

RIGHT OF WAY - INDIVIDUAL
RAW NO. 2
DE FORM PD 289 1-66 CS

Date SEPT 8 1971

110
31

For good and valuable considerations, the right is hereby granted to The Detroit Edison Company, 2000 Second Avenue, Detroit, Michigan 48226, its successors and assigns, to construct line facilities for the purpose of providing electric service and Company communication service including the necessary poles, guys, anchors, wires and equipment upon, over and across the property described hereinafter. The rights hereby granted include the right of access to and from the said premises, the right to construct, reconstruct, modify, operate and maintain said line facilities, and to trim or cut down any trees belonging to the grantor, either within said right of way or upon the lands of the grantor adjoining said right of way, which, in the opinion of the grantee, at any time interfere with the construction and operation of said line facilities. It is expressly understood and agreed that the grantee shall, at no time, trim or cut down any trees unless, in the grantee's opinion, it is absolutely necessary to do so. Upon the written consent of the grantee, buildings or structures may be placed within said right of way. This grant shall be binding upon the successors and assigns of the grantors. Before construction is completed, the Company shall pay the sum of Five and 00/100 (\$5.00) Dollars for each pole and for each anchor, or the sum of Five and 00/100 (\$5.00) Dollars if no poles or anchors are installed. The Company shall reimburse the grantors and assigns for all damage caused by its men, vehicles and equipment in entering said property for the purposes set forth herein.

The property over which this grant is conveyed is situated in the CITY of SOUTHFIELD,
County of OAKLAND, State of Michigan and further described as follows:

THE EAST SIX "6" FT OF LOTS 30, 31, 32 & 33 OF GRAND RIVER OAKS SUBDIVISION. PART OF THE "W" 1/2 OF NW 1/4 OF SEC 31 & FT OF THE N.W. 1/4 OF SW 1/4 OF SEC 31 T1N R10E AS RECORDED IN LIBER 24 OF PLATS PAGE 6 OAKLAND COUNTY RECORDS.

RECORDED
OAKLAND COUNTY MICHIGAN
REGISTER OF DEEDS
1972 APR 10 PM 2 36
CLERK-REGISTER

Witness: Mr Frank Bird
FRANK BIRD
Gwen Clark
GWEN CLARK
Mildred McCormick
MILDRED MCCORMICK
Don Crankshaw
DON CRANKSHAW

(Signed) Stuart L. Damon
Stuart L. Damon
Leona M. Warin
Leona M. Warin

Prepared By:
DON CRANKSHAW.
1970 ORCHARD LAKE RD.
PONTIAC MICHIGAN

J. Mularoni AKA Jerry Mularoni survivor of himself & his deceased wife Marie P. Mularoni
22012 Inkster Road
Southfield, Michigan 48075

Death Certificate of MARIE P. MULARONI attached hereto & made a part hereof

STATE OF MICHIGAN)
) SS.
COUNTY OF Oakland)

Same
30/3

On this 8th day of September A.D. 1971, before the undersigned, a Notary Public in and for said County, personally appeared Stuart L. Damon, Leona M. Warin and J. Mularoni AKA Jerry Mularoni survivor of himself & his deceased wife Marie P. Mularoni

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

Donald R. Crankshaw
Donald R. Crankshaw
Notary Public, Lapeer County, Michigan

My Commission Expires: 1-26-74

APPROVED AS TO FORM
LAW DEPARTMENT
Beaugh 1-19-73

300

RECORDED RIGHT OF WAY NO. 27839

595-71

CERTIFICATE OF DEATH

Michigan Department of Public Health

LIBER 845 PAGE 603 109589

29 8 34

DECEASED—NAME— FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1 <i>Pierina Marie Mularoni</i>		2 <i>Female</i>		3 <i>October 28, 1971</i>	
4 RACE WHITE, MEXICAN INDIAN, ETC. (SPECIFY) <i>white</i>		5 AGE—LAST BIRTHDAY (YEAR) <i>59</i>		6 DATE OF BIRTH (MONTH, DAY, YEAR) <i>6-27-1912</i>	
7 CITY, VILLAGE, OR TOWNSHIP OF DEATH <i>Southfield</i>		8 HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <i>Providence Hospital</i>		9 COUNTY OF DEATH <i>Oakland</i>	
10 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <i>Italy</i>		11 CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>married</i>	
13 SOCIAL SECURITY NUMBER <i>UNK</i>		14 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <i>Retired</i>		15 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <i>Germano Mularoni</i>	
16 RESIDENCE—STATE <i>Michigan</i>		17 COUNTY <i>Wayne</i>		18 CITY, VILLAGE OR TOWNSHIP <i>Detroit</i>	
19 FATHER—NAME FIRST MIDDLE LAST <i>Lazzaro Crudi</i>		20 MOTHER—MAIDEN NAME FIRST MIDDLE LAST <i>Dominica Serafini</i>		21 INSIDE CITY LIMITS (SPECIFY YES OR NO) <i>yes</i>	
22 STREET AND NUMBER <i>25841 W. Chicago</i>		23		24	
PART I. DEATH WAS CAUSED BY: 16 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 17 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>Lympho sarcoma</i> <i>13 months</i>					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
25		26		27	
28 INJURY AT WORK (SPECIFY YES OR NO)		29 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		30 LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
31		32		33	
34 CERTIFICATION—PHYSICIAN: I ATTENDED FROM MONTH DAY YEAR TO MONTH DAY YEAR <i>9 19 70 TO 10 28 71</i>		35 AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <i>10 27 71</i>		36 I DID/DID NOT VIEW THE BODY AFTER DEATH. <i>not</i>	
37 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		38 HOUR OF DEATH M, 22h		39 THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M, 22h	
40 CERTIFIER—NAME (TYPE OR PRINT) <i>John H. Weidner, M.D.</i>		41 SIGNATURE <i>John H. Weidner</i>		42 DEGREE OR TITLE <i>M.D.</i>	
43 MAILING ADDRESS—CERTIFIER <i>25701 Joy rd Dearborn Hts Mich</i>		44 STREET OR R.F.D. NO.		45 CITY OR TOWN STATE ZIP	
46 BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		47 CEMETERY OR CREMATORY—NAME <i>Holy Sepulchre</i>		48 LOCATION CITY, VILLAGE, TWP. OR COUNTY STATE <i>Southfield Michigan</i>	
49 DATE (MONTH, DAY, YEAR) <i>10-30-71</i>		50 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>Red Sullivan Funeral Home-14230 W. McNichols-Detroit</i>		51 FUNERAL DIRECTOR—SIGNATURE <i>John J. Vack</i>	
52 REGISTER—SIGNATURE <i>Paula Marshall</i>		53 DATE RECEIVED BY LOCAL REGISTRAR <i>10-29-71</i>		54	

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 Records, 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 28th day of DECEMBER, 1971.

LYNN D. ALLEN, Clerk-Register of Deeds
By: Mailee C. La Clair
Deputy Clerk

RECORDED & INDEXED
THE DETROIT-CLAYSON COMPANY
2000 SECOND AVENUE
DETROIT, MICHIGAN
27889