

EXHIBIT R

004-12 (MAY)

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NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

Main body of the death certificate form containing personal information, medical history, and cause of death details.

Bottom section of the form including checkboxes for organ donation, funeral arrangements, and other administrative notes.

Vertical text on the left margin: 'For use by physician or funeral home', 'NAME OF DECEASED: EMILY CALIFANO', 'DATE OF DEATH: 03/14/2016'.

For Office Use Only

Filing Fee Paid \$ _____
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DO NOT LEAVE ANY ITEMS BLANK

**SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF MONTGOMERY**

_____X
ADMINISTRATION PROCEEDING,
Estate of Emily Jane Califano.

PETITION FOR LETTERS OF:

[] Administration
 [X] Limited Administration
 [] Administration with Limitations
 [] Temporary Administration
 File No: _____

Deceased

_____X
TO THE SURROGATE'S COURT, COUNTY OF MONTGOMERY

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Name: Melanie Harris of Nationstar Mortgage LLC d/b/a Champion Mortgage Company

Domicile: 8950 Cypress Waters Blvd. Coppell
(Street Address) (City/Town/Village)

Dallas Texas 75019 855-683-3095
(County) (State) (Zip) (Telephone Number)

Mailing address is: c/o Shapiro, DiCaro & Barak, LLC, 175 Mile Crossing Boulevard, Rochester, NY 14624
(if different from domicile)

Citizenship (check one): [X] U.S.A. [] Other (specify) _____

Interest of Petitioner (check one):

[] Distributee of decedent (state relationship) _____

[X] Other (specify) Creditor/Lienholder

Is proposed Administrator an attorney? [] Yes [X] No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows: [The Death Certificate must be filed with this proceeding. If the decedent's domicile is different from that shown on the death certificate, check box [] and attach an affidavit explaining the reason for this inconsistency.]

Name: Emily Jane Califano

Domicile: 4888 State Highway 30 Amsterdam New York 12010
(Street Number) (City, Village/Town) (State) (Zip Code)

Township of: Amsterdam County of: Montgomery

Date of Death: January 4, 2018 Place of Death: St. Mary's Hospital, Amsterdam, NY
(Montgomery County)

Citizenship: (check one): [X] U.S.A. [] Other (specify) _____

[Note: For Items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3.(a) The estimated gross value of the decedent's personal property passing by intestacy is less than

\$ Unknown

(b) The estimated gross value of the decedent's real property, in this state, which is improved, unimproved, passing by intestacy is less than \$198,571.00

A brief description of each parcel is as follows: 712 Swagertown Road, Scotia, NY 12302

(c) The estimated gross rent for a period of eighteen (18) months is the sum of \$ Unknown

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: [Write "NONE" or state briefly the cause of action and the person against whom it exists, including names and carrier]. Unknown

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here and furnish names(s) and address(es) of parent(s) in Paragraph 7. See EPTL 5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) (has) (have) been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2:

- a. [No] Spouse (husband/wife).
- b. [No] Child or children or descendants of predeceased child or children. [Must include marital, nonmarital and adopted].
- c. [No] Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. [No] Mother/Father.
- e. [15] Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. [X] Grandmother/Grandfather.
- g. [X] Aunts or uncles, and children of predeceased aunts and uncles (first cousins).
- h. [X] First cousins once removed (children of first cousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post-office address and citizenship are as follows:

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death, and relationship of the ancestor to the decedent. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.1B(b). If any person listed in paragraph (7) is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].

7a. The following are of full age and under no disability: [if nonmarital or adopted-out person, so indicate by attaching Schedule A and/or B]

Name	Relationship	Domicile and Mailing Address	Citizenship
Richard Hess	Brother	4330 Las Vegas Boulevard N, Apt. 44 Las Vegas, NV 89115	U.S.
Jeffrey Hess	Nephew (son of Pre-deceased Brother Kenneth Hess DOD [REDACTED])	1136 Barber Drive Schenectady, NY 12303	U.S.
Mark Hess	Nephew (son of Pre-deceased Brother Kenneth Hess DOD 05/10/2010)	1704 Van Vranken Avenue Apartment 1 Schenectady, NY 12308	U.S.
Lawrence Hess	Nephew (son of Pre-deceased Brother Kenneth Hess DOD 05/10/2010)	1704 Van Vranken Avenue Apartment 1F Schenectady, NY 12308	U.S.
Elaina Yakala	Niece (daughter of Pre-deceased Brother Kenneth Hess DOD 05/10/2010)	1008 Bruce Lane Schenectady, NY 12303	U.S.
Scott Hess	Nephew (son of Pre-deceased Brother Kenneth Hess DOD 05/10/2010)	7 Turner Park Road Schenectady, NY 12302	U.S.

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