



Real Estate Department

Work Order No.: A0004389  
Project Name: Bloomfield-Wixom  
Business Unit: ITCT

Date: January 19, 2018  
To: Records Center  
From: Margaret Wessel Walker  
[mwalker@itctransco.com](mailto:mwalker@itctransco.com)  
Real Estate  
Subject: Supplement to Grant of Easement  
Tax ID: 19-05-202-013  
Site ID: 872

Attached are the documents related to the acquisition of a supplement to grant of easement dated October 28, 2010 to International Transmission Company (ITC) from Cora E. Brown, whose address is 961 W. Boston Blvd, Detroit, MI 48202.

The easement is located in Section 5, Bloomfield Township, Oakland County, MI.

The easement consideration was \$2,250.00 with T72948

The acquisition was negotiated by NSI Consulting and Development.

Please incorporate into Right of Way File No.: T73325 and cross reference with Right of Way File No.: R5118

Attachments

CC:

J. Andree  
M. Ely  
R. Everett  
S. Gagnon  
J. Gruca  
C. Scott  
A. Snow  
N. Spencer

M. Yoders  
[Fixedassetsgroup@itctransco.com](mailto:Fixedassetsgroup@itctransco.com)

RECEIVED  
OAKLAND COUNTY  
REGISTER OF DEEDS  
2014 AUG 29 PM 3:31

166854  
LIBER 47357 PAGE 144  
\$16.00 MISC RECORDING  
\$4.00 RENOVATIONATION  
08/29/2014 03:37:31 P.M. RECEIPT# 84448  
PAID RECORDED - OAKLAND COUNTY  
LYSA BROWN, CLERK/REGISTER OF DEEDS

## SUPPLEMENT TO GRANT OF EASEMENT

This Supplement to Grant of Easement ("Supplement") is given this 28 day of October, 2010, by **Cora E. Brown**, survivor of herself and her deceased husband **William H. Brown**, whose death certificate is attached hereto as **Exhibit A**, whose address is 961 W. Boston Blvd. ("Owner"), to **International Transmission Company**, a Michigan corporation, whose address is 27175 Energy Way, Novi, Michigan 48377 ("ITC").

\* recorded in liber 47357 page 136

WHEREAS, an easement was granted to The Detroit Edison Company on January 7, 1924 ("Original Grant of Easement"); and

WHEREAS, The Detroit Edison Company partially assigned its rights under the Original Grant of Easement to ITC on December 5, 2000, by an instrument entitled "Partial Assignment of Easement Rights," which is recorded at Liber 23842, Page 236, Oakland County Records; and

WHEREAS, Owner represents and warrants to ITC that Owner is the present owner in fee simple of the following described tract(s) of land ("Owner's Land"), all or a portion of which is subject to the Original Grant of Easement:

Lot 26, Wilson Park, City of Pontiac, County of Oakland, State of Michigan, as recorded in Liber 20 of Plats, Page 29, Oakland County Records

More commonly known as: 345 South Blvd., Pontiac, MI 48341

Parcel ID: 19-05-202-013

WHEREAS, ITC has requested that Owner reaffirm and amend the Original Grant of Easement, insofar and only insofar as it affects Owner's Land, which Owner is willing to do, for valuable consideration, the receipt of which is hereby acknowledged by Owner, subject to the terms and conditions set forth below.

NOW, THEREFORE, Owner reaffirms and amends the Original Grant of Easement insofar as the Original Grant of Easement affects Owner's Land, in the following particulars:

1. Effective as of the date hereof, all electrical transmission lines and all other appurtenances of ITC heretofore or hereafter constructed on Owner's Land by

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authority of the Original Grant of Easement or this Supplement, shall be confined within a strip of land beginning at the **Southerly** line of Owner's Land and continuing to a line lying **75 feet Northerly** of, and parallel to, the centerline of the electric lines as currently located ("Easement Strip").

2. Owner reaffirms and amends the grant to ITC of the perpetual right to enter at all times upon Owner's Land and to (1) operate, maintain, repair, inspect, replace, improve or remove overhead electric lines consisting of poles, towers, structures, wires, cables (including fiber optic cable) and other equipment for transmitting electrical energy and communications signals associated with the operation of an electrical transmission utility business, (2) cross the Easement Strip to operate, maintain, repair, inspect, replace, improve or remove overhead electric equipment located on other land, and (3) temporarily improve the surface of the Easement Strip, as reasonably necessary, in ITC's discretion, to place and operate ITC's construction vehicles and equipment; provided, ITC shall remove such temporary surface improvements, and repair pavement and reseed lawn areas it disturbs.

3. Owner reaffirms that the full right is conveyed to ITC at any time to cut, trim, remove, destroy or otherwise control any or all trees, bushes or brush now or hereafter standing or growing within the Easement Strip. The complete exercise of this right may be gradual and not fully completed for some time in the future.

4. Nothing contained in this Supplement shall be construed as releasing or impairing any rights or privileges granted to ITC under the Original Grant of Easement relative to the Easement Strip. To the extent this Supplement grants rights and privileges to either party not granted in the Original Grant of Easement, the Original Grant of Easement is hereby amended to include the additional rights and privileges granted by this Supplement. To the extent this Supplement imposes obligations on either party not imposed in the Original Grant of Easement, the Original Grant of Easement is hereby amended to include the additional obligations imposed by this Supplement. If, in any other way, any term, condition or provision of this Supplement is inconsistent with or conflicts with one or more provisions of the Original Grant of Easement, the term, condition or provision of this Supplement shall control, and to that extent the Original Grant of Easement is hereby amended. The Original Grant of Easement, insofar as it may cover and relate to land other than Owner's Land, shall remain in full force and effect in accordance with all of its terms, conditions and provisions.

5. No buildings or other above-ground structures, with the exception of the existing structures, shall be installed or constructed by Owner in the Easement Strip. ITC may remove prohibited structures from the Easement Strip without prior notice and without responsibility for any damage that occurs as a result of such removal.

6. The covenants contained in this Supplement and the Original Grant of Easement shall constitute covenants running with the land and shall be binding and inure to the benefit of the parties hereto, their personal representatives, heirs,

successors, assigns and additionally, in the case of ITC, its licensees and lessees, as well as the agents, employees and contractors of ITC and its licensees and lessees. ITC shall have the right to assign, in whole or in part, the rights granted in this Supplement and in the Original Grant of Easement.

7. This Supplement is exempt from real estate transfer tax pursuant to MCL 207.505(f) and from State real estate transfer tax pursuant to the provisions of MCL 207.526(f).

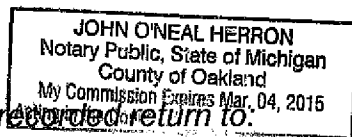
**OWNER**

Cora E. Brown  
Cora E. Brown

Acknowledged before me in Oakland County, Michigan, on this 28 day of Oct, 2010, by **Cora E. Brown**, survivor of herself and her deceased husband **William H. Brown**.

John O'Neal Herron  
, Notary Public  
Oakland County, Michigan  
Acting in Oakland County, Michigan  
My Commission Expires 3-4-2015

Prepared by:  
Patricia T. Murphy (P61872)  
ITC Holdings Corp.  
27175 Energy Way  
Novi, MI 48377

When recorded return to:  
  
NSI Consulting & Development  
26657 Woodward Avenue  
Suite 100  
Huntington Woods, MI 48070

TYPEPRINT IN RED INK ONLY

LF  
CF

003577



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
2727122

NAME OF DECEDENT  
For use by physician or institution  
Brown, William

1. DECEDENT'S NAME (Print Middle, Last) <b>William Hardy Brown Sr.</b>		2. DATE OF BIRTH (Month, Day, Year) <b>March 3, 1921</b>	3. SEX <b>Male</b>	4. DATE OF DEATH (Month, Day, Year) <b>May 20, 2008</b>
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include MAID if used)		5a. AGE - Last Birthday (Years) <b>87</b>	6a. UNDER 1 YEAR MONTHS DAYS	6b. UNDER 1 DAY HOURS MINUTES
7a. LOCATION OF DEATH (State place of death, governmental dead in 7a, 7b, 7c) <b>Henry Ford Hospital</b>		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>Detroit</b>		7c. COUNTY OF DEATH <b>Wayne</b>
8a. CURRENT RESIDENCE - STATE <b>Michigan</b>	8b. COUNTY <b>Wayne</b>	8c. LOCALITY (Check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE <b>Detroit</b>		8d. STREET AND NUMBER (Include Apt. No. if applicable) <b>961 W. Boston Blvd.</b>
9. ZIP CODE <b>48202</b>	9. BIRTHPLACE (City and State or Country) <b>Northfork, W. Virginia</b>	10. SOCIAL SECURITY NUMBER		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>Unknown</b>
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, i.e. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) <b>Black</b>		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, etc. (Enter all that apply) If American Indian race, enter principal tribe <b>African-American</b>		13b. HISPANIC ORIGIN (Yes or No) <b>No</b>
14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) <b>No</b>		15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired) <b>Laborer</b>		
16. KIND OF BUSINESS OR INDUSTRY <b>Auto Industry</b>		17. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) <b>Married</b>	18. NAME OF SURVIVING SPOUSE (If 18a, give name before first married) <b>Cora Winton</b>	
19. FATHER'S NAME (Print Middle, Last) <b>Isaac Brown</b>		20. MOTHER'S NAME BEFORE FIRST MARRIED (Print Middle, Last) <b>Willard Glenn</b>		
21a. DECEASED'S NAME (Print Middle) <b>Cora Brown</b>		21b. RELATIONSHIP TO DECEASED <b>Spouse</b>	21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) <b>961 W. Boston Blvd., Detroit, MI 48202</b>	
22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, General, Special) (Specify) <b>Burial</b>		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) <b>Ferry Mount Park Cemetery</b>		23b. LOCATION - City or Village, State <b>Pontiac, Michigan 48340</b>
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE (Signature) 		25. LICENSE NUMBER (If known) <b>4567</b>	26. NAME AND ADDRESS OF FUNERAL FACILITY <b>Cobb's Funeral Home 151 Orchard Lake Rd., Pontiac, Michigan 48341</b>	
27. CERTIFYING PHYSICIAN - To the best of my knowledge, death occurred due to the specified and manner stated. <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Medical Examiner - On the basis of examination, autopsy (investigation), in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>Signature and Title:  MD</b>		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>5:08 A.M.</b>	28b. PRONOUNCED DEAD ON (If A, Do 7c.) <b>May 20, 2008</b>	28c. TIME PRONOUNCED DEAD (Specify) <b>5:08 A.M.</b>
29. MEDICAL EXAMINER CONTACTED? (Yes or No) <b>No</b>		30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospital, Ambulance) (Specify) <b>Hospital</b>		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DCA (Specify) <b>Inpatient</b>
27a. DATE SIGNED (Mo., Day, Yr.) <b>May 21, 2008</b>		27b. LICENSE NUMBER <b>4301052654</b>		32. MEDICAL EXAMINER'S CASE NUMBER (If applicable)
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Print or Print) <b>Mariella Goggins, MD 2799 West Grand Blvd., Detroit, Michigan 48202</b>				
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) <b>Mariella Goggins, MD 2799 West Grand Blvd., Detroit, Michigan 48202</b>		35a. REGISTRAR'S SIGNATURE 		
35b. DATE FILED (Month, Day, Year) <b>JUN 04 2008</b>				
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Underlying cause (Disease or injury that initiated the process resulting in death) LAST				Approximate Interval Between Onset and Death
a. <b>Ischemic colitis</b>				<b>24 hour</b>
b. <b>Multiple myeloma</b>				<b>years</b>
c. <b>Failure to thrive</b>				<b>weeks</b>
d. <b>End stage renal disease</b>				<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death (but not resulting in the underlying cause given in Part I)				
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year, before death <input type="checkbox"/> Unknown if pregnant within the past year		
39. MANNER OF DEATH - Accidents, Suicide, Homicide, Natural (Indeterminate or Pending) (Specify) <b>Natural</b>		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>NO</b>	40b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE REASON OF CAUSE OF DEATH? (Yes or No)	
41a. DATE OF INJURY (Mo., Day, Yr.)	41b. TIME OF INJURY	41c. DESCRIBE HOW INJURY OCCURRED		
	<b>X</b>			
42a. INJURY AT WORK (Yes or No)	42b. PLACE OF INJURY - All homes, farms, stores, construction sites, wooded areas, etc. (Specify)	43. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)	44. LOCATION - Street or RFD No., City, Village or Twp., State	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH WAYNE COUNTY. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

040216

AUG 14 2014  
Dated

Cathy M. Garrett  
WAYNE COUNTY CLERK

Death Records

