

**Department of Community Affairs  
Council on Affordable Housing  
Supportive and Special Needs Housing Survey**

Municipality: Washington Township County: Bergen  
 Sponsor: J-ADD Developer: N/A  
 Block: 2308 Lot: 1 Street Address: 541 Ridgewood Blvd North  
 Facility Name: Gordon Home

<p><b>Section 1: Type of Facility:</b></p> <p><input checked="" type="checkbox"/> Licensed Group Home</p> <p><input type="checkbox"/> Transitional facility for the homeless (not eligible for credit as affordable housing after June 2, 2008)</p> <p><input type="checkbox"/> Residential health care facility (licensed by NJ Dept. of Community Affairs or DHSS)</p> <p><input type="checkbox"/> Permanent supportive housing</p> <p><input type="checkbox"/> Supportive shared housing</p> <p><input type="checkbox"/> Other - Please Specify: _____</p>	<p><b>Section 2: Sources and amount of funding committed to the project:</b></p> <p><input type="checkbox"/> Capital Application Funding Unit \$ _____</p> <p><input type="checkbox"/> HMFA Special Needs Housing Trust \$ _____</p> <p><input type="checkbox"/> Balanced Housing - Amount \$ _____</p> <p><input type="checkbox"/> HUD - Amount \$ _____ Program _____</p> <p><input type="checkbox"/> Federal Home Loan Bank - Amount \$ _____</p> <p><input type="checkbox"/> Farmers Home Administration - Amount \$ _____</p> <p><input type="checkbox"/> Development fees - Amount \$ _____</p> <p><input type="checkbox"/> Bank financing - Amount \$ _____</p> <p><input type="checkbox"/> Other - Amount \$ _____ Program _____</p> <p><input type="checkbox"/> For proposed projects, please submit a pro forma</p> <p><input type="checkbox"/> Municipal resolution to commit funding, if applicable</p> <p><input type="checkbox"/> Award letter/financing commitment (proposed new construction projects only)</p>
<p><b>Section 3: For all facilities other than permanent supportive housing:</b></p> <p>Total # of bedrooms reserved for: <u>n/a</u></p> <p>Very low-income clients/households _____</p> <p>Low-income clients/households _____</p> <p>Moderate-income clients/households _____</p> <p>Market-income clients/households _____</p>	<p><b>Section 4: For permanent supportive housing:</b></p> <p>Total # of units <u>5</u>, including:</p> <p># of very low-income units <u>5</u></p> <p># of low-income units _____</p> <p># of moderate-income units _____</p> <p># of market-income units _____</p>
<p><b>Section 5:</b></p> <p>Length of Controls: _____ years</p> <p>Effective Date of Controls: _____</p> <p>Expiration Date of Controls: _____</p> <p>Average Length of Stay: _____ months (transitional facilities only)</p>	<p><b>Section 6:</b></p> <p><input type="checkbox"/> CO Date: _____</p> <p>For licensed facilities, indicate licensing agency:</p> <p><input type="checkbox"/> DDD <input type="checkbox"/> DMHS <input type="checkbox"/> DHSS <input type="checkbox"/> DCA <input type="checkbox"/> DCF</p> <p><input type="checkbox"/> Other _____</p> <p>Initial License Date: _____</p> <p>Current License Date: _____</p>
<p><b>Section 7:</b></p> <p>Has the project received project-based rental assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; Length of commitment: _____ years</p> <p>Other operating subsidy sources: _____; Length of commitment: _____ years</p> <p>Is the subsidy renewable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>Section 8: The following verification is attached:</b></p> <p><input type="checkbox"/> Copy of deed restriction or mortgage and/or mortgage note with deed restriction (30-year minimum, HUD, FHA, FHLB, UHAC deed restriction, etc.)</p> <p><input type="checkbox"/> Copy of Capital Application Funding Unit (CAFU) or DHS Capital Application Letter (20 year minimum, no deed restriction required)</p>	
<p><b>Section 9:</b></p> <p>Residents 18 yrs or older? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Population Served (describe): <u>Adults with Developmental Disabilities</u></p> <p>Age-restricted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>over 21</u></p> <p>Accessible (in accordance with NJ Barrier Free Subcode)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>Section 10: Affirmative Marketing Strategy (check all that apply):</b></p> <p><input type="checkbox"/> DDD/DMHS/DHSS waiting list</p> <p><input type="checkbox"/> Affirmative Marketing Plan approved by the Council's executive Director</p>	

**CERTIFICATIONS**

I certify that the information provided is true and correct to the best of my knowledge and belief.

Certified by: Ernest S. Silverman Date: 7/25/17  
 Project Administrator

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Municipal Housing Liaison



\* New Jersey Is An Equal Opportunity Employer \*



**COMMUNITY RESIDENTIAL FACILITY FUNDING PROGRAM  
STATE OF NEW JERSEY – DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES  
(Capital Cost)**

**ANNEX A – PROJECT SUMMARY**

1. This Agreement commences on June 15, 2017 expires on June 15, 2037
2. Legal Name of Agency: J-ADD Jewish Association for Developmental Disabilities
3. Agency Address (Including P.O. Box, City, State, Zip Code, County):  
190 Moore Street, Suite 272  
Hackensack, NJ 07601  
Bergen County
4. Date of Agency Incorporation: 1986
5. Federal I.D. Number: 22-2842847
6. Project Location (Street, Address, City, State, County):  
541 Ridgewood Blvd. North  
Washington Township, NJ 07675  
Bergen County  
GH560
7. Project Scope:  
 Purchase                       Land                       Existing Building/s  
 Renovation                       Expansion of Existing Facility  
 New Construction                       Equipment
8. The Project Period commences on NA and expires on NA
9. Project Director:  
Name: Erica Silverman  
Address: JADD  
190 Moore Street, Suite 272  
Hackensack, NJ 07601  
Phone: (201) 457-0058 x 11
10. Agency Officer authorized to sign this and other documents:  
Name: Erica Silverman  
Address: JADD  
190 Moore Street, Suite 272  
Hackensack, NJ 07601  
Phone: (201) 457-0058 x 11
11. Persons to who Notices shall be directed:
  - a) Agency  
Name: Erica Silverman  
Address: JADD  
190 Moore Street, Suite 272  
Hackensack, NJ 07601
  - b) Department  
Name: Miracle Drakeford  
Address: \_\_\_\_\_  
Green Brook DC/RAD Office  
275 Green Brook Road  
Green Brook, NJ 08812

**COMMUNITY RESIDENTIAL FACILITY FUNDED PROGRAM  
STATE OF NEW JERSEY – DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**ANNEX A – ATTACHMENT A: DUTIES AND RESPONSIBILITIES OF PROJECT DIRECTOR:**

The Project Director of J-ADD Jewish Association for Developmental Disabilities is responsible for:

- (1) reporting the progress of the construction and related work to the Department through the Program Development Unit, DDD;**
- (2) paying all contractors and other bills as appropriate;**
- (3) submitting the invoices to the State for payment as per the Schedule in Annex C of this Agreement;**
- (4) verifying that the work is completed as approved by the Department.**

**COMMUNITY RESIDENTIAL FACILITY FUNDING PROGRAM  
STATE OF NEW JERSEY – DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**ANNEX B – PROJECT BUDGET: PURCHASE AND RENOVATION**

<b>1. PROJECT COSTS:</b>	<b><u>PROJECT TOTAL</u></b>	<b><u>AGREEMENT AMOUNT</u></b>	<b><u>AGENCY AMOUNT</u></b>	<b><u>BASIS*</u></b>
<b>A. Purchase of Facility</b>				
1. Purchase Price	\$_____	\$_____	\$_____	_N/A_
2. Closing costs, including legal fees, studies and survey	\$_____	\$_____	\$_____	_N/A_
<b>B. Architect</b>	\$_____	\$_____	\$_____	_N/A_
<b>C. Appliances</b>	\$_____	\$_____	\$_____	_N/A_
<b>D. Carpeting</b>	\$_____	\$_____	\$_____	_N/A_
<b>E. Renovations, including general contract, fire alarm/detection and equipment</b>	\$_____	\$_____	\$_____	_N/A_
<b>F. Other</b>	\$_____	\$_____	\$_____	_N/A_
<b>G. Total Project cost</b>	\$_____	\$_____	\$_____	_N/A_
<b>2. AGREEMENT CEILING:</b>	<b><u>\$357,024</u></b>	<b><u>\$357,024</u></b>	<b><u>\$_____</u></b>	<b><u>\$_N/A_</u></b>

**3. SOURCES OF FUNDS TO SUPPORT PROJECT (use additional sheet if necessary)**

This is a *Lien Extension* only. The New Jersey Department of Human Services, Division of Developmental Disabilities (DDD) Capital funds in the amount of **\$357,024** for the property located at: **541 Ridgewood Blvd., North Washington Township, NJ** is being extended as per the specified term within Annex A – PROJECT SUMMARY #1.

**\*List the basis for each element of the Project Cost – e.g., architect’s estimate, contractor’s estimate, agency estimate, consultant’s estimate, purchase price.**

**COMMUNITY RESIDENTIAL FACILITY FUNDING PROGRAM  
STATE OF NEW JERSEY – DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**ANNEX C – PROJECT PROGRESS AND PAYMENT: PURCHASE AND RENOVATION**

**1. Reports and Inspections.**

- A. The Agency will report Project progress and expenditures as requested, but not less frequently than monthly, to the Department through the Program Development Unit, Division of Developmental Disabilities.**
- B. The Department will make periodic site inspections as necessary. At minimum, the following inspections will be made:**
  - 1. site inspection prior to purchase of facility**
  - 2. renovation inspection at 50% completion**
  - 3. final inspection upon completion of Project, prior to final payment of capital funds.**

**2. Payment of Capital Funds by the Department to the Agency**

- A. Upon commencement of the Agreement, the Department will make an initial payment of the following budgeted costs as specified:**

	<u>AMOUNT TO BE PAID</u>	<u>% OF BUDGETED AMOUNT (PER ANNEX B)</u>
<b>1. Purchase of Facility</b>	\$ _____	_____
<b>2. Closing costs</b>	\$ _____	_____
<b>3. Architect</b>	\$ _____	_____
<b>4. Appliances</b>	\$ _____	_____
<b>5. Carpeting</b>	\$ _____	_____
<b>6. Renovations</b>	\$ _____	_____
<b>7. Other</b>	\$ _____	_____
 <b>Total Lien Extension:</b>	 <b><u>\$357,024</u></b>	

**COMMUNITY RESIDENTIAL FACILITY FUNDING PROGRAM  
STATE OF NEW JERSEY – DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**B Subsequently, upon receipt from the Agency of billings and written verification of the percentage of the project completed to date, the Department will pay renovations costs as follows:**

<u>% OF PROJECT COMPLETED</u>	<u>% OF BUDGETED RENOVATIONS AMOUNT (PER ANNEX B) TO BE PAID</u>	<u>DOLLAR TO BE:</u>
1. 50%	_____ N/A _____	_____ N/A _____
2. 100%	_____ N/A _____	_____ N/A _____

An adjustment based on actual costs may be made in the second payment to compensate for any previous over or underpayment made based on estimated costs.

**C. Subsequent to the final inspection required in 1B3 above, the Department will pay the remainder of the documented approved Project costs up to, but not to exceed, the Agreement Ceiling.**

**ANNEX D – DESCRIPTION OF SERVICES TO BE DELIVERED IN FACILITY**

The Agency shall maintain the Facility as a licensed community residence for the Developmentally Disabled housing 5 persons. The facility will provide food, shelter and personal guidance for Developmentally Disabled persons who require assistance, temporarily or permanently, in order to live independently in the community.

file: annex a&d  
8-25-00

# Deed

This Deed is made on **December 27, 2011**  
**BETWEEN**

**The Jewish Federation of Northern New Jersey formerly known as UJA Federation of Bergen County and North Hudson, Inc.**

a corporation of the state of **New Jersey**  
having its principal office at

**50 Eisenhower Drive, Paramus, New Jersey 07652**



12-017941 Deed  
V Bk: 00965 Pg: 1935-1939 Rec. Fee \$83.00  
John S. Hogan, Bergen County Clerk  
Recorded 02/23/2012 03:17:57 PM

Consideration : \$275,000.00  
Realty Transfer Fee : \$1,520.00  
State Portion : \$920.00  
County Portion : \$412.50  
Municipality Portion : \$187.50

referred to as the Grantor,  
**AND**  
**Jewish Association of Developmental Disabilities, Inc.**

whose post office address is  
**190 Moore Street**  
**Hackensack, New Jersey 07601**

referred to as the Grantee.  
The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

**1. Transfer of Ownership.** The Grantor grants and conveys (transfers ownership of) the property (called the "Property") described below to the Grantee. This transfer is made for the sum of **\$10.00**

The Grantor acknowledges receipt of this money.

**2. Tax Map Reference.** (N.J.S.A. 46:15-1.1) Municipality of **Washington Township**  
Block No. **2308** Lot No. **1** Qualifier No. \_\_\_\_\_ Account No. \_\_\_\_\_

No lot and block or account number is available on the date of this Deed. (Check box if applicable.)

**3. Property.** The Property consists of the land and all the buildings and structures on the land in the **Borough** of **Washington Township** County of **Bergen** and State of New Jersey. The legal description is:

Please see attached Legal Description annexed hereto and made a part hereof. (Check box if applicable.)  
**COMMONLY KNOWN AS 541 Ridgewood Boulevard, Washington Township, New Jersey.**

**Bering the same premises conveyed to grantor, The Jewish Federation of Northern New Jersey formerly known as UJA Federation of Bergen County and North Hudson, Inc. under deed from Kenneth A. Parker and Patricia Lynn Parker, his wife, dated August 1, 1997, recorded August 5, 1997 in the Bergen County Clerk's Office in Deed Book 7992 page 259.**

Prepared by: *(print signer's name below signature)*

**Michael S. Goodman, ESq.**

(For Recorder's Use Only)

The street address of the Property is:  
**541 Ridgewood Boulevard, Washington Township, New Jersey.**

**4. 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).

**5. Signatures.** This Deed is signed and attested to by the Grantor's proper corporate officers as of the date at the top of the first page. (Print name below each signature.)

Witnessed or Attested by:

  
MICHAEL S. GOODMAN, ESQ. By:  Jason Shames Officers

  
MICHAEL S. GOODMAN, ESQ.  Robin Greenfield Officer

STATE OF NEW JERSEY, COUNTY OF BERGEN  
I CERTIFY that on 12/27/11

Jason Shames and Robin Greenfield

SS:

personally came before me and stated to my satisfaction that this person (or if more than one, each person):  
(a) was the maker of the attached Deed;

(b) was authorized to and did execute this Deed as **Officers**

of **The Jewish Federation of Northern New Jersey**

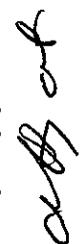
(c) made this Deed for **\$10.00**

transfer of title. (Such consideration is defined in N.J.S.A. 46:15-5); and

(d) executed this Deed as the act of the entity.

the entity named in this Deed;  
as the full and actual consideration paid or to be paid for the

RECORD AND RETURN TO:  
Goodman & Leopold, L.L.P.  
Attn: Michael S. Goodman, ESq.  
3 University Plaza, Suite 350  
Hackensack, NJ 07601

  
MICHAEL S. GOODMAN  
Print name and title below signature  
  
Robin Greenfield  
Officer

State of New Jersey

**Seller's Residency Certification/Exemption**

(C.55, P.L. 2004)

(Please Print or Type)

**SELLER(S) INFORMATION** (see Instructions, page 2):Name(s) The Jewish Federation of Northern New Jersey f/k/a UJA Federation of Bergen County and North Hudson, Inc.Current Resident Address 50 Eisenhower DriveCity, Town, Post Office ParamusState NJZip Code 07652**PROPERTY INFORMATION** (Brief Property Description):Block(s) 2308 Lot(s) 1 Qualifier \_\_\_\_\_Street Address 541 Ridgewood BoulevardCity, Town, Post Office Washington TownshipState NJZip Code 07675Seller's Percentage of Ownership 100% Consideration \$275,000.00 Closing Date \_\_\_\_\_**SELLER'S ASSURANCES** (Check the Appropriate Box) (Boxes 2 through 8 apply to Residents and NON-residents):

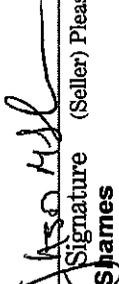
1.  I am a resident taxpayer (individual, estate or trust) of the State of New Jersey pursuant to N.J.S.A. 54A:1-1 et seq. and will file a resident gross income tax return and pay any applicable taxes on any gain or income from the disposition of this property.
2.  The real property being sold or transferred is 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.  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.
7.  The gain from the sale will not be recognized for Federal income tax purposes under I.R.C. Section 721, 1081, 1033 or is a cemetery plot. (CIRCLE THE APPLICABLE SECTION.) If such section does not ultimately apply to this transaction, the seller acknowledges the obligation to file a New Jersey income tax return for the year of the sale (see instructions).
8.  No non-like kind property received.
8.  Transfer by an executor or administrator of a decedent to a devisee or heir to effect distribution of the decedent's estate in accordance with the provisions of the decedent's will or the intestate laws of this state.

**SELLER(S) DECLARATION:**

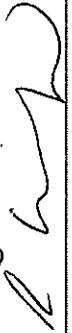
The undersigned understands that this declaration and its contents may be disclosed or provided to the New Jersey Division of Taxation and that any false statement contained herein could be punished by fine, imprisonment, or both. I furthermore declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete. By checking this box , I certify that the Power of Attorney to represent the seller(s) has been previously recorded or is being recorded simultaneously with the deed to which this form is attached.

2/27/11

Date

  
 Signature (Seller) Please indicate if Power of Attorney or Attorney in Fact  
**Jason Shames**
2/27/2011

Date

  
 Signature (Seller) Please indicate if Power of Attorney or Attorney in Fact  
**Robin Greenfield**

STATE OF NEW JERSEY

**AFFIDAVIT OF CONSIDERATION FOR USE BY SELLER**

(Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006) (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 }  
COUNTY BERGEN } SS. County Municipal Code  
0266

**FOR RECORDER'S USE ONLY**  
Consideration \$ 275,000  
RTF paid by seller \$ 1520.  
Date \_\_\_\_\_ By \_\_\_\_\_

Municipality of Property Location: Washington Township

† Use symbol "C" to indicate that fee is exclusively for county use.

(1) **PARTY OR LEGAL REPRESENTATIVE** (Instructions 3 and 4 attached)

Deponent, Jason Shames, being duly sworn according to law upon his/her oath deposes

and says that he/she is the Corporate Officer in a deed dated 12/27/11

(Grantor, Legal Representative, Corporate Officer, Officer of Title Co., Lending Institution, etc.)

transferring real property identified as Block No. 2308 Lot No. 1 located at  
541 Ridgewood Blvd., Washington Township, New Jersey and annexed thereto.  
(Street Address, Town)

(2) **CONSIDERATION:** \$ 275,000.00 (Instructions 1 and 5)  no prior mortgage to which property is subject.

(3) Property transferred is Class 4A 4B 4C (circle one). If property transferred is Class 4A, calculation in Section 3A is required.

(3A) **REQUIRED CALCULATION of Equalized Valuation for all Class 4A (Commercial) Property Transactions:**  
(Instructions 5A and 7)

Total Assessed Valuation ÷ Director's Ratio = Equalized Assessed Valuation  
\$ \_\_\_\_\_ % = \$ \_\_\_\_\_

If Director's Ratio is less than 100%, the equalized valuation will be an amount greater than the assessed value. If Director's Ratio is equal to or in excess of 100%, the assessed value will be equal to the equalized value.

(4) **FULL EXEMPTION FROM FEE:** (Instruction 8)

Deponent states that this deed transaction is fully exempt from the Realty Transfer Fee imposed by C. 49, P.L. 1968, as amended through C. 66, P.L. 2004. for the following reason(s). Mere reference to the exemption symbol is insufficient. Explain in detail. Consideration is based upon the balance of the open mortgage fund in Book # 09477, Page 163.

(5) **PARTIAL EXEMPTION FROM FEE:** (Instruction 9) **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 the State's portion 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** (Instruction 9)

- Grantor(s) 62 years of age or over.\*
- Owned and occupied by grantor(s) at time of sale.
- One- or two-family residential premises.

- Resident of the State of New Jersey.
- Owners as joint tenants must all qualify.

**B. BLIND PERSON** (Instruction 9)

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

- Grantor(s) permanently and totally disabled.\*
- Grantor(s) receiving disability payments.\*
- Grantor(s) not gainfully employed.\*
- Owned and occupied by grantor(s) at time of sale.
- One- or two-family residential premises
- Resident of the State of New Jersey.
- Owners as joint tenants must all qualify.

**C. LOW AND MODERATE INCOME HOUSING** (Instruction 9)

- Affordable according to HUD standards.
- Meets income requirements of region.
- Reserved for occupancy.
- Subject to resale controls.

(6) **NEW CONSTRUCTION** (Instructions 2, 10 and 12)

- Entirely new improvement.
- Not previously used for any purpose.
- "New Construction" printed clearly at top of the first page of the deed.

(7) **RELATED LEGAL ENTITIES TO LEGAL ENTITIES** (Instructions 5, 12 and 14)

- No prior mortgage assumed or to which property is subject at time of sale.
- No contributions to capital by either grantor or grantee legal entity.
- No stock or money exchanged by or between grantor or grantee legal entities.

(8) Deponent makes this Affidavit to induce the 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 33, P.L. 2006.

Subscribed and sworn to before me  
this 27<sup>th</sup> day  
of Dec, 2011

James M. [Signature]  
Signature of Deponent

The Jewish Federation of Northern New Jersey  
Grantor Name

Michael S. Goodman  
Deponent Address

50 Eisenhower Drive, Paramus, NJ 07652  
Deponent Address

50 Eisenhower Drive, Paramus, NJ 07652  
Grantor Address at Time of Sale

Michael S. Goodman, Escq.  
Name/Company of Settlement Officer

XXX-XX-X 592  
Last 3 digits in Grantor's Soc. Sec. No.

Michael S. Goodman, Escq.  
Name/Company of Settlement Officer

County recording officers shall forward one copy of each Affidavit of Consideration for Use by Seller when Section 3A is completed.

**FOR OFFICIAL USE ONLY**

Instrument Number \_\_\_\_\_  
Deed Number \_\_\_\_\_  
Deed Dated \_\_\_\_\_  
County \_\_\_\_\_  
Book \_\_\_\_\_  
Date Recorded \_\_\_\_\_  
Page \_\_\_\_\_

#### DESCRIPTION

All that certain tract or parcel of land and premises, situate, lying and being in the Township of Washington Township, in the County of Bergen, and State of New Jersey more particularly described as follows:

Designated as Lots Numbered One (1), Two (2), Three (3), Four (4), Five (5) and Six (6) in Block Twenty-Four (24), on a certain map entitled "Map of Bergen County Highlands, Township of Washington, Bergen County, New Jersey, Owned by Blockdel Realty Co., Inc." Made by Hering and Westphal, Civil Engineers and Surveyors and filed in the Office of the Clerk of Bergen County as Map No. 2566 on December 19, 1929.

Said premises being more particularly described as follows:

BEGINNING at the point of intersection of the easterly line of Ridgewood Boulevard North with the northerly line of Bridge Street and from thence running

- 1) Along the said easterly line of Ridgewood Boulevard North, North 19 degrees 30 minutes West 120.00 feet to a point; thence
- 2) North 70 degrees 30 minutes East 95.00 feet to a point; thence
- 3) South 19 degrees 30 minutes East 120.00 feet to a point in the northerly line of Bridge Street; thence
- 4) Along the same South 70 degrees 30 minutes West 95.00 feet to the point or place of BEGINNING.

The above description is made in accordance with survey made by Anthony J. Manno, P.L.S., dated June 6, 1997.

Being known as lot 1 in Block 2308 official tax map of Washington Township, in the County of Bergen, State of New Jersey.

TITLE NO. ET-05/1-217  
INDEX NO. BE217WA.7