



PERMIT NO.  
25022

WW-22-3:

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 1-31-2002  
Expire date: 1-31-2003

This certifies that permission is granted to

Prop. Fazio Property Owner 2 Glade Street Address N. Dartmouth St, 02747 Tel. (508) 958-9141

To connect a sewer and/or storm drain located at: 18 James Street

Assessor's Plot: 80 Lot 55, to the sewer and/or storm drain in: 8" sewer on James Street

To be laid in accordance with the conditions in this application and the City of New Bedford ordinances.  
TYPE OF USE: RESIDENTIAL COMMERCIAL INDUSTRIAL FLOW    G.P.D.

If applicant other than actual property owner, attach Letter of Authorization from Property Owner.

Name: Proberta Fazio  
Mailing Address: 2 Glade Street

The Bonded Contractor/Drain Layer authorized to perform this work is:

Name: DR CANESSA Address: 611 SDR 35 Tel: connecting to stub from James St  
Type of Pipe Required: 6" SDR 35 Abandonment of septic sewer (in installation)

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

- Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.
- All work must be inspected and approved by a D.P.L. inspector before backfilling.
- If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.
- Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval by the Commissioner of Public Infrastructure of required plans and supplemental information.
- In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Permit issued by the Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system.

Industrial User Discharge Permit No.    Date:   

Comm. Mass. Sewer Comm./Ext. Permit No. 22-01 Date: 1-28-2002  
A Filing and Inspection Fee of \$ 450, plus an Entrance Fee of \$ 499, where applicable, must accompany this application.  
Permit fee - # 3001 34 L.F. x 14.70

Bank# All Trust Credit Check# SWB - #3002 Date 1-30-02 Receipt# 3725976  
Union

Other requirements:   

For: Buday Dgweil.com (send copy)

Connection made to Sewer Part of jointly-shared private line YES NO  
Storm Drain

Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary

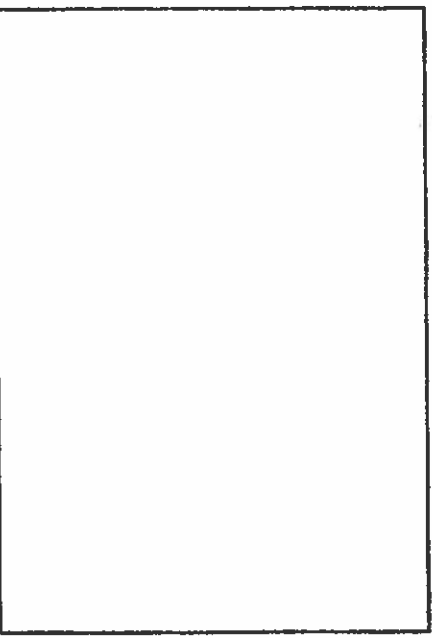
Stephen Caputo Signature of Property Owner or Representative  
Asst. City Engineer

#### INSPECTOR'S REPORT

INSPECTED BY:   

DATE:   

COMMENTS:   

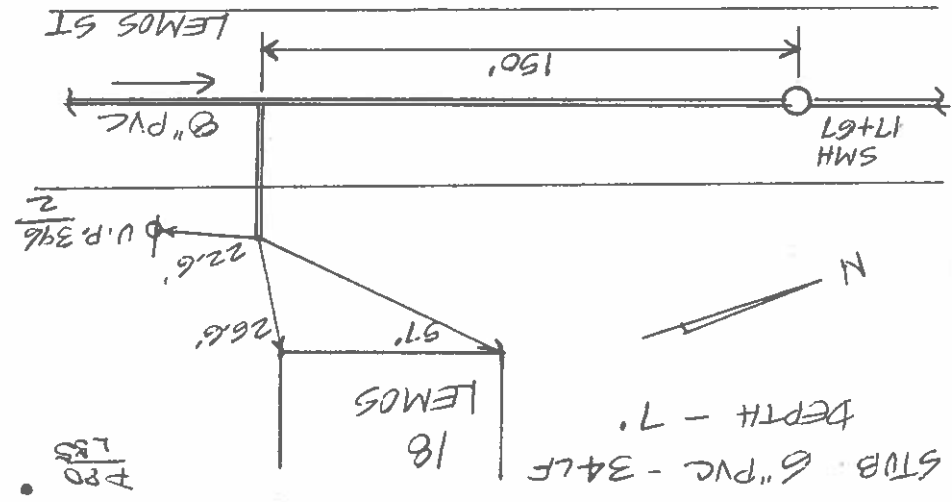


APPROVED    DISAPPROVED   

SKETCH PLAN

SIGNATURE







100

100

100

100

100

100

100

100

100

100

HH11-916-805 #

North 

2-6" 45° Bends To Connect To Existing Pipe

4"x6" Fenua  
2.5'  
2'-6" 45° Bend To Make long sweep

EXISTING 4" CAST IRON  
4" x 6" FEMUR  
coupling

#18 Lemus Street

Proposed 6 inch SDR 35  
CONNECTION minimum 2% slope

-4,89

→ Proposed Cleanout with  
CAST IRON TOPHAT 1' FOOT INTO CITY  
LAYOUT

AS Per  
DP!

Existing 8" sewer Main

ST 50W27

08:10/12 09:10/12

## Records



<b>LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE</b>	Docket No. PL21P0481EA	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
<b>Estate of:</b> Carol A Rego <b>Also known as:</b> Carol Ann Rego <b>Date of Death:</b> 01/17/2021	<b>Plymouth Probate and Family Court</b> 52 Obery Street Suite 1130 Plymouth, MA 02360 (508) 747-6204	

To:  
Lisa A Faria  
2 Glade Street  
North Dartmouth, MA 02747

You have been appointed and qualified as Personal Representative in ☐ Supervised ☒ Unsupervised  
administration of this estate on June 14, 2021  
(date)

These letters are proof of your authority to act pursuant to G. L. c. 190B, except for the following restrictions if any:

☐ Pursuant to G. L. c. 190B, § 3-108(4), the Personal Representative shall have no right to possess estate assets as provided in § 3-709 beyond that necessary to confirm title thereto in the successors to the estate and claims, other than expenses of administration, if any, shall not be paid.

☐ The Personal Representative was appointed before March 31, 2012 as Executor or Administrator of the estate.

↑↑ (Do Not Write Below This Line-For Court Use Only) ↓↓

CERTIFICATION

I certify that it appears by the records of this Court that said appointment remains in full force and effect. IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of said Court.

Date June 15, 2021

*Matthew J McDonough*

Matthew J McDonough, Register of Probate





(INSTRUCTIONS ON REVERSE SIDE)  
FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS



The Commonwealth of Massachusetts  
STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

394

STATE USE ONLY

DECEDENT NAME FIRST

MIDDLE

REGISTERED NUMBER

SEA

DATE OF DEATH Mo Day Yr

Frank

PLACE OF DEATH (City/Town)

(MMN)

LAST

SEX

Male 3 April 12, 1994

New Bedford

Bristol

Amaral

Male

1 April 12, 1994

HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

HOSPITAL OR OTHER INSTITUTION - Name (if not in other give street and number)

St. Luke's Hospital

WAS DECEDENT OF HISPANIC ORIGIN?

YES ☒ SPECIFY Puerto Rican Dominican Cuban etc.

RACE (e.g. White Black American Indian, etc.)

DECEDENT'S EDUCATION (Highest Grade Completed)

014-09-3542

FUS WAR VETERAN SPECIFY WAR

AGE - Last Birthday

81

UNDER 1 YEAR UNDER 1 DAY

DATE OF BIRTH Mo Day Yr

BIRTHPLACE (City and State or Foreign Country)

Westport, Massachusetts

June 23, 1912

11 Westport, Massachusetts

11 Westport, Massachusetts

MARRIED NEVER MARRIED WIDOWED OR DIVORCED

Widowed

LAST SPOUSE (If wife give maiden name)

USUAL OCCUPATION (If engaged)

Delivery Super.

Oil Company

Oil Company

RESIDENCE - NO & ST. CITY/TOWN COUNTY STATE/COUNTRY

18 Lemos Street, New Bedford, Bristol, Massachusetts, U.S.A.

FATHER FULL NAME

Manuel Amaral

STATE OF BIRTH (If not in US)

Portugal

MOTHER - NAME (Given)

Caroline

Perry

STATE OF BIRTH (If not in US)

Portugal

INFORMANT NAME

Carol Rego

MAILING ADDRESS - NO & ST. CITY/TOWN, STATE ZIP CODE

151 Fairhaven Rd. Mattapoisett, Ma. 02739

Niece

25 5387

25 5387

25 5387

25 5387

25 5387

25 5387

PLACE OF DISPOSITION

St. Anthony's Cemetery

DATE OF DISPOSITION

April 15, 1994

NAME AND ADDRESS OF FACILITY

Fairhaven Funeral Home

Fairhaven, Massachusetts

02719

02719

02719

02719

IMMEDIATE CAUSE (If not a disease, injury, or complication that caused the death. Do not use only the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.

1. MYocardial INFARCTION

2. ABNORMAL HEART RHYTHM

3. CORONARY ARTERY DISEASE

4. HYPERTENSION

5. DIABETES

6. CHOLESTEROL

7. SMOKING

8. ALCOHOL

9. TRAUMA

10. OTHER

29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.

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VERIFY PRESENCE OF WATERMARK - HOLD TO LIGHT TO VIEW

CERTIFICATE OF VITAL RECORD

The Commonwealth of Massachusetts

CT 202103667



52

07012019



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
CERTIFICATE OF DEATH

State File # 2021 003667  
Registered # 110

Place of Death		ST. LUKES HOSPITAL, NEW BEDFORD, MA	
Date of Death	JANUARY 17, 2021	Age	80 YRS
Current Name	REGO , CAROL A	Sex	FEMALE
Surname at Birth or Adoption	REGO	SSN	029-30-6762
AKA	---		
Date of Birth	DECEMBER 24, 1940	Birthplace	NEW BEDFORD, MASSACHUSETTS
Residence	151 FAIRHAVEN ROAD, MATTAPOISETT, MASSACHUSETTS 02739		
Race	WHITE	Education	HIGH SCHOOL GRADUATE OR GED
Marital Status	NEVER MARRIED	Occupation/Industry	OFFICE MANAGER/CHURCH OFFICE
Last Spouse - Last, First, Middle (Surname at Birth or Adoption)	Decedent: U.S. Veteran (Most Recent) NO		
Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace	
REGO, ANGELINA (TAVARES)		MASSACHUSETTS	
Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace	
REGO, MANUEL (REGO)		MASSACHUSETTS	
Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause			
a. Immediate Cause (Final condition resulting in death)			
ACUTE ON CHRONIC SYSTOLIC HEART FAILURE			
b. Due to or as a consequence of:			
LACTIC ACIDOSIS			
c. Due to or as a consequence of:			
HYPERTENSION			
d. Due to or as a consequence of:			
CORONARY ARTERY DISEASE			
Part II. Other significant conditions contributing to death but not resulting in underlying cause			
HISTORY OF CORONARY ARTERY BYPASS GRAFTING AND MITRAL VALVE REPAIR			
Medical Certifier		Manner of Death	
Certifier: YUSUF KONUK, MD		NATURAL	
Addr: 101 PAGE STREET, NEW BEDFORD, MASSACHUSETTS 02740		Time of Death: 11:05 PM	
Funeral Licensed Designee WILLIAM H. SAUNDERS		Result of Injury: NO	
Facility/Addr: SAUNDERS-DWYER MATTAPOISETT HOME FOR FUNERALS, MATTAPOISETT, MASSACHUSETTS		Lic # 262052	
Immediate Disposition: BURIAL		Lic # 6387	
Date of Immediate Disposition: JANUARY 23, 2021		Disposition	
Place/Address: SAINT ANTHONY'S CEMETERY, NORTH STREET, MATTAPOISETT, MASSACHUSETTS 02739		Date of Record: JANUARY 22, 2021	
Date of Amendment: ---		CLERK, CITY OF NEW BEDFORD	

DATE ISSUED: JANUARY 22, 2021

I, the undersigned, hereby certify that I am the Clerk of the Town of Mattapoisett, that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records as held in the Commonwealth's central vital records information repository.

Patricia A. MacIsaac

Clerk  
Town of Mattapoisett



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED



First Will  
and  
Testament  
of

FRANK AMARAL

BARNET SMOLA  
ATTORNEY-AT-LAW  
13 SO. SIXTH STREET  
NEW BEDFORD, MASSACHUSETTS 02740



# Bill of

FRANK AMARAL

*From the Office of*

BARNET SMOLA, ESQ.  
Smola & Smola  
13 South Sixth St.  
New Bedford, MA 02740  
Tel. (508) 996-5522

HOBBS & WARREN, INC.  
PUBLISHERS STANDARD LEGAL FORMS

BOSTON - MASS.

FORM 606

REV 1978

AMENDED 1985

EFFECTIVE 1986





~~The~~ **Be it Remembered** that I, FRANK AMARAL  
of New Bedford  
in the Commonwealth of Massachusetts, being of sound mind and memory, but  
knowing the uncertainty of this life, do make this my **Last will and**  
**testament**, hereby revoking all former wills by me at any time heretofore made.

After the payment of my just debts and funeral charges, I bequeath and devise as follows:

1. I hereby devise and bequeath my real estate premises at 18 Lemos Street, New Bedford, Massachusetts, to my niece, CAROL REGO, of East Fairhaven Road, Mattapoisett, Massachusetts, absolutely.
2. I give and bequeath all my furniture and furnishings and contents in my home to my said niece, CAROL REGO of East Fairhaven Road, Mattapoisett, Massachusetts.
3. I give and bequeath all monies in my bank account in the New Bedford Institution for Savings to my niece, CAROL REGO of East Fairhaven Road, Mattapoisett, Massachusetts, absolutely.
4. All the rest and residue of my estate, whatsoever and wheresoever, I give and bequeath to my said niece, CAROL REGO of East Fairhaven Road, Mattapoisett, Massachusetts.
5. I hereby nominate and appoint my said niece, CAROL REGO of East Fairhaven Road, Mattapoisett, Massachusetts, as Executrix of this, my Last Will, and I direct that she be exempt from furnishing any surety or sureties upon her official bond.



In testimony whereof I hereunto set my hand, signed willingly, (or willingly direct another to sign for me) and in the presence of each of said witnesses declare this to be my last will, executed as my free and voluntary act for purposes herein expressed, this 15th day of February in the year one thousand nine hundred and ninety.

Frank Amara  
Frank Amara

On this 15th day of February A.D. 1990  
of FRANK AMARAL New Bedford

Massachusetts, signed (or directed another to sign for him and said person signed for him ) the foregoing instrument in our presence, and executed this instrument as h is last will in the presence of ~~three~~ two witnesses, that he signed it willingly (or willingly directed another to sign it for h ), that each of us hereby signs this will as witness in the presence of the testator, and that to the best of our knowledge the testator is eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

Leslie N. Hilliard  
Alvin Youman

Commonwealth of Massachusetts, county of Bristol  
before me, the undersigned authority on this day personally appeared  
FRANK AMARAL and Leslie N. Hilliard Alvin Youman  
known to me to be the testator and the witnesses, respectively whose names are signed to the attached or foregoing instrument, and, all of these persons being by me duly sworn the testator declared to me and to the witnesses in my presence that the instrument is his last will and that he had willingly signed or directed another to sign for him and that he executed it as h is free and voluntary act of the purposes therein expressed: and each of the witnesses stated to me, in the presence of the testator, that he signed the will as witness and that to the best of h is knowledge the testator was eighteen (18) years of age or over, of sound mind and under no constraint or undue influence.

Frank Amara  
Testator  
Leslie N. Hilliard

Alvin Youman  
Witness  
Alvin Youman  
Witness

Subscribed and sworn before me by the said Testator and the said Witnesses, this 15th day of February, 1990.

Edward J. Amara



R-301 p. 2 of 2REGOSEN: 2021 003667

N:W BEDFORD 110

MATTAPOLIS:TT 9

STATE VOL/PG. 1

If U.S. war veteran, specify war/veteran(s)				
Branch of military (most recent)		Rank or organization (if most recent)		
Date entered (most recent)		Date Discharged (most recent)		Service Number (most recent)
Place of Death Type		Date of Pronouncement		
HOSPITAL - INPATIENT		Time of Pronouncement		
RNAMP#1 Pronouncement		Name of RNAMP#1 Pronouncing Unit		Loc #
NO		Name of Physician or Medical Examiner notified		
RNAMP#1 Employing Agency or Institution		Name of Physician or Medical Examiner notified		
Was M.E. Notified?		Provider in charge of patient's care, if not certifier		
NO				
Autopsy Performed?		To be completed for death?		Pregnancy Status, if female
NO		UNKNOWN		
Date of Injury		Time of Injury	Injury at Work?	If Transportation Injury, specify:
Place of Injury		Location/Address of Injury:		
Describe How Injury Occurred				
Expanded Race: WHITE				
Ethnicity: PORTUGUESE				
Informant Name				
LISA A FARIA				
Relationship				
COUSIN				
Addr: 2 GLADE STREET, DARTMOUTH, MASSACHUSETTS 02747				
Date Disposition Permit Issued		JANUARY 21, 2021	Board of Health, Agent	DANION O. CHAPLIN
State Tracking No.		003667	Local Permit No.	21-003667



**Cheveli A. Torres**

---

**From:** Chancery Perks  
**Sent:** Friday, January 28, 2022 11:57 AM  
**To:** Cheveli A. Torres  
**Subject:** RE: Abandonment of Septic system

All Clear, Thanks Cheveli

**Chance Perks**  
Conservation Agent  
City of New Bedford | Environmental Stewardship  
133 William Street, Room 304, New Bedford, MA 02740  
email: [chancery.perks@newbedford-ma.gov](mailto:chancery.perks@newbedford-ma.gov)  
Direct: 508-979-1497 | Cell: 508-726-7736

**From:** Cheveli A. Torres <[CTorres@newbedford-ma.gov](mailto:CTorres@newbedford-ma.gov)>  
**Sent:** Friday, January 28, 2022 11:40 AM  
**To:** Chancery Perks <[chancery.perks@newbedford-ma.gov](mailto:chancery.perks@newbedford-ma.gov)>  
**Subject:** Abandonment of Septic system


Good Morning

18 Lemos St. Is looking to connect into City sewer. Are they clear of wetlands.

Thank you,

*Sewer  
Map  
186*

**Cheveli Torres**  
Office Assistant III  
City of New Bedford | Public Infrastructure  
1105 Shawmut Ave, New Bedford, MA 02746  
508.979.1550 x 67305 email: [ctorres@newbedford-ma.gov](mailto:ctorres@newbedford-ma.gov)

lighting the way  
**new**  
bedford





No. 22-01

FEE 60

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair( ) Upgrade( ) Abandon ☒ an individual sewage disposal system  
at 18 Lemus Street as described in the application for  
Disposal System Construction Permit No. 22-01, dated 1/28/22.

**Provided:** Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev 5/96 A.M. Sulkin Co. Boston, MA

Date 1/28/22 Board of Health Lisa Foria

Lisa Foria  
(508) 958-9141

No. 00-01

COMMONWEALTH OF MASSACHUSETTS

New Bedford, MA.  
Board of Health,

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct ( ) Repair ( ) Upgrade ( ) Abandon ☒ an individual sewage disposal system

at 13 Lewis Street  
as described in the application for Disposal System Construction Permit No. 00-01, dated 1/23/00.

**Provided:** Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 1/23/00 Board of Health John White

FEE 100