

Date August 27, 1964

1-11/2

IN CONSIDERATION of the sum of ONE HUNDRED AND NO/100 (\$100.00) Dollars and other valuable considerations, receipt of which is hereby acknowledged, I hereby grant to THE DETROIT EDISON COMPANY, its successors and assigns, the right to construct, operate and maintain its underground lines for the transmission and distribution of electricity and Company communication facilities, including the necessary conduits, fixtures, cables, manholes and equipment, under and across MY property located in City of Madison Hgts., County of Oakland State of Michigan, and described as follows:

The North 60 feet of the following described property the East 131.40 feet of the North 20 acres of the West 1/2 of the Northwest 1/4 of Section 27 Town 1 North, Range 11 East

The route of the lines shall be as follows: across the above described property.

The Company shall reimburse me for all damage caused by its men, teams, trucks and other vehicles and equipment in entering said property for the purposes set forth herein.

Witness: Robert M Boss
Oliver Simpson
Robert M Boss
Oliver Simpson

(Signed) Mable E. Rideout
Mable E. Rideout, A/K/A Mable Ethel
Rideout survivor of herself and her deceased husband Albert Rideout
466 Gardner, Clawson, Mich.

Prepared by Robert M Boss
2000 Second Ave. Detroit Mich.
Death certificate attached made a part hereof.

1964 OCT 5 11 42 AM
OAKLAND COUNTY MICHIGAN REGISTER OF DEEDS RECORDS

THE DETROIT EDISON COMPANY
By A. L. Kasameyer
A. L. KASAMEYER, DIRECTOR
PROPERTIES AND RIGHTS-OF-WAY DEPARTMENT

STATE OF MICHIGAN
County of OAKLAND

On this 27th day of AUGUST A. D. 1964, before the undersigned, a notary public in and for said county, personally appeared MABLE E. RIDEOUT, ALSO KNOWN AS MABLE ETHEL RIDEOUT, SURVIVOR OF HERSELF AND HER DECEASED HUSBAND ALBERT RIDEOUT

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

Robert M Boss
Robert M Boss
Notary Public, Wayne County, Michigan

My Commission expires Jan. 1, 1967

9/23/64
2/2 300

Sec. 2; NW 1/4, W 1/2, N 20 A of

RETURN TO
A. L. KASAMEYER
The Detroit Edison Company
2000 SECOND AVENUE
DETROIT 26, MICHIGAN

RECORDED FILED OF WAY NO. 22858

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BI

428

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH a. COUNTY Oakland		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission.) a. STATE Michigan		b. COUNTY Oakland	
b. CITY (If outside corporate limits, write RURAL and give township) Royal Oak		c. LENGTH OF STAY (In this place) 5 Minutes		c. TOWNSHIP, CITY OR VILLAGE (Name of) Clawson	
d. FULL NAME OF HOSPITAL OR INSTITUTION William Beaumont Hospital		d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS 466 Gardner Street		(If rural, give location)			
3. NAME OF DECEASED (Type or Print) ALBERT SIDNEY RIDEOUT		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 19 1961			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10, 1903	9. AGE (In years last birthday) 57	10. If under 1 year: Months Days 11. If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Chrysler Corp. Highland Park Plant		11. BIRTHPLACE (State or foreign country) Honderson, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Letcher Rideout		14. MOTHER'S MAIDEN NAME Elizabeth Jennings	
15. NAME OF HUSBAND OR WIFE OF DECEASED Mable E. Paddock		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. 373-05-6646	
18. INFORMANT'S NAME Mable E. Rideout		18. ADDRESS 466 Gardner St. Clawson, Michigan			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. Coronary Artery Disease, Severe DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -		Interval Between Onset and Death Rapid	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 p. m., from the causes and on the date stated above					
23a. SIGNATURE K.F. Koerner, M.D., Dep. Coroner #84		23b. ADDRESS 1820 Crooks Rd., Troy		23c. DATE SIGNED 7-20-61	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 22, 1961		24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery Troy	
24d. LOCATION (City, village, tow., or county) (State) Michigan		25. FUNERAL DIRECTOR'S SIGNATURE Virgo E. Kinsey		25. ADDRESS Royal Oak, Michigan	
DATE REC'D BY LOCAL REG. 7-20-61		REGISTRAR'S SIGNATURE Shady Holmes		25. ADDRESS Douglas L. Hawkins	

STATE OF MICHIGAN)
) SS
COUNTY OF OAKLAND)

I, DAVID R. CALHOUN, 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 16th day of September, A.D.1964.

DAVID R. CALHOUN
CLERK-REGISTER OF DEEDS

By Bonnie B. Maki Deputy Clerk

RECORDED RIGHT OF WAY NO. 22858

APPLICATION FOR RIGHT OF WAY

DE FORM NS 80 6 58

PLEASE SECURE RIGHT OF WAY AS FOLLOWS

DATE July 16, 1964

LOCATION South Side of 14 Mile Road west of

APPLICATION NO. _____

Stephenson

DEPT ORDER NO _____

CITY ~~STEPHENSON~~ Madison Heights

O F W NO _____

TOWNSHIP Royal Oak COUNTY Oakland

BUDGET ITEM NO _____

DATE BY WHICH RIGHT OF WAY IS WANTED As soon as possible

INQUIRY NO _____

THIS R W IS _____ % OF TOTAL PROJECT NO _____ ACCUM _____ %

JOINT RIGHT OF WAY REQUIRED YES NO

NOTE: Identify on print or sketch the subdivisions as to section location and liber and page.

KIND AND DESCRIPTION OF RIGHT OF WAY REQUESTED 27' x 131.40' easement as shown on

Drawing U1-1-2344.

PURPOSE OF RIGHT OF WAY To install 6 - 5" fiber in concrete envelope and 2 - 5"

galvanized rigid conduits and build one manhole.

SIGNED C. J. Bartholomew
C. J. Bartholomew
General Superintendent
OFFICE
Underground Lines
DEPARTMENT

REPORT OF REAL ESTATE AND RIGHTS OF WAY DEPT

R/W secured subject to revision as shown on the attached sketch. Contacts by

R. M. Bass, Properties and R/W Dept.

RECORDED RIGHT OF WAY NO. 22858

PERMITS IN GENERAL FILES 1(1 to recrd) R/W DEPT FILE _____ GRANTOR Mable E. Rideout

NO OF PERMITS 1 NO OF STRUCTURES _____ NO OF MILES _____ PERMITS TO MBT _____

DATE September 21, 1964 SIGNED James A. Robertson
James A. Robertson, District Fieldman, Oakland Dist.

