor shall not be deemed a "Formality." Grantor has not reserved the power to appoint by unrecorded instrument. An instrument recorded after Grantor's deaths shall be of no effect.

Deed -3
120830

Grantor hereby disclaim and release any rights given Grantor by §10-6.2 of the Estates, Powers and Trusts Law or any successor or similar statute to direct or appoint other than by instrument recorded in the lifetime of the Grantor.

Whenever used herein the singular shall include the plural; the plural shall include the singular and the use of any gender shall include all genders.

Together with the appurtenances and all the estate and rights of the Grantor in and to said premises.

To have and to hold, the above granted premises unto the Grantees, their heirs, distributees and assigns forever.

In Witness Whereof, the Grantor has hereunto set his hand and on the date respective of the acknowledgments for each below.


Richard G. F.

State of New York)
County of Erie) ss:

On the 26th day of May, 2017, before me, the undersigned, a notary public in and for the State of New York, personally appeared Richard G. Kaylor, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



ROSANNE C. ADAMOWICH
Notary Public, State of New York
Qualified in Erie County
My Commission Expires January 31, 2018

SCHEDULE "A"

ALL THAT TRACT OR PARCEL OF LAND, situate in the Town of Evans, County of Erie and State of New York, being part of Lot No. 77, Township 8, Range 9 of the Holland Land Company's Survey, described as follows:

BEGINNING at a point in the northerly line of the private road known as Milsom Parkway four hundred seventy-five (475) feet east from the point of intersection of the said northerly line of Milsom Parkway with the easterly line of the Old Lake Road (now abandoned); running thence northerly parallel with the easterly line of said Old Lake Road one hundred fifty (150) feet; thence easterly parallel with the northerly line of Milsom Parkway one hundred fifty (150) feet; thence southerly parallel with the easterly line of the Old Lake Road one hundred fifty (150) feet to the northerly line of Milsom Parkway; thence westerly along said northerly line of Milsom Parkway one hundred fifty (150) feet to the place of beginning.

TOGETHER with the right-of-way granted to the party of the first part in and by a certain Deed dated October 1, 1945, and recorded in the Erie County Clerk's Office in Liber 3870 of Deeds at page 314, and subject to the restrictions therein.



FRONTIER
CLAIM SERVICES, INC.

EVANS
549-3500

Members of



03/11/2019

Richard G & Kimberly K

Angola, NY 14006

Claim No: 55550

ACKNOWLEDGMENT

Re:	Ins. Co:	Erie & Niagara Insurance Association
	Policy #:	
	Date of Loss:	03/08/2019 - Water
	Loss Loc:	614 Milsom Pkwy, Angola, NY 14006
	FCS File #:	42253

Dear Insured:

The purpose of this letter is to inform you that Frontier Claim Services has been assigned by your insurance carrier, Erie & Niagara Insurance Association, as the adjuster to assist you with the above captioned claim.

I will contact you to arrange an appointment.

Thank you.

Very truly,
FRONTIER CLAIM SERVICES, INC.

Christopher Weber
frontier@frontierclaims.com
6834 Erie Rd, Derby NY
Phone: (716) 926-3301
Fax: (716) 780-0001



ERIE AND NIAGARA INSURANCE ASSOCIATION
"IN OUR 2ND CENTURY OF SERVICE"

Date: 3/8/2019

Richard G. & Kimberly K
Angola, NY 14006

Re: Policy Number:
Claim Number: 55550

Dear Insured:

This is to acknowledge receipt of your claim of 03/02/2019

Please be advised that your claim has been assigned to:

Frontier Claim Services, Inc
frontier@frontierclaims.com
(716) 926-3301 - Phone
(716) 780-0001 - Fax

An adjuster should be contacting you soon to discuss your loss and set up a time for inspection.

You may submit your claim items either to the assigned adjuster noted above or directly to us by e-mail to claims@enia.com, by fax or by postal mail.

If you have any questions, please do not hesitate to call

Sincerely,

Thurs. 9:00-9:30
Chris

Erie and Niagara Insurance Assoc.
Claims Department

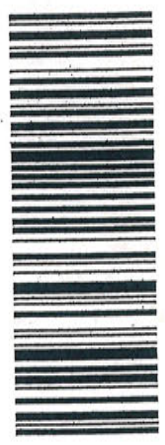
cc: Evans Agency, LLC (The)

Agent #: 1NY1175

RECEIVED
19 APR - 1 PM 1:56
ERIE COUNTY
WATER AUTHORITY

Angela, NY 14006

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



7018 2290 0001 7379 7281



**ERIE COUNTY
WATER AUTHORITY**

ANTHONY J. ALESSI
Claims Representative - Risk Manager
295 MAIN ST. - ROOM 350
BUFFALO, NEW YORK 14203
(716) 849-8477 ♦ Fax (716) 849-8463
aalessi@ecwa.org



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