

POLE LINE PERMIT
R/W NO. 4
DE FORM MS 24

LIBER 4041 PAGE 222

Date Aug 6/1959 ^{15 JAR}

I I IN CONSIDERATION of the sum of One Dollar (\$1.00) and other valuable considerations, receipt of which is hereby acknowledged, 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 1174 property located in FARMINGTON TOWNSHIP

County of OAKLAND State of Michigan, and described as follows:
LOT 57 OF FARMINGTON ACRES, A SWAN OF THE SOUTH PART OF THE SOUTHEAST 1/4 OF SECTION 33 TOWN 1 NORTH RANGE 9 EAST AS RECORDED IN LIBER 21 ON PAGE 10 OF OAKLAND COUNTY RECORDS

The route of the lines shall be as follows: IN AN EASTERLY AND WESTERLY DIRECTION, ALONG AND ADJACENT TO THE SOUTH LINE THEREOF

The Company shall reimburse ~~ME~~ ^{ME} 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 ~~ME~~ ^{ME} the sum of FIVE + ^{no} /100 (\$5.00) Dollars for ABOVE RIGHT OF WAY WIRES on said land, the same to be paid before any ~~ME~~ are erected.

See death record attached

Witness: Donald Protzman
Robert M Boss

(Signed) Irene Protzman survivor of herself and her deceased husband
Lavern J Protzman

OAKLAND COUNTY REGISTER OF DEEDS RECORDS
190 JAN 5 PM 2 39

(Accepted)
THE DETROIT EDISON COMPANY
By: Richard H Taylor
RICHARD H. TAYLOR, DIRECTOR
REAL ESTATE AND RIGHTS-OF-WAY DEPARTMENT

STATE OF MICHIGAN
County of OAKLAND s.s.
On this 6th day of AUGUST A. D. 1959, before me, the undersigned, a notary public in and for said county, personally appeared IRENE PROTZMAN, SURVIVOR OF HERSELF, AND HER DECEASED HUSBAND LAVERN J PROTZMAN 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 12, 1963

RETURN TO
RICHARD H. TAYLOR
The Detroit Edison Company
2300 SECOND AVENUE
DETROIT 26, MICHIGAN

Lot 57
1174

RECORDED
INDEXED
MAY NO. 20 1959

DETROIT DEPARTMENT OF HEALTH

Bureau of Vital Statistics

LIBER 4040 PAGE 223

CERTIFICATE OF DEATH

MINNESOTA DEPARTMENT OF HEALTH
Vital Records Section

Local File No.

6585

BIRTH No.

1. PLACE OF BIRTH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission.) a. STATE Michigan		b. COUNTY Wayne	
3. CITY (If outside corporate limits, write RURAL, and give township) Detroit		4. LENGTH OF STAY (in this place) 41 yrs.		5. TOPOGRAPHY (House or other) a. TOWNSHIP, CITY OR VILLAGE Detroit	
6. FULL NAME OF HOSPITAL OR INSTITUTION Grace Hosp. Main		7. STREET ADDRESS (If rural, give location) 13559 Kentucky Ave.			
8. NAME OF DECLARANT a. (First) Lavern		b. (Middle) J.		c. (Last) Protzman	
9. SEX Male		10. COLOR OF HAIR white		11. MARRIAGE, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
12. DATE OF BIRTH Nov. 3, 1898		13. AGE (in years last birthday) 60 yrs.		14. DATE OF DEATH May 17, 1959	
15. USUAL OCCUPATION (State kind of work and duration of service if retired) Retired-Detroit Police Dept.		16. KIND OF BUSINESS OR INDUSTRY Police Dept.		17. BIRTHPLACE (State or foreign country) Michigan	
18. CITIZENSHIP OF WHAT COUNTRY? USA		19. FATHER'S NAME August Protzman		20. MOTHER'S MARRIAGE NAME Mary Ann Neuber	
21. NAME OF HUSBAND OR WIFE OF DECLARANT Irene Bleam		22. WAS DECLARANT EVER IN U.S. ARMED FORCES (Give no. or number) (If not, give year or date of service) No		23. SOCIAL SECURITY NO. 366-49-3535	
24. INFORMANT'S NAME Mrs. Irene Protzman-13559 Kentucky		25. ADDRESS Detroit, Michigan		26. SIGNATURE Mrs. Irene Protzman-13559 Kentucky	
27. CAUSE OF DEATH a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Kneumonia		b. MEDICAL CERTIFICATION acute		c. MEDICAL CERTIFICATION acute	
28. ANTICIPATION CARDS Should conditions, if any, arising due to (b) due to the above cause (a) during the underlying cause last. Diabetes Mellitus		29. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		30. DATE OF OPERATION 5/20	
31. MAJOR SURGERY OF OPERATION 5/20		32. ACCIDENT (Specify) No		33. PLACE OF BIRTH (e.g., in or about home, farm, factory, school, other place, etc.) Home	
34. CITY, VILLAGE, OR TOWNSHIP Detroit		35. COUNTY Wayne		36. STATE Michigan	
37. TIME (Month) (Day) (Year) May 17 1959		38. HOURS OCCURRED Write or <input type="checkbox"/> Day <input type="checkbox"/> Night Day		39. HOW DID BIRTH OCCUR? <input type="checkbox"/> Natural <input type="checkbox"/> Caesarean <input type="checkbox"/> Stillborn	
40. I hereby certify that I attended the deceased from May 12 to May 17 , that I last saw the deceased on May 17 , and that death occurred on May 17 , from the causes and on the date stated above.					
41. SIGNATURE Joseph S. Melnyk M.D.		42. ADDRESS 7700 W. Warren, Detroit, Mich.		43. DATE May 19 1959	
44. NAME OF COUNTY OR CEMETERY Roseland Park Cem.		45. LOCATION (City, village, etc., or county) Oakland County, Michigan		46. DATE OF BURIAL MAY 19 1959	

I, hereby, certify that the foregoing is a true copy, prepared from the records on file in the Detroit Department of Health, as attested to by the raised seal of the City of Detroit, embossed hereto.

Joseph S. Melnyk M.D.
Commissioner of Health

Dated **AUG 31 1959**

FILE NO. 20713