

BALTIMORE COUNTY PUBLIC SCHOOLS SCHOOL REGISTRATION FORM

STUDENT INFORMATION

Date: (mm/dd/yy) 7/15/26 7/17/26 Grade Level: K		☒ Enrolling for services only ☐ Enrolling as part of Foreign Exchange Program (Secondary only)
Student's Last Name: Goldman	Suffix:	Student's First Name: Lilach
Middle Name: Cheryl	No Middle Name: ☐	Preferred Name (optional):
Birth Gender: ☐ Male ☒ Female	Gender Identity (optional): ☐ Male/He ☒ Female/She	
Birth Date: (mm/dd/yy) 07/18/21	Documentation of Birth: (Name of Document) SS SS	
Country of Birth: USA	Last School Attended:	
What language (s) did the student first learn to speak? English		
What language does the student use most often to communicate? English		
What language (s) are spoken in your home? English		

The U.S. Department of Education requires all public schools to collect racial and ethnicity information. Please complete Part I and II.

Part I

Hispanic (Check yes if your child is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
☐ YES

Part II

☐ 1. American Indian or Alaskan Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ 2. Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ 3. Black or African American

A person having origins in any of the black racial groups of Africa.

☐ 4. Native Hawaiian/Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☒ 5. White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SIBLING INFORMATION

Siblings	Brother/Sister	Age	School	Grade	Resides with registering student (yes or no)
Or-Eli Goldman	B	10	Sheryl Pratt Hurl Valley		Y
Malayahu Goldman	B	9	Fort Garrison		Y
Nava Goldman	S	3	Goldsmith Preschool		Y

STUDENT ADDRESS

Street Address: 215 Greenspring Valley Road	Apartment No.:	City, State, Zip Code: Owens Mills, MD 21117
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STUDENT SUPPORT SERVICES INFORMATION

Check the services below that your child currently receives:

☐ ESOL (English for Speakers of Other Languages)
 ☒ IEP
 ☐ Free and Reduced-Price Meals
 ☐ 504
 ☐ Gifted and Talented/Advanced Academics

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APPLICATION INFORMATION

Name of Person Completing Form: Rich Goldman Relationship: Dad Phone: 215 480 0879
 Do you have legal custody of this child? ☒ Yes ☐ No Are your custody documents on file? ☐ Yes ☐ No Year: _____
 Child Lives With: ☒ Both Parents ☐ Mother ☐ Father
☐ Guardians ☐ Foster Parent(s) ☐ Other _____ Name: _____
 Are you residing in temporary housing or do you lack housing? ☐ Yes ☒ No
 If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSE-1 Form)

PARENT/GUARDIAN INFORMATION

Primary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
<u>Rich Goldman</u>	<u>215 480 0879</u>	<u>C</u>	<u>Y</u>
Guardian Relationship: <u>Dad</u>			
Does the student reside with this contact? ☒ Yes ☐ No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email: <u>RICH@JCUABC.EDU</u>		
Employer:	Full-Time Active Military? ☐ Yes ☒ No		

Secondary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
<u>Kate Goldman</u>	<u>408 425 0161</u>	<u>C</u>	<u>Y</u>
Guardian Relationship: <u>Mom</u>			
Does the student reside with this contact? ☒ Yes ☐ No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email: <u>Rich And Kate Goldman@gmail.com</u>		
Employer:	Full-Time Active Military? ☐ Yes ☐ No		

AUTOMATED PHONE CALLS

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but it is not limited to: school calendar updates, student testing reminders, Superintendent's messages, school activities, and notifications pertaining to your student's daily activities, school responsibilities or events.

If you would like non-emergent notifications to be sent to a different number, please specify below:

Non-Emergent Number: _____ Ext: _____ ☐ Work ☐ Home ☐ Cell Receive Texts? ☐ Yes ☐ No

If you would like to opt out of non-emergent notifications, sign here: [Signature]

Note: Your signature confirms that you will not receive calls regarding non-emergent information.

EMERGENCY CONTACT LIST (Please list by order of contact)

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements, including an ambulance and transporting your student to the hospital.

NOTE: All early dismissals must be approved by a parent/guardian in writing. N/A John Seavey

Name	Relationship	Telephone

Elementary Only: In a school closing emergency who is responsible for the student?
 If not parent/guardian, list name and address: _____
 In a school closing emergency, how will the elementary student be transported?
☐ Walk ☐ Ride Bus ☐ Pick-Up
 Upon notification by school staff, I agree to send my child home by taxicab if necessary. I also agree to be responsible for calling the cab and for payment of the cab. ☐ Yes ☐ No

BALTIMORE COUNTY PUBLIC SCHOOLS SCHOOL REGISTRATION FORM

Secondary Only: ☒ DO NOT permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS).

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.

Student Cell Phone Number: () _____

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

Preferred Name/Gender Requests Only:

I understand that by requesting a preferred name or gender, I am agreeing to permit Baltimore County Public Schools to use the preferred name and/or gender for my child with the understanding that the student's legal name will remain on SR Cards, report cards, interim reports, transcripts, assessments, and diplomas.

Signature of adult responsible for the student: _____ Date: 7/7/26

Signature of Student: _____ Date: _____

Please read carefully before signing this form:

I understand that if it is determined that I have provided false information regarding my place of residence, my child will be withdrawn from school and tuition will be assessed on a pro-rated basis for the period of time that he/she was fraudulently enrolled. (Tuition rates are currently over \$6,000 per year and are increased on an annual basis.)

To the best of my knowledge, all information entered on this enrollment form is accurate.

Signature of adult responsible for the student's enrollment

7/7/26
Date

(FOR OFFICE USE ONLY)							
Date:				Student's Name:			
Student ID#				Teacher: (optional)		Grade:	
Enrollment Date:				Bus Stop:			
Bus No.				Entry Code:			
Shared Domicile ☐	Nonresident ☐	Informal Kinship ☐	Homeless ☐	Special Transfer ☐	Tuition ☐	Agency-Placed ☐	IEP ☐ 504 ☐
Please indicate special transfer reason(s):							
☐ Terminal Grade		☐ Change of residence from attendance area		☐ Medical			
☐ Program Study		☐ Change of residence to attendance area		☐ Student Adjustment			
☐ Employee's Child		☐ Sibling					
☐ Child Care		☐ Family Conditions					

New Student Health History

Last Name: Goldman First Name: Lilach Grade: K Gender: Male / Female

Last school your child attended? Goldsmith Preschool DOB: 7/18/21

Has your child traveled or resided outside of the U.S. in the past year? ☐ Yes ☒ No

If yes, list countries: _____

Where do you usually take your child for routine medical care?

Name: Owens Mally Pediatrics Phone Number: 410 363 2240

Does your child take any medication? ☐ Yes ☒ No If yes, list medications: _____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? ☐ Yes ☒ No

If yes, describe: _____

Where do you usually take your child for routine dental care? Crossroads Pediatric Dent

Name: _____ Phone Number: 410 356 9191

To the best of your knowledge, has your child had any of the following?

	Yes	No	If yes, describe:
Prematurity			
Birth defect			
Immunity problems			
Bleeding problems			
Lead poisoning			
Sickle Cell Disease			
Diabetes			
Anaphylaxis			
Seasonal allergies			
Food Allergies			
Behavior/emotional problems like ADHD, depression			
Concussion or traumatic brain injury			
Migraines			
Learning problems/disabilities			
Seizures			
Speech problems			
Ear or hearing problems			
Eye or vision problems			
Dental problems			
Asthma or breathing problems			
Heart problems			
Stomach problems			
Bowel problems			
Bladder problems			
Musculoskeletal problem (including cerebral palsy)			
Limited physical activity			
Other:			

Hospitalization: (please list all) Date(s)	Reason(s)
Surgery: (please list all) Dates(s)	Reason(s)

Parent Signature: [Signature] Telephone: 215 480 0879 Date: 7/7/21

Parent Address: 215 Greenspring Valley Road Owings Mill, MD 21117



Prior Care Experience

Student's Name: Lilach Golden
 School: Woodholme Elementary School

Date of Birth: 7/18/21
 Kindergarten Year: 2026

The Maryland State Department of Education (MSDE) requires Baltimore County Public Schools to collect information about the early care experiences of all newly enrolling Kindergarten students. Using the definitions provided below, please provide the following information.

In what kind of early care did the child spend most of his/her time since September of the year prior to kindergarten? **Place a check mark in one full day OR two half day boxes.** (For example, if your child attended a half day PreK program at a BCPS school in the morning and spent the afternoon with a relative, you would check two half day options, Informal Care and PreKindergarten in a Public school.) Include the name of the school, center, or provider.

Prior Care - you MUST Check either (1) Full Day OR (2) Half-Day options		
choose 1 Full Day	or choose 2 Half Day	Type of Care Child Received the Year Prior to Kindergarten
☐	☐	Child Care Center Child care provided in a facility, usually non-residential, for part or all of the day that provides care to children in the absence of a parent. The center is licensed by the Maryland State Department of Education, Office of Child Care. Name/location:
☐	☐	Family Child Care Regulated care given to a child younger than 13 years old, in place of parental care for less than 24 hours, in a residence other than the child's residence and for which the provider is paid. Family child care is regulated by MSDE, Office of Child Care. Name/location:
☐	☐	Head Start Program A federal pre-school program for 3 to 5-year-olds from low income families: funded by the U.S. Department of Health and Human Services and licensed by the Maryland Department of Education, Office of Child Care. Name/location:
☐	☐	Home/Informal Care Care provided in a home by a relative or non-relative. Name/location:
☐	☐	Kindergarten Student is repeating Kindergarten. Name/location:
☐	☒	Non-Public Nursery School Preschool programs with an "education" focus for 2, 3 or 4-year-olds; approved or exempted by MSDE; usually part-day, nine months a year. Name/location:
☐	☐	PreKindergarten in a Public School (General Education or Special Education) Public school prekindergarten education for four-year-olds. Administration by local boards of education & regulated by the Maryland State Department of Education (MSDE) according to COMAR 13A.06.02 Prekindergarten Programs. Name/location:



Privia Medical Group
(888) 774-8428

Patient: Lilach Goldman
Date of Birth: 07/18/2021
Age: 4

Vaccination Record

7/7/2026

Dtap-ipv

04/23/2026 04/23/2026

Varicella

04/23/2026 12/22/2022

Mmr

04/23/2026 09/01/2022

Hep A, Ped/adol, 2 Dose

11/02/2023 04/20/2023

Influenza, Injectable, Quadrivalent, Preservative Free

11/02/2023 12/22/2022 02/22/2022 01/19/2022

Dtap

04/20/2023

Hib (prp-t)

12/22/2022 01/19/2022 11/18/2021 09/30/2021

Pneumococcal Conjugate Pcv 13

09/01/2022 01/19/2022 11/18/2021 09/30/2021

Dtap-hep B-ipv

01/19/2022 01/19/2022 01/19/2022 11/18/2021 11/18/2021 11/18/2021 09/30/2021 09/30/2021
09/30/2021

Rotavirus, Monovalent

11/18/2021 09/30/2021

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 athenahealth

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Privia Medical Group
(888) 774-8428

Patient: Lilach Goldman
Date of Birth: 07/18/2021
Age: 4

Vaccination Record

7/7/2026

Hep B, Adolescent Or Pediatric

07/18/2021

Tracey George, MD
10045 Red Run Blvd
OWINGS MILLS, MD 21117-5916

powered by
 athenahealth

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* Auth (Verified) *

GOLDMAN, GIRL-KATHERINE 7/18/2021 12:00:00 AM 21360384



NEWBORN RECORD



20124

21360384-1199
21360384
ADMIT: 07/18/21
GOLDMAN, GIRL-KATHERINE
DOB: 07-18-2021 Female NBN-03
007469 - Kim MD, Susan Y
Bar Coded Patient Label

PEDIATRICIAN <i>George</i>		OBSTETRICIAN <i>Amora</i>		EXPECTED D/C <i>7/20</i>	
BIRTH TIME <i>0010</i>		GESTATIONAL AGE <i>38</i> WKS		APGARS <i>9 5 7</i>	
MATERIAL AGE <i>38</i>		RACE <i>W</i>		G <i>3</i> P <i>2</i> DRAB <i>0</i> HepBsAg <i>0</i> RPR <i>NA/08</i>	
HIV <i>0</i>		GC <i>0</i>		CHLAM <i>0</i> GBS <i>0</i> ROM <i>2</i> HRS <i>0</i> BLOOD TYPE <i>O1A50</i>	
INTRAPARTUM ANTIBIOTICS <i>PCNX 2</i>				☒ VAGINAL ☐ CESAREAN - REASON: <i>com 0</i>	
PRENATAL Hx <i>ANA neg MPT</i>					
SOCIAL Hx <i>cousin 2 children of awn</i>					
DELIVERY Hx					
WEIGHT <i>3710</i> gm		LENGTH <i>19.2</i> in		HEAD CIRC. <i>32</i> cm	
GROWTH ☐ SGA ☒ AGA ☐ LGA					
ADMISSION EXAMINATION			NEWBORN COURSE *		
✓ = NORMAL X = ABNORMAL			DESCRIBE ABNORMALITIES		
GENERAL APPEARANCE			☐ HEPATITIS B VACCINE ☐ YES ☐ NO		
ACTIVITY / CRY			☐ HEARING SCREEN PASSED ☐ YES ☐ NO		
SKIN / COLOR			☐ PULSE OX SCREEN VALUE <i>98</i> % 100		
HEAD / MOLDING / FONTANELLE			<i>7/18/21 25 minutes</i>		
FACE / PALATE			<i>7/18/21 25 minutes</i>		
EYES / ENT			<i>7/19/21 wt 3.58kg</i>		
NECK			<i>HR 140-145 PR 42-57</i>		
CHEST / LUNGS			<i>T 36.5-36.7 BF + 9 (5-35)</i>		
HEART / PULSES			<i>V x 1 S x 4</i>		
ABDOMEN / UMBILICUS			<i>Pt seen & evaluated, discussed mmt w/ resident as documented in note</i>		
LIVER / SPLEEN			<i>7/20/21 wt - 3.53kg (-4.7)</i>		
GENITALIA / ANUS			<i>HR 133-144 PR 42-54</i>		
SPINE			<i>T 36.5-37.5 formula x 9 (10-54)</i>		
EXTREMITIES / FEET			<i>V x 6 S x 3</i>		
CLAVICLES / HIPS					
NEUROLOGICAL / TONE					
REFLEXES					
ADMISSION Dx ☐ NORMAL NEWBORN					
1.			4.		
2.			5.		
3.			6.		
SIGNATURE <i>[Signature]</i>			DATE <i>7/19/21</i> TIME <i>1100</i>		
✓ = NORMAL X = ABNORMAL			DESCRIBE ABNORMALITIES		
GENERAL APPEARANCE			D/C WEIGHT gm lbs		
SKIN / COLOR			LABS <i>7/19/21</i>		
CHEST / LUNGS			<i>Sm 2 No med needed for anxiety (depression)</i>		
HEART / PULSES			<i>20 114.72</i>		
ABDOMEN / UMBILICAL			<i>2337 57</i>		
NEUROLOGICAL / TONE			<i>revis 1.263 kic 3.72</i>		
OTHER					
DISCHARGE Dx ☐ NORMAL NEWBORN					
1. <i>Hypobility ulcer</i>			FU <i>1-2 days</i>		
2. <i>Pharyngitis</i>			SIGNATURE <i>[Signature]</i>		
3.			DATE <i>7/20/21</i> TIME <i>7:00am</i>		
* SEE INTERDISCIPLINARY NOTES					

751-004 (11/11)

WHITE - MEDICAL RECORD

CANARY - PRIMARY PEDIATRICIAN

PINK - SINAI PEDIATRICS



Sinai Hospital of Baltimore
2401 West Belvedere Ave.
Baltimore, MD 21215
410-601-9000

GOLDMAN, LILACH CHERYL

MR#: S00021360384
FIN#: 213603841199
Birthdate: 7/18/2021 **Age:** 40 minutes **Gender:** Female
Registration Date: 7/18/2021 **Discharge Date:** 7/20/2021
Discharge Location: B1 - NBN **Room:** NBN **Bed:** 03

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<i>DISCHARGE SUMMARIES</i>

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Account Number
8299 40 046 2073912

Billing Date
Jun 10, 2026

Services From
Jun 15, 2026 to Jul 14, 2026

Page
1 of 3

Hello Rich Goldman,

Thanks for being a member since January 15, 2020. Learn more about your Diamond benefits at xfinity.com/membership.

Your bill at a glance

For 215 GREENSPRING VALLEY RD, OWINGS MILLS, MD,
21117-4118

Previous balance		XXXXXXXXXX
Credit card payment - thank you	Jun 04	XXXXXXXXXX
Balance forward		\$0.00
Regular monthly charges	Page 3	XXXXXXXXXX
Taxes, fees and other charges	Page 3	XXXX.24
New charges		XXXXXXXXXX
Amount due		XXXXXXXXXX

! Thanks for paying by Automatic Payment

Your automatic payment on Jul 03, 2026, will include your amount due, plus or minus any payment related activities or adjustments, and less any credits issued before your bill due date.

Need help?

Visit xfinity.com/customersupport or see page 2 for other ways to contact us.

Your bill explained

- This page gives you a quick summary of your monthly bill. A detailed breakdown of your charges begins on page 3.

Detach the bottom portion of this bill and enclose with your payment

Do not include correspondence with payment



676 ISLAND POND RD
MANCHESTER NH 03109

RICH GOLDMAN
215 GREENSPRING VALLEY RD
OWINGS MILLS, MD 21117-4118

Please write your account number on your check or money order

Account number

~~XXXXXXXXXX~~

Automatic payment

Jul 03, 2026

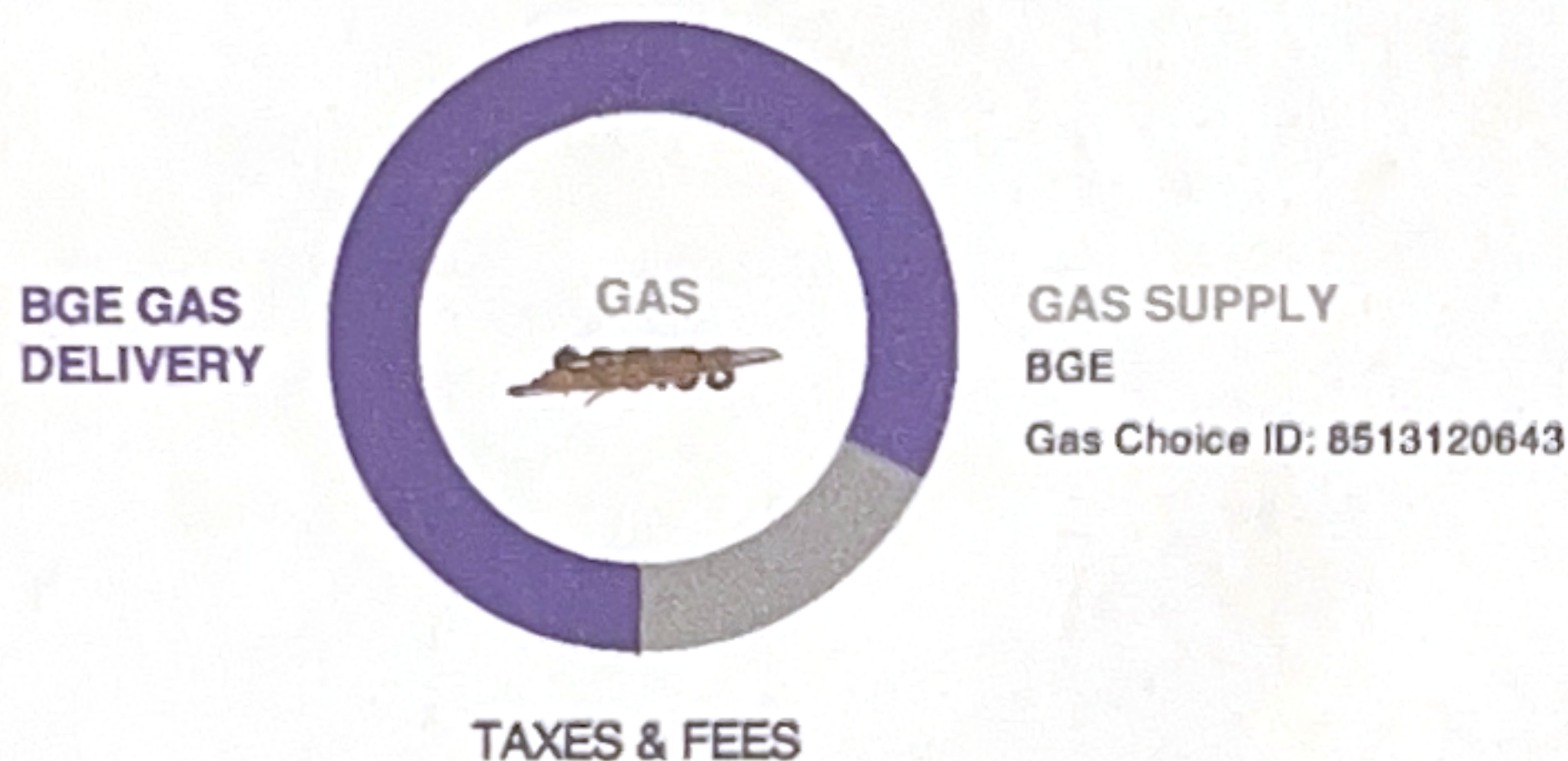
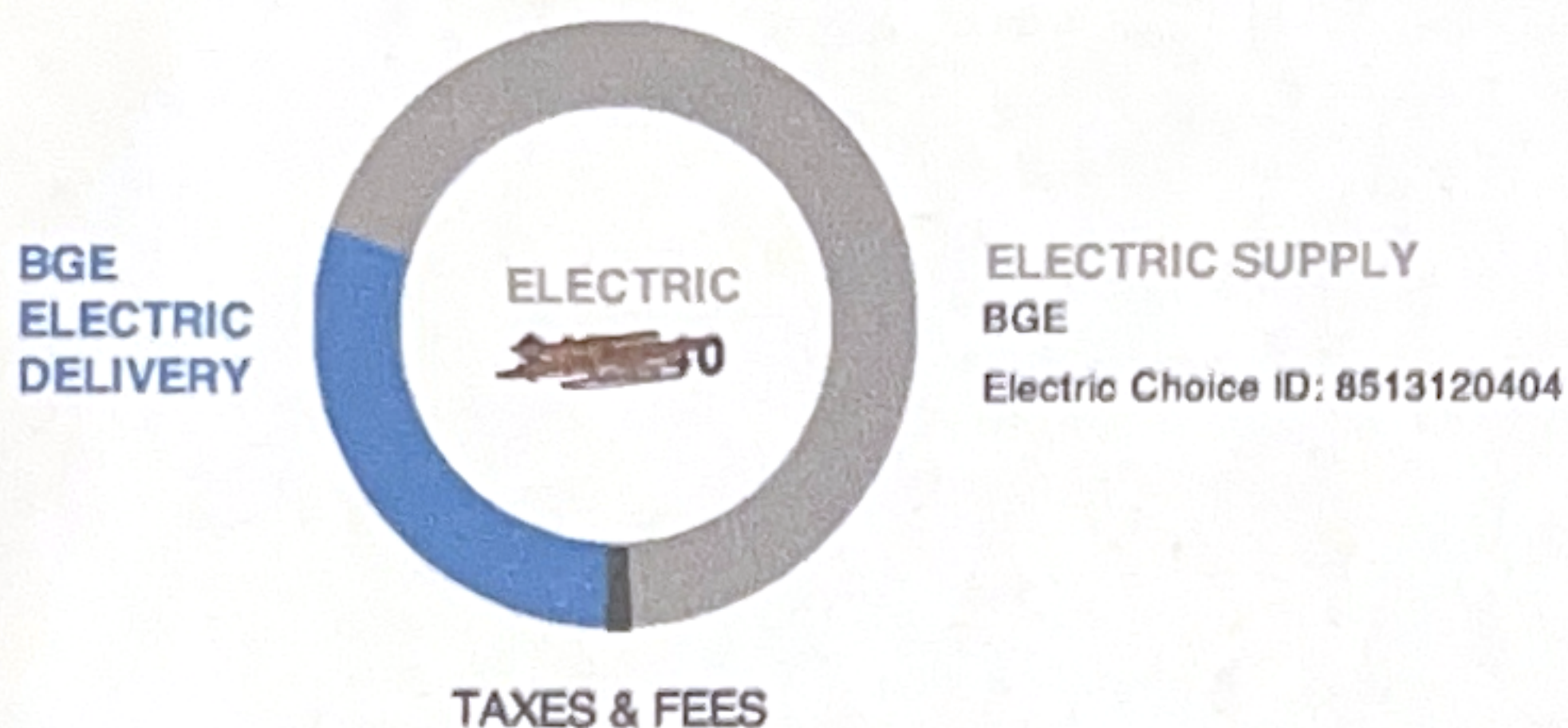
Please pay

~~XXXXXXXXXX~~

Credit card payment will be applied Jul 03, 2026

COMCAST
P.O. BOX 70219
PHILADELPHIA PA 19176-0219

829940046207391200185637



Bill Summary

Richard Isaac Goldman
 215 Greenspring-Valley RD
 Owings Mills, MD 21117
 Account # 8513120000
 Issued Date: June 16, 2026

Previous Balance	548.74
Payments Received June 10, 2026	548.74
BGE Outstanding Balance	\$0.00
Electric	548.74
Gas	548.74
Total amount due by July 9, 2026	548.74

Payment received after July 9, 2026 will incur a late charge.

A late payment charge is applied to the unpaid balance of your BGE charges. The charge is up to 1.5% for the first month; additional charges will be assessed on unpaid balances past the first month, not to exceed 5%.

The amounts shown in the circles reflect charges from this bill period.

EBill customer

Pay your bill online, by phone or by mail.

See reverse side for more info ►

Richard Isaac Goldman
 215 Greenspring Valley RD
 Owings Mills, MD 21117

Account # ~~8513120000~~

Total amount due by Jul 9, 2026 ~~548.74~~

Payment Amount \$

BGE
 P.O. Box 13070
 Philadelphia, PA 19101-3070

21851312000020000559489190100005691100



P.O. Box 15284
Wilmington, DE 19850

Customer service information

- Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

RICHARD GOLDMAN
KATHERINE E MUELLER
215 GREENSPRING VALLEY RD
OWINGS MILLS, MD 21117-4118

Your Adv Plus Banking

for May 23, 2026 to June 24, 2026

RICHARD GOLDMAN KATHERINE E MUELLER

Account number: ~~3361 1111 1111 1111~~ 98

Account summary

Beginning balance on May 23, 2026	1,234.56
Deposits and other additions	1,234.56
Withdrawals and other subtractions	2,345.67
Checks	0.00
Service fees	-12.00
Ending balance on June 24, 2026	1,234.56

Available in English and Spanish

Make bank transfers in the Mobile Banking app

Use our app or Online Banking to send domestic wires or international wires in 140+ currencies to over 200 countries.

Scan the code or visit [bofa.com/wiretransfers](https://www.bankofamerica.com/wiretransfers).

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply. Fees or other costs may apply to wire transfers.



55M-11-25-0293.B | 8604277

AFTER RECORDING RETURN TO:

Richard I. Goldman
Katherine E. Goldman
215 Greenspring Valley Road
Owings Mills, MD 21117

DOCUMENT PREPARED BY:
Sage Title Group, LLC
16 Greenmeadow Drive, Suite 200
Timonium, MD 21093
File Number: 276246TOWS

Tax ID#: (03) 24-00-005398

This Deed, MADE THIS 13th day of January, 2020, by and between **Blue Water Properties, Inc.**, party of the first part, and **Richard I. Goldman and Katherine E. Goldman**, parties of the second part.

WITNESSETH, That in consideration of the sum of **EIGHT HUNDRED TWENTY FIVE THOUSAND AND 00/100 DOLLARS (\$825,000.00)**, the receipt of which is hereby acknowledged, the said party of the first part does grant and convey to the said parties of the second part, in fee simple, as tenants by the entirety, all that parcel of ground situated in **Baltimore County, Maryland** and as described as follows, that is to say:

BEGINNING FOR THE SAME in the center of Greenspring Valley Road and at the end of the first line of a parcel of land, which by a Deed dated January 12, 2000 and recorded among the Land Records of Baltimore County in Liber SM No. 14261, folio 653 was conveyed by Patricia R. Calhoun to George B. Ward, life tenant, and running thence and leaving said road and running with and binding on the second and third lines of the aforesaid parcel of land (1) South 0 degrees 24 minutes East 570.03 feet to a concrete monument, heretofore, set, thence running with and binding on the fourth line of a parcel of land, which by a Deed dated April 2, 1981 and recorded among the Land Records of Baltimore County in Liber EHK Jr. No. 6274, folio 133 was conveyed by Andre W. Brewster, et al to George B. P. Ward, one following course and distance, viz: (2) South 81 degrees 06 minutes 34 seconds East 151.71 feet to a concrete monument, heretofore set, thence running with and binding on the last line of the last mentioned parcel of land (Brewster to Ward), (3) North 0 degrees 24 minutes 26 seconds West 582.13 feet to the beginning of said parcel of land and to the center of aforesaid Greenspring Valley Road, thence binding in said road and also binding on the first line of the said last mentioned parcel of land and also running with and binding on the first line of aforesaid parcel of land which was conveyed by Calhoun to Ward, one following course and distance viz: (4) North 85 degrees 40 minutes 00 seconds West 150.16 feet to the place of beginning. Containing 1.980 acres of land, more or less.

The improvements thereon being known as 215 Greenspring Valley Road, Owings Mills, Maryland 21117.

Tax ID#: (03) 24-00-005398

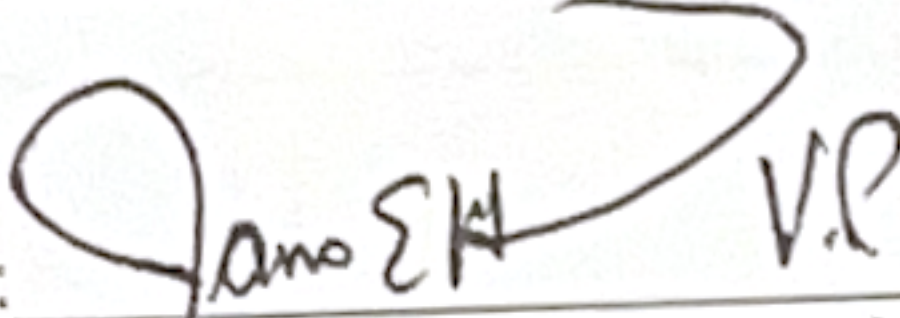
BEING the same property which by deed dated June 16, 2017 and recorded among the Land Records of Baltimore County, Maryland in Liber No. 39213, folio 416, was granted and conveyed by Sandra Sites Glover unto Blue Water Properties, Inc., a Maryland corporation.

NESS the hand and seal of the said party of the first part:

NESS:



BLUE WATER PROPERTIES, INC.

By:  (SEAL)
James E. Harris, Vice President

STATE OF MARYLAND, CITY/COUNTY OF BALTIMORE to wit:

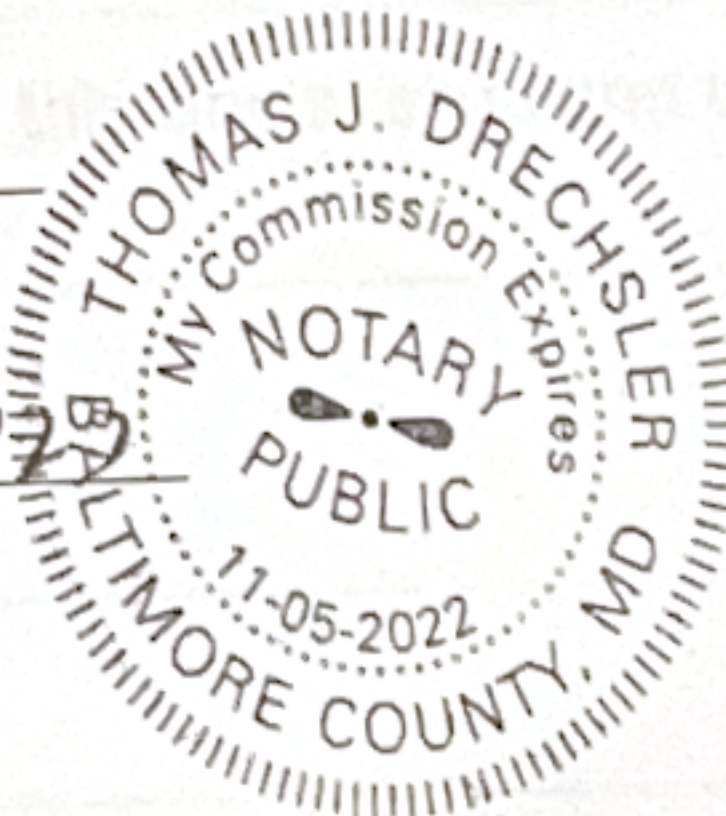
HEREBY CERTIFY, that on this 13th day of January, 2020, before me, the
subscriber, a Notary Public of the State of Maryland in and for Baltimore County/City,
personally appeared **James E. Harris**, who acknowledged himself to be the Vice President of **Blue
Water Properties, Inc.**, and that he as such Vice President being authorized so to do, executed the
aforegoing instrument for the purposes therein contained, by signing in my presence, the name of the
entity grantor by himself as such Vice President.

IN WITNESS WHEREOF, Thereunto set my hand and official seal:

Notary Public

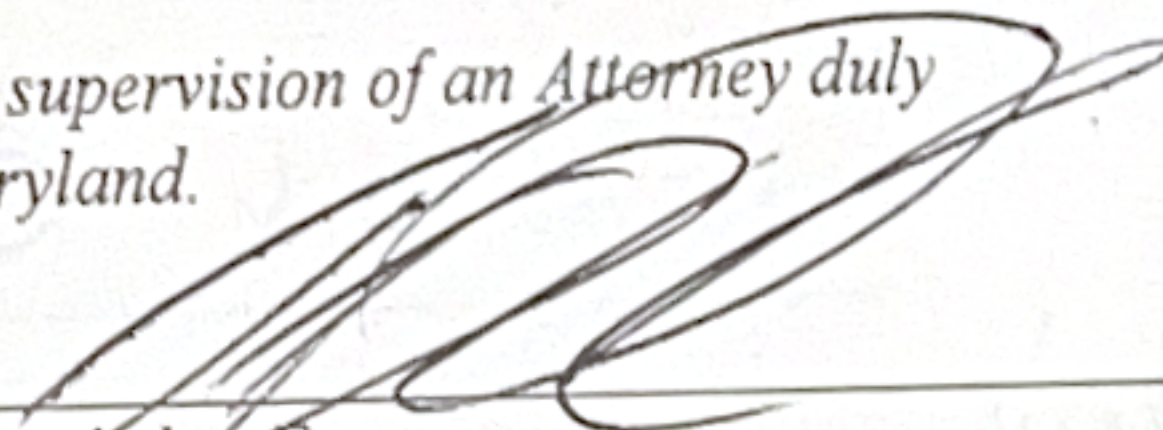
My Commission Expires:

11-5-2025



ATTORNEY CERTIFICATION

This is to certify that the within instrument was prepared under the supervision of an Attorney duly
admitted to practice before the Court of Appeals in the State of Maryland.


Thomas J. Drechsler, Esq.