

131

TITLE DATA

Walter Demski and wife, Mary P.

TRACT _____

Easement

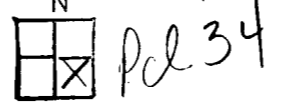
NAME OF GRANTOR 12/7/71 1/12/72 360 67

ACCOUNT NO. _____

MAP 9

KIND OF INSTRUMENT DATE OF INST. DATE OF RECORD LIBER PAGE

WARREN - SUMMERTON TRANS. LINE LIBER 360 PAGE 67



Form 314 7-70

Walter Demski and Mary Demski, also known as Mary P. Demski, his wife, Route #5, Mt. Pleasant, Michigan... One and no/100 Dollars (\$ 1.00) to him paid by CONSUMERS POWER COMPANY...

The North 1/4 of the Northeast 1/4 of the Southeast 1/4 of Section 28, Township 15 North, Range 3 West.

The center line of said line of towers, pole structures, poles, wires, cables and conduits, on, over, under and across said land being described as:

Beginning on the South line of Section 28, Township 15 North, Range 3 West, at a point not more than 900 feet nor less than 800 feet West of the East line of said Section, thence Northerly along and not more than 900 feet nor less than 800 feet West of the East line of said Section...

Also conveying the full right and authority to Grantee, its successors, licensees, lessees or assigns, and its and their agents and employees, to enter at all times upon said premises for the purpose of constructing, repairing, removing, replacing, patrolling, improving, enlarging and maintaining such towers, pole structures, poles and other supports...

Also conveying the right to cut, trim, remove, destroy or otherwise control (1) all trees and brush on the land of the Grantor described in this easement within 65 feet on either side of the center line of the towers, pole structures, poles and wires...

It is expressly agreed that, for the protection of said electric line, no buildings or other structures will be placed within 36 feet on either side of the center line of the towers, pole structures, poles and wires...

It is expressly understood that nonuse or a limited use of this easement by Grantee shall not prevent Grantee from later making use of the easement to the full extent herein conveyed.

Where applicable, pronouns and relative words used herein shall be read as plural, feminine or neuter.

IN WITNESS WHEREOF, Grantor has executed this instrument on this 7th day of December, 1971.

WITNESSES:

Raymond Demski, Samuel B. Miller

Walter Demski, Mary Demski

Med



MICHIGAN STATE Isabella COUNTY Denver TOWNSHIP 28 SECTION T15N TOWN R3W RANGE

Table with columns: BALANCE, TRANSFERS, AMOUNT, ITEMS OF COST, JOURNAL ENTRY, DATE. The table is mostly empty with a grid structure.

NAME OF GRANTOR _____

ACCOUNT NO. _____

MAP _____

KIND OF INSTRUMENT | DATE OF INST. | DATE OF RECORD | LIBER | PAGE

206 ¹⁰/₇

LIBER 360 PAGE 68

(INDIVIDUAL ACKNOWLEDGMENT)

STATE OF MICHIGAN)
County of Isabella) ss.

The foregoing instrument was acknowledged before me this 7th day of December, 1971,
by Walter Demski and Mary Demski

Samuel B Miller
Notary Public, Otsego County, Michigan
My commission expires December 12, 1971

(INDIVIDUAL ACKNOWLEDGMENT)

STATE OF MICHIGAN)
County of _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 19____,
by _____

Notary Public, _____ County, Michigan
My commission expires _____

(CORPORATE ACKNOWLEDGMENT)

STATE OF MICHIGAN)
County of _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 19____,
by _____
President of _____ a
corporation, on behalf of the corporation.

Notary Public, _____ County, Michigan
My commission expires _____

Pl 7/3, 1/16, 5/4, 12/15/71

*Walter Demski
Mary
70
Consumers Power Co.*

STATE OF MICHIGAN
COUNTY OF ISABELLA
REGISTER OF DEEDS

1971 JAN 12 PM 2 14
360 - 67
Samuel B Miller
REGISTER OF DEEDS

RETURN TO LAND & REVD DEPT.
CONSUMERS POWER CO.
212 MICHIGAN AVE. WEST
JACKSON, MICHIGAN

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GENERAL ENGINEERING MAP REFERENCES

Line Map No. _____	Sheet	of	Sheets
Plan & Profile No. _____	Sheet	of	Sheets
Survey Map No. _____	Sheet	of	Sheets

DOCUMENTS FILED WITH ORIGINAL INSTRUMENTS

1. Abstract _____
2. Opinions of Title _____
3. Title Search YES _____
4. Mortgage Release _____
5. Tree Vouchers _____
6. Other Documents _____

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