

IN CONSIDERATION of the sum of One Dollar (\$1.00) and other valuable considerations, receipt of which is hereby acknowledged, the right is hereby granted and conveyed to THE DETROIT EDISON COMPANY, 2000 Second Avenue, Detroit, Michigan, and the MICHIGAN BELL TELEPHONE COMPANY, 1365 Cass Avenue, Detroit, Michigan, their licensees, lessees, successors, and assigns, to construct line facilities for the purpose of providing electric service and communication service, including necessary poles, guys, anchors, wires, and equipment, in, upon, over, and across the property located in

2-11/10 City of Troy County of Oakland State of Michigan,
TOWNSHIP OR MUNICIPALITY

further described as follows: Lots 42 and 43 of Crystal Springs Subdivision, part of the SE 1/4 of Section 10, Township 2 North, Range 11 East, Troy Township, Oakland County, Michigan, according to the Plat thereof as recorded in Liber 28 of Plats, Page 23, Oakland County Records.

with full right of ingress and egress upon the said premises to employes or appointees of the said grantees to construct, reconstruct, repair, operate, and maintain said line facilities, and to trim or cut down any trees which, in the opinion of the grantees, at any time interfere or threaten to interfere with the construction and operation of said line facilities.

The route of the line facilities is described as follows: In an easterly and westerly direction across said land along a line 52 feet North of and parallel to the center line of East Long Lake Road.

In addition to the above consideration, the total sum of TEN AND NO/100 (10.00) Dollars shall be paid to the grantor before construction is completed.

This grant is hereby declared binding upon the heirs, successors, and assigns of the undersigned grantor

IN WITNESS WHEREOF, I have hereunto set MY hand and seal this 16TH day of JUNE 19 75

WITNESS: Walter E. Touchie
WALTER E. TOUCHIE

SIGNED: X Louise Serafini
LOUISE SERAFINI, Survivor herself and her deceased husband, Celeste Serafini. Death Certificate attached.

715 E. LONG LAKE RD
TROY, MI. 48084

X Paul E. Zagro
PAUL E. LAGROU

Prepared by: Walter E. Touchie
1970 Orchard Lake Rd.
Pohtiac, Michigan 48053

STATE OF MICHIGAN
County of OAKLAND } s.s.

On this 16TH day of JUNE A.D. 19 75, before me, the undersigned,

a notary public in and for said county, personally appeared "LOUISE SERAFINI, SURVIVOR OF HERSELF AND HER DECEASED HUSBAND, CELESTE SERAFINI."

known to me to be the person named in and who executed the foregoing instrument as grantor, and acknowledged the same to be HER free act and deed.

My commission expires JAN. 7, 1978

Walter E. Touchie
WALTER E. TOUCHIE
Notary Public WAYNE County, Michigan.

RECORDED
RIGHT OF WAY NO. 30358
CLERK-REGISTER OF DEEDS
LYNN ALLEN
1975 JUN 17 AM 3:00
OAKLAND COUNTY MICHIGAN
REGISTER OF DEEDS RECORDS

W. Zagro
10-27-75
5.00

31-1108

Original

Copy of Title

Lot 42 and 43 of Block 12, East of the 22nd St. of
Section 11, Township 8 North, Range 11 East, County, Michigan,
according to the plat thereof as recorded in Book 22, DeKalb County
Records.

It is hereby certified that the above described land
along a line 25 feet north of and parallel to the center line of East Lake Road.

Prepared by: Alice H. Tompkins
1270 Grand Lake Ave.
Troy, Michigan 48060

Return to:
J. A. Robertson
30400 Telegraph Rd., 272 OAKDH
Birmingham, Michigan 48010

CERTIFICATE OF DEATH

JAN 8 1973

117495

407 LOCAL FILE NUMBER

Michigan Department of Public Health

STATE FILE NUMBER

6594 PAGE 107

DECEASED—NAME **Celeste Serafini** LAST FIRST MIDDLE INITIAL SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **December 4, 1972**

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) **White** AGE—LAST BIRTHDAY (YEARS) **79** UNDER 1 YEAR (MOS. DAYS) UNDER 1 DAY (HOURS MIN.) DATE OF BIRTH (MONTH, DAY, YEAR) **June 4, 1893** COUNTY OF DEATH **Oakland**

CITY, VILLAGE, OR TOWNSHIP OF DEATH **Madison Heights** INSIDE CITY LIMITS (SPECIFY YES OR NO) **yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Martin Place East Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Italy** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Louise Grossa**

SOCIAL SECURITY NUMBER **375-01-4845** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Retired Tile Setter** KIND OF BUSINESS OR INDUSTRY **Set Tiles Company**

RESIDENCE—STATE **Michigan** COUNTY **Oakland** CITY, VILLAGE OR TOWNSHIP **Troy** INSIDE CITY LIMITS (SPECIFY YES OR NO) **yes** STREET AND NUMBER **715 E. Long Lake Rd**

FATHER—NAME FIRST MIDDLE LAST **John Serafini** MOTHER—MAIDEN NAME FIRST MIDDLE LAST **Josephine Ferrari**

INFORMANT—NAME **Mrs. Louise Serafini** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **715 E. Long Lake Rd. Troy, Michigan 48061**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) **Acute Myocardial Infarction**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) **Arteriosclerotic Heart Disease**

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

Cardiac Arrest (Resuscitated) Aspiration Pneumonia 19b. **yes** 19c. **yes**

ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. **11 1 1972** TO 21b. **12 9 1972** 21c. **12 3 1972** 21d. **DID NOT** 21e. **5:35 A.M.**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. **Sheldon N. KAFTAN DO** 23b. **Sheldon N. Kaftan DO** 23c. **12/5/1972**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23d. **17191 James Coopers Detroit Michigan 48235**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY, VILLAGE, TWP. OR COUNTY STATE

24a. **Burial** 24b. **White Chapel Cemetery** **Troy Michigan**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

24d. **Dec. 7, 1972** 25a. **Ross B. Northrop & Son, 22401 Grand River, Det. Mich. 482** 25b. **Michael Pressing** 26a. **Clare H. Hales** 26b. **Dec. 6, 1972**

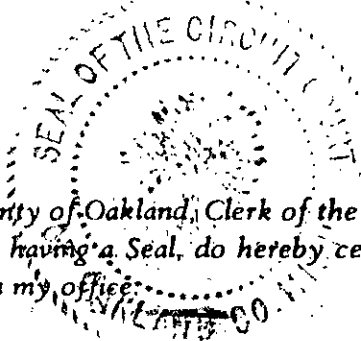
STATE OF MICHIGAN)
) SS
 COUNTY OF OAKLAND)

I, Lynn D. Allen, County Clerk for the County of Oakland, Clerk of the Circuit Court thereof, the same being a court of Record, and having a Seal, do hereby certify that the foregoing is a copy of the record now remaining in my office.

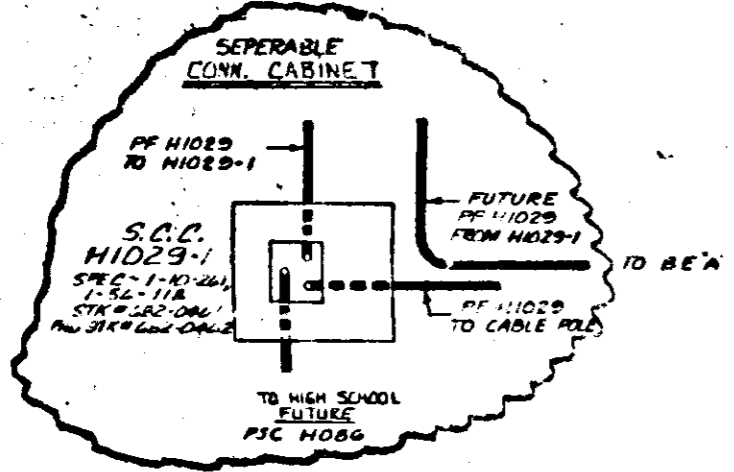
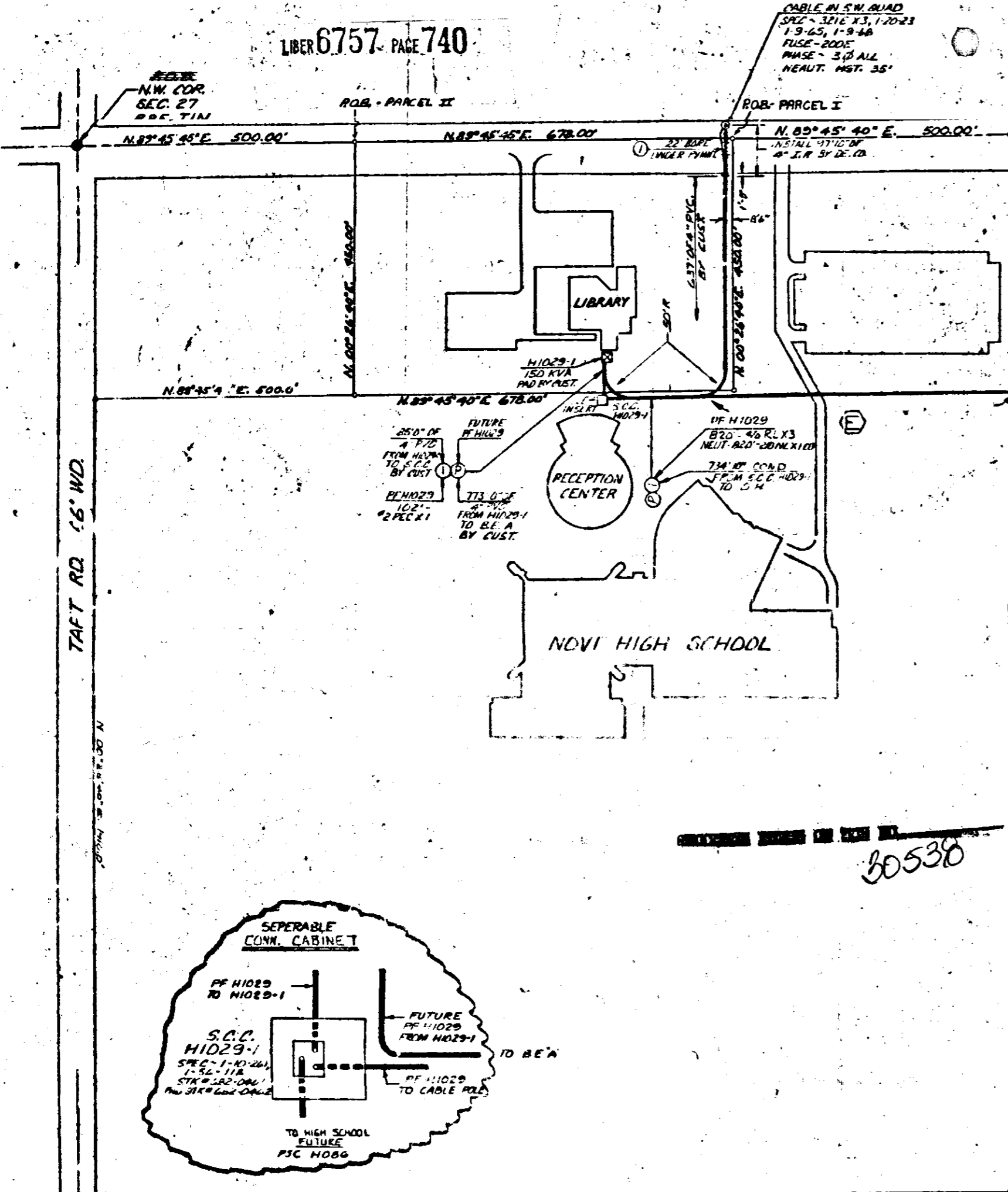
In testimony whereof, I have hereunto set my hand and affixed the Seal of said Court this 2 day of OCTOBER, 19 75

LYNN D. ALLEN, Clerk - Register of Deeds.

BY Narmi J. Busch
 Deputy Clerk



RECORDED RIGHT OF WAY NO. 30358



CABLE SUMMARY

SEE TO TANK	ITEM# 2 PEC 11 102' 73.3' 102'
	ITEM# AP2300 A 140 600 V 7130817
	ITEM# AP220 A 1-01 600 V 7130814
OH. TO S.C.C. NEUTRAL	110 RL X 3 15.2 KV 713-3072.4 ALY
	110 NH X 1 CU 600 V 713-0580

TRENCH SUMMARY

JOINT USE	75' 10" TRENCH
"E ONLY	22' ROAD BORE
TEL ONLY	
TOTAL	97' 10"

NOV1 HIGH SCHOOL SITE NO. MA MERRILL-348-2155
NOV1 LIBRARY SITE SUPT. PHONE NO. 1-313-3711111

- GENERAL NOTES -

TRENCHING TO BE DONE BY CUSTOMER
TRENCH AND CABLE LENGTHS ARE APPROXIMATE
SEE DRAWING U1-2300 FOR TRANS. MAT. DETAILS
SEE PAGE 3211 (S.I.M.) DETAIL " " FOR ENTRANCE
SEE DRAWING U1-2283 FOR PLACEMENT OF CABLES
TRANSFORMERS AND PEDESTALS (SUBS ONLY)
D.E. SERVICE PLANNET: D. CERMAK 425-8129
TEL. CO.: R. NAGEL 427-3850

CONTACT "MISE DIO" 8477.446 BEFORE DOING ANY EXCAVATION
BASEMENTS INDICATED BY OUR CENTERLINES ARE 18" SIX FEET IN WIDTH UNLESS OTHERWISE NOTED.

START DATE 3-9-76

PERMITS REQUIRED
OKLD. CO. RD. COMM.
(EX. OF NOV1 NOTIFICATION ONLY)

D	C	B	A	REFERENCE	DATE	DATE	JOB TITLE	TITLE
					3-27-76	3-27-76	D. KALLMAN	NOV1 CIVIC CENTER
					3-27-76	3-27-76	J. CURTIS	PART OF THE N.W. 1/4 OF SEC. 27 R.B.E., T. 1 N.
					3-27-76	3-27-76	J. CURTIS	CITY OF NOV1 CAKLAND CO. MICH.

SCALE	1"=100'	NUMBER OF SHEETS	367B4J367
LATEST REVISION		ESTIMATED NO. SHEETS	1673 NOV1-4BKV
DEPT. ORDER NUMBER	A-64310	SHEET	1 OF 1 SHEETS

RIGHT OF WAY NO. 30358

RECORDED

30358

RECORDED