

Date December 14, 1962

IN CONSIDERATION of the sum of One Dollar (\$1.00) and other valuable considerations, receipt of which is hereby acknowledged, WE hereby grant to THE DETROIT EDISON COMPANY, its successors and assigns, the right to construct, operate and maintain its lines for the transmission and distribution of electricity and Company communication facilities, including the necessary poles, fixtures, guys and guy stubs, wires and equipment, and including also the right to trim or cut down any trees along said lines, which could fall into the lines or interfere in any way with their operation upon, over and across our property located in Townships of Hume and Dwight County of Huron State of Michigan, and described as follows:

The East 1/2 of the Northeast 1/4 and the Northeast 1/4 of the Southeast 1/4 of Section 1, T 18 N, R 12 E; also the North four (4) acres of the West thirteen (13) acres lying West of State Highway M-53 in the Southwest 1/4 of the Southwest 1/4 of Section 6, T 18 N, R 13 E.

The route of the lines shall be as follows: In a Northerly and Southerly direction along and adjacent to the East property line; also in a Northerly and Southerly direction along and adjacent to the West property line of property lying in Section 6.

This agreement also includes the right to clear and keep clear of trees and brush a strip 75 ft wide on the West side of said line and any other trees outside of said strip that could fall or interfere in any way with its operation.

The Company shall reimburse us for all damage to growing crops, buildings or fences, caused by its men, teams, trucks and other vehicles and equipment in entering said property for the purpose set forth herein.

In addition to the above consideration, the Company shall pay us the sum of Five and no/100 (\$5.00) Dollars for each pole on said land, the same to be paid before any poles are erected.

Witness:
Charles L. Harris
Charles L. Harris
W. E. Glendon
W. E. Glendon

E.W.B.
4-19-63

(Signed) X Fred C. Empkie, Jr.
Fred C. Empkie, Jr.
X Ann L. Empkie
Ann L. Empkie
X Annie M. Empkie
Annie M. Empkie
(Accepted)

Certified Copy of Death Certificate of Fred C. Empkie, Life Tenant, attached.

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STATE OF MICHIGAN
County of Huron } s.s.

THE DETROIT EDISON COMPANY
By: Richard H. Taylor

RICHARD H. TAYLOR, DIRECTOR
REAL ESTATE AND RIGHTS-OF-WAY DEPARTMENT

On this 14th day of December A. D. 1962, before me, the undersigned, a notary public in and for said county, personally appeared Fred C. Empkie, Jr and Ann L. Empkie, his wife; and Annie M. Empkie

known to me to be the person S who executed the foregoing instrument, and acknowledged the same to be their free act and deed.

the same - Dec. 1; SE 1/4, NE 1/4 of NE 1/4, E 1/2 of

Charles L. Harris
Charles L. Harris
Notary Public Huron County, Michigan.

My Commission expires August 24, 1963

Dwight - Dec. 6; SW 1/4, SW 1/4 of

RETURN TO
RICHARD H. TAYLOR
The Detroit Edison Company
2000 W. WABASH AVENUE
DETROIT 26, MICHIGAN

LIBER 279 PAGE 515

RECORDED
RIGHT OF WAY NO. 22083
APR 30 1 26 PM '63
REGISTER OF DEEDS
HURON COUNTY, MICHIGAN



CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Vital Records Section

State File No.

APR 30 1 26 PM '63

APR 30 2 26 PM '63

BIRTH No.

Local File No. 44

1. PLACE OF DEATH a. COUNTY <i>Huron</i>		2. USUAL RESIDENCE WHERE DECEASED LIVED, IF INSTITUTIONAL RESIDENCE ASSESSOR'S RESIDENCE a. STATE <i>Mich</i> b. COUNTY <i>REGISTRY OF DEEDS</i>	
b. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE TOWNSHIP) OR VILLAGE <i>Bad Axe</i>		c. TOWNSHIP, CITY OR VILLAGE <i>Dwight</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Huron Co. Health Center</i>		e. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>7541 N. VanDyke; Port Austin</i>	
3. NAME OF DECEASED (TYPE OR PRINT) a. (FIRST) <i>Fred</i> b. (MIDDLE) <i>Charles</i> c. (LAST) <i>Empkie</i>		4. DATE OF DEATH <i>April 12, 1961</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 23, 1882</i>
10a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Nich</i>
13. FATHER'S NAME <i>Fred J. Empkie</i>		14. MOTHER'S MAIDEN NAME <i>Mary Etzler</i>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		17. SOCIAL SECURITY No. <i>381-38-7116</i>	
19. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) *THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA ETC IT MEANS THE DISEASE INJURY OR COMPLICATION WHICH CAUSED DEATH		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a). <i>Cerebro-vascular accident</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b). <i>Hypertensive-arteriosclerotic Cardio-vascular renal disease</i> UNDERLYING CAUSE LAST <i>Ryndrome</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19d. DATE OF OPERATION		19e. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21b. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG ETC)	
21d. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21e. INJURY OCCURRED WHILE AT () NOT WHILE AT WORK ()	
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>July</i> 19 <i>58</i> TO <i>4-12-61</i> 19 THAT I LAST SAW THE DECEASED ALIVE ON <i>4-11-61</i> 19 AND THAT DEATH OCCURRED AT <i>3 A.</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23a. SIGNATURE (DEGREE OR TITLE) <i>Aurcie G. Sorensen M.D.</i>		23b. ADDRESS <i>Bad Axe, Mich</i>	
23c. DATE SIGNED <i>4-13-61</i>		24. NAME OF CEMETERY OR CREMATORY <i>Port Austin Cem.</i>	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		24b. DATE <i>4-15-61</i>	
24c. LOCATION (CITY, VILLAGE, TWP., OR COUNTY) (STATE) <i>Port Austin, Mich</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. D. Gage; Kinde, Mich</i>	
DATE REC'D BY LOCAL REG. <i>4-14-61</i>		REGISTRAR'S SIGNATURE <i>Edward A. Swackhamer</i>	

STATE OF MICHIGAN,)

ss. *Edward A. Swackhamer*
COUNTY OF *Huron*) I,

Clerk of said County and I, _____ Clerk of the Circuit Court for 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 of Death of *Fred Charles Empkie* now remaining in my office, and of the whole thereof.



In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Circuit Court the *14th* day of *Dec.* 19 *62*
EDWARD A. SWACKHAMER Clerk.
By *Helen M. Remanski* Deputy Clerk.

NOTE 1. Insert "Deputy" when desired.

RETURN TO
RICHARD H. LAYLER
The Detroit Edison Company
2000 ST. AND AVENUE
DETROIT 26, MICHIGAN

RECORDED RIGHT OF WAY NO. 22083

1403

No. 44

RECEIVED

CERTIFIED COPY OF RECORD OF

DEATH

OF

Fred Charles Empkie

APR 30 9 42 AM '53

Richard H. Taylor
REGISTER OF DEEDS
WASHTENAW COUNTY, MICHIGAN

DOUBLEDAY BROS. & CO

2.25

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RETURN TO
RICHARD H. TAYLOR
The Detroit Edison Company
200 SECOND AVENUE
DETROIT 26, MICHIGAN