

**OVERHEAD EASEMENT (RIGHT OF WAY) NO. O-1626**

On Jan 23<sup>rd</sup>, 1991, for the consideration of system betterment, Grantor grants to Grantee a permanent overhead easement ("Right of Way") in, on and across a part of Grantor's Land called the "Right of Way Area".

"Grantor" is: SURVIVOR OF HIMSELF AND HIS DECEASED WIFE, ANNE M. MISCOVICH, WHOSE DEATH CERTIFICATE IS ATTACHED HERE TO. (A.K.A ANNA M. MISCOVICH)

Michael J. Miscovich and ~~Anna M. Miscovich, husband and wife~~, 425 Davison Lake, Oxford, Michigan 48371

"Grantee" is:

The Detroit Edison Company, a Michigan corporation, 2000 Second Avenue, Detroit, Michigan 48226

"Grantor's Land" is in Township of Oxford, Oakland County, described as:

Beg at NW 1/4, Sec. 4, T5N., R10E., beg at pt dist N 89°47'04" E 1064.79 ft from NW sec cor, th N 89°47'04" E 353.05 ft, th S 00°16'53" W 2018.83 ft, th S 88°45'49" W 155.69 ft, th N 05°47'00" W 687.02 ft, th N 89°43'00" E 17.07 ft, th N 05°47'00" W 1344.02 ft to beginning. 12.44 acres. Sidwell No: 04-04-102-001

The "Right of Way Area" is a part of Grantor's Land and is described as:

The east 10 feet of the west 115 feet of the north 175 feet of the above described property.

- 1. Purpose:** The purpose of this Right of Way is to construct, reconstruct, modify, add to, operate and maintain overhead utility line facilities consisting of poles, guys, anchors, wires, cables, transformers and accessories.
- 2. Access:** Grantee has the right of access to and from the Right of Way Area.
- 3. Buildings or other Permanent Structures:** No buildings or other permanent structures shall be placed in the Right of Way Area without Grantee's prior written consent.
- 4. Trees, Bushes, Branches or Roots:** Grantee may trim, cut down, remove or otherwise control any trees, bushes, branches or roots in the Right of Way Area (or that could grow into the Right of Way Area) that Grantee believes could interfere with the safe and reliable construction, operation and maintenance of Grantee's facilities.
- 5. Restoration:** If Grantee's employees, contractors, vehicles or equipment damage Grantor's Land while entering Grantor's Land for the purposes stated in this Right of Way, then Grantee shall restore Grantor's Land as nearly as can be to its original condition.
- 6. Successors:** This Right of Way runs with the land and binds and benefits Grantor's and Grantee's successors, lessees, licensees and assigns.

Witnesses:(type or print name below signature)

Grantor:(type or print name below signature)

JACK D. SCHELL  
JACK D. SCHELL

FRANCES ARNOLD  
FRANCES ARNOLD

MICHAEL J. MISCOVICH  
Michael J. Miscovich

A#36 REG/DEEDS PAID  
0001 MAY.11 '92 12:57PM  
9985 MISC 9.00

RECORDED RIGHT OF WAY NO. 43016

Acknowledged before me in OAKLAND County, Michigan, on JANUARY 23<sup>rd</sup>, 1991 by Michael J. Miscovich and ~~Anna M. Miscovich, husband and wife.~~

SURVIVOR OF HIMSELF AND HIS DECEASED WIFE, ANNE M. MISCOVICH, WHOSE DEATH CERTIFICATE IS ATTACHED HERETO. (A.K.A ANNA M. MISCOVICH)

TERRY L BENEDICT

Notary's Stamp Notary Public, Oakland County, MI My Commission Expires July 1, 1992

Notary's Signature Terry L. Benedict

Prepared by (and Return to) Terry L. Benedict, 30400 Telegraph Rd., Suite 277, Birmingham, Mi 48025

DECO1

A#36 REG/DEEDS PAID  
0001 MAY.11 '92 12:57PM  
9985 RMT FEE 2.00

9.00  
2.00 RMT

Return on Back

Return TO: *18*  
Detroit Edison Company  
Pontiac Service Center Clerk *APR 1988*  
30400 Telegraph Rd., Rm. 240  
Birmingham, Mi 48025



8882 RMT FEE  
0001 MAIL AS 13.00  
#38 REM BEEDS PAID

LF \_\_\_\_\_  
CF \_\_\_\_\_ 331



STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER  
No 0602506

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

NAME OF DECEDENT  
FOR USE BY PHYSICIAN OR INSTITUTION

RECORDED RIGHT OF WAY NO. 4/30/16

1. DECEDENT'S NAME (First, Middle, Last) Ann (a.k.a. Anna) M. Miscovich				2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 4, 1991
4a. AGE - Last Birthday (Years) 57	4b. UNDER 1 YEAR MONTHS DAYS	4c. UNDER 1 DAY HOURS MINUTES	5. DATE OF BIRTH (Month, Day, Year) February 18, 1934	6. COUNTY OF DEATH Lapeer	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Lapeer Regional Hospital			7b. IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOA (Specify) Inpatient	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Lapeer	
8. SOCIAL SECURITY NUMBER 179-28-3605		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self-employed		9b. KIND OF BUSINESS OR INDUSTRY Metal Casting Company	
10a. CURRENT RESIDENCE - STATE Michigan	10b. COUNTY Lapeer	10c. LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF Metamora		10d. STREET AND NUMBER 181 Davison Lake Rd.	
10e. ZIP CODE 48455	11. BIRTHPLACE (City and State or Foreign Country) Uniontown, PA.	12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13. SURVIVING SPOUSE (If wife, give name before first married) Michael Miscovich	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) Slovak		16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)      College (1-4 or 5+) 2	
18. FATHER'S NAME (First, Middle, Last) Joseph Baran			19. MOTHER'S NAME (First, Middle, Surname before first married) Mary Satanek		
20a. INFORMANT'S NAME (Type/Print) Mr. Michael Miscovich			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 181 Davison Lake Rd. Metamora, Michigan 48455		
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) East Lawn Cemetery		22b. LOCATION - City or Village, State Orion Township, Michigan	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Thomas G. Griffin</i> Thomas G. Griffin		24. LICENSE NUMBER (of Licensee) 5299	25. NAME AND ADDRESS OF FACILITY Sparks-Griffin Funeral Home 111 E. Flint St. Lake Orion, Michigan 48362		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF) b. Medullary Failure DUE TO (OR AS A CONSEQUENCE OF) c. Metastatic Breast Carcinoma DUE TO (OR AS A CONSEQUENCE OF) d. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Cachexia					Approximate Interval Between Onset and Death hours hours years NO NO
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO		31a. (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>Mary Ellen Thick</i>		30b. DATE SIGNED (Mo., Day, Yr.) OCT 4, 1991	30c. TIME OF DEATH 7:00 A.M.	31b. DATE SIGNED (Mo., Day, Yr.)	31c. CASE NUMBER
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON		31e. TIME OF DEATH M	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Jeffery L. Harris, D.O. 454 S. Main Lapeer, Michigan 48446				32b. LICENSE NUMBER 007337	
33a. ACC. SUICIDE, HOM., NATURAL OR PENDING INVEST. (Specify)		33b. DATE OF INJURY (Mo., Day, Yr.)	33c. TIME OF INJURY M	33d. DESCRIBE HOW INJURY OCCURRED	
33e. INJURY AT WORK (Specify Yes or No)		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g. LOCATION - Street or R.F.D. No. City, Village or Twp. State	
34a. REGISTRAR'S SIGNATURE <i>Mary Ellen Thick (Par)</i>				34b. DATE FILED (Month, Day, Year) OCTOBER 7, 1991	

B-36  
Rev. 1/90

STATE OF MICHIGAN )  
COUNTY OF LAPEER ) SS

I, MARY ELLEN THICK, Clerk of said County and Clerk of the Circuit Court for the said County, the same being a Court of record having a Seal, do hereby certify that the above is a true copy of the record now remaining in my office.

In Testimony Whereof, I hereunto set my hand and affixed the Seal of the Circuit Court, this

MET Day of October, 1991  
MARY ELLEN THICK, COUNTY CLERK

Patricia Redlin  
Deputy County Clerk

LF \_\_\_\_\_

STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH



CERTIFICATE OF DEATH

No 0602506

CF 331

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

RECORDED RIGHT OF FAX NO.

43016

1. DECEDENT'S NAME (First, Middle, Last) Ann (a.k.a. Anna) M. Miscovich				2 SEX Female	3 DATE OF DEATH (Month, Day, Year) October 4, 1991	
4a. AGE - Last Birthday (Years) 57	4b. UNDER 1 YEAR MONTHS DAYS	4c. UNDER 1 DAY HOURS MINUTES	5 DATE OF BIRTH (Month, Day, Year) February 18, 1934	6 COUNTY OF DEATH Lapeer		
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Lapeer Regional Hospital			7b IF HOSP. OR INST. Inpatient. Op./Emer. Room, DOA (Specify) Inpatient	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Lapeer		
8. SOCIAL SECURITY NUMBER 179-28-3605		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self-employed		9b. KIND OF BUSINESS OR INDUSTRY Metal Casting Company		
10a. CURRENT RESIDENCE - STATE Michigan	10b. COUNTY Lapeer	10c. LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF Metamora		10d. STREET AND NUMBER 181 Davison Lake Rd.		
10e. ZIP CODE 48455	11 BIRTHPLACE (City and State or Foreign Country) Uniontown, PA.	12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13 SURVIVING SPOUSE (If wife, give name before first married) Michael Miscovich	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No		
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) Slovak		16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)      College (1-4 or 5+) 2		
18 FATHER'S NAME (First, Middle, Last) Joseph Baran			19 MOTHER'S NAME (First, Middle, Surname before first married) Mary Satanek			
20a. INFORMANT'S NAME (Type/Print) Mr. Michael Miscovich		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 181 Davison Lake Rd. Metamora, Michigan 48455				
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Burial		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) East Lawn Cemetery		22b. LOCATION - City or Village, State Orion Township, Michigan		
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Thomas G. Griffin</i> Thomas G. Griffin		24. LICENSE NUMBER (of Licensee) 5299	25. NAME AND ADDRESS OF FACILITY Sparks-Griffin Funeral Home 111 E. Flint St. Lake Orion, Michigan 48362			
26 PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF) Medullary Failure DUE TO (OR AS A CONSEQUENCE OF) Metastatic Breast Carcinoma Approximate Interval Between Onset and Death hours hours years					27a WAS AN AUTOPSY PERFORMED? (Yes or No) NO	27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) NO
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Cachexia						
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>Jeffery L. Harris</i>		30b. DATE SIGNED (Mo., Day, Yr.) Oct 4, 1991	30c. TIME OF DEATH 7:00 A.M.	31b. DATE SIGNED (Mo., Day, Yr.)	31c. CASE NUMBER	
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON		31e. TIME OF DEATH M		
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Jeffery L. Harris, D.O. 454 S. Main Lapeer, Michigan 48446				32b. LICENSE NUMBER 007337		
33a. ACC SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify)		33b. DATE OF INJURY (Mo., Day, Yr.)	33c. TIME OF INJURY M	33d. DESCRIBE HOW INJURY OCCURRED		
33e. INJURY AT WORK (Specify Yes or No)		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g. LOCATION - Street or R.F.D. No. City, Village or Twp. State		
34a. REGISTRAR'S SIGNATURE <i>Mary Ellen Shield (Par)</i>			34b. DATE FILED (Month, Day, Year) OCTOBER 7, 1991			

STATE OF MICHIGAN )  
COUNTY OF LAPEER ) ss

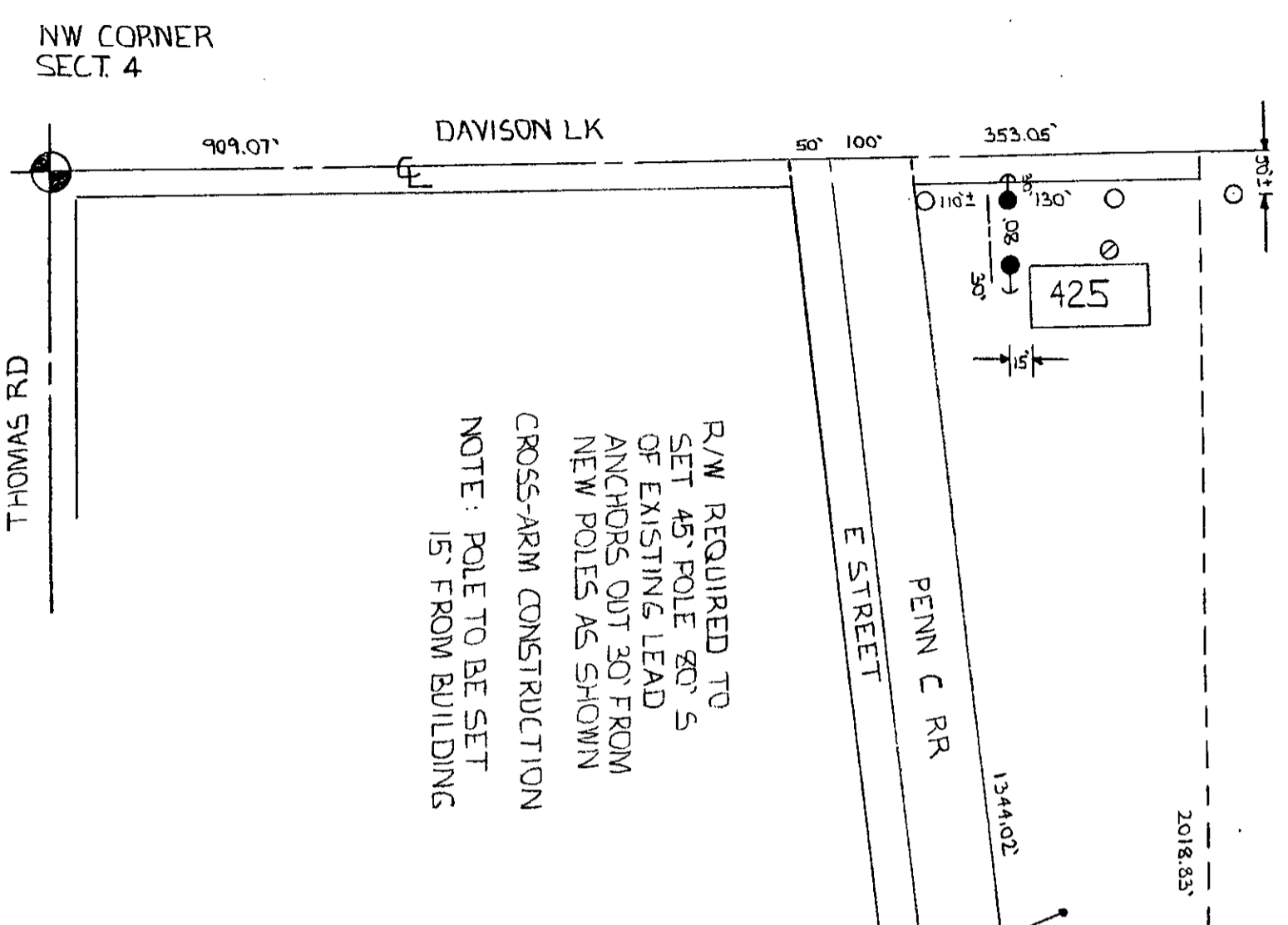
I, Theresa Spencer, Clerk of said County and Clerk of the Circuit Court for the said County, the same being a Court of record having a Seal, do hereby certify that the above is a true copy of the record now remaining in my office.

In Testimony Whereof, I hereunto set my hand and affixed the Seal of the Circuit Court, this

10th Day of April, 1992

Theresa Spencer, County Clerk

*Patricia Bullen*  
Deputy County Clerk

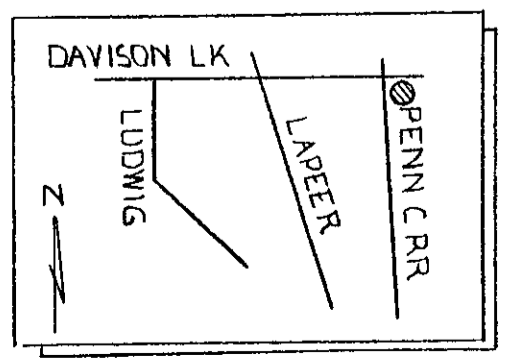


R/W REQUIRED TO SET 45' POLE 80' S OF EXISTING LEAD ANCHORS OUT 30' FROM NEW POLES AS SHOWN

CROSS-ARM CONSTRUCTION

NOTE: POLE TO BE SET 15' FROM BUILDING

**R/W Secured:**  
 CAST-RITE LTD  
 MIKE MISCOVICH TEL: 628-2500  
 425 DAVISON LK FAX: 628-3263  
 OXFORD MI 48371



REPORT OF PROPERTIES AND RIGHTS WAY DEPARTMENT R/W SECURED INDICATED ON THIS SKETCH

BY TERRY L. BRADDOCK

DATE 12-16-91

DATE WANTED 12-30-91

DISTRICT FIELDMAN Tony R. Daniels

PERMITS TO:  
 RECORD CENTER \_\_\_\_\_  
 R/W FILES \_\_\_\_\_  
 M&T \_\_\_\_\_  
 ORIGINATOR \_\_\_\_\_  
 TOTAL \_\_\_\_\_

LEGEND	
○	FOREIGN POLE
○	EXIST. D.E. CO. POLE
○	PROPOSED POLE
○	EXIST. ANCHOR
○	PROPOSED ANCHOR
○	TREE
○	120/240 V LINE
○	4800 V LINE
○	13,200 V LINE
○	40,000 V LINE

THE DETROIT EDISON COMPANY - SERVICE PLANNING DEPARTMENT	
CITY OR TWP OXFORD TWN	COUNTY OAKLAND
QTR. & TWP. SECT. NO. NW 1/4 SECT. 4	DEPT. ORDER NO.
MAR SECT. 2-274-504	TOWN RANGE T5N R10E
PROJECT NAME NEW SERVICE TO 425 DAVISON LK	SCALE 1" = 200'
CIRCUIT DC 8984 OAKWD	BUDGET ITEM NO. 2MHDA-VAH
PLANNER JIM DEKIMPE 167-4029	DATE 12-16-91