

date July 15, 1964

pp 3

I 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 1704 property located in City of Troy

County of Oakland State of Michigan, and described as follows:

the West 1/2 of Lot 24 of Eyster's Dequindre Farms Subd #5, part of the NE 1/4 of Section 24 Town 2 North Range 4 East as recorded in Liber 55 on page 58 of Oakland County Records.

The route of the lines shall be as follows: In a Northerly and Southerly direction, along the West line

The Company shall reimburse 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 the sum of FIVE & 00/100 (\$5.00) Dollars for each pole on said land, the same to be paid before any poles are erected.

Death certificate attached and made a part hereof

Witness:
Geraldine H. Marfuta
Geraldine H Marfuta
Robert M Boss
Robert M Boss

Prepared by Robert M Boss
2000 Second Ave, Detroit, Mich.

(Signed) John Makarevich
John Makarevich survivor of himself and his deceased wife Sophie Makarevich
2930 Dearing, Detroit, Mich.
a widower

OAKLAND COUNTY MICHIGAN REGISTER OF DEEDS RECORDS
1965 APR 7 PM 3 21

John D. Murphy
JOHN D. MURPHY
CLERK-REGISTER OF DEEDS

THE DETROIT EDISON COMPANY
By: A. L. Kasameyer

STATE OF MICHIGAN
County of WAYNE s.s.

On this 15th day of July A. D. 1964, before me, the undersigned,

a notary public in and for said county, personally appeared JOHN MAKAREVICH, SURVIVOR OF HIMSELF AND HIS DECEASED WIFE SOPHIE MAKAREVICH

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

vic 24: NE 1/4 of Eyster's Dequindre Farms Subd #5, Lot 24

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

My Commission expires Jan 1, 1967

EWB
3-30-65
S/S

310

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

RECORDED RIGHT OF WAY NO. 23120

DETROIT DEPARTMENT OF HEALTH
Vital Statistics Division

USES 4708 USE 205

9097

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Statistics Section

Local File No. 18263

BIRTH No.

1. NAME OF DECEASED
a. **NAME** Wayne
b. **SEX** Male
c. **DATE OF BIRTH** (Month, day and year)
d. **PLACE OF BIRTH** (City or town, county, state, and country)
e. **STREET ADDRESS** (If rural, give location)
f. **STATE** Michigan
g. **CITY, VILLAGE, OR TOWNSHIP** Wayne
h. **COUNTY** Wayne

2. PLACE OF DEATH (If not in hospital or institution, give street address of location)
a. **NAME** North Detroit General
b. **STREET ADDRESS** 2930 Dearing

3. NAME OF DECEASED
a. **NAME** Sophie
b. **SEX** Female
c. **DATE OF BIRTH** (Month, day and year)
d. **PLACE OF BIRTH** (City or town, county, state, and country)
e. **STREET ADDRESS** (If rural, give location)
f. **STATE** Michigan
g. **CITY, VILLAGE, OR TOWNSHIP** Wayne
h. **COUNTY** Wayne

4. SEX F
5. COLOR OR HAIR White
6. MARRIAGE, MENTAL STATUS, AND OTHER INFORMATION Married
7. DATE OF DEATH (Month, day and year)
Jan. 25, 1963
8. AGE (In years, last birthday)
70
9. RACE White
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife
11. BIRTHPLACE (State or foreign country)
Poland
12. CITIZEN OF WHAT COUNTRY
Poland

13. FATHER'S NAME Unknown
14. MOTHER'S MARRIED NAME Unknown
15. NAME OF MARRIAGE OR WIFE OF DECLARED John
16. WAS REGISTERED EVER IN U.S. ARMED FORCES (If yes, give type or dates of service)
NO
17. SOCIAL SECURITY NO. None
18. DECEASED'S NAME John Lakarevich
19. ADDRESS 2930 Dearing

20. CAUSE OF DEATH
a. **IMMEDIATE CAUSE** (Directly leading to death)
Atherosclerosis
b. **INTERMEDIATE CAUSES** (If any, giving date to (1) due to the above cause (1) and the underlying cause last)
Heart disease
c. **OTHER NECESSARY CONDITIONS** (Additional conditions contributing to the death but not included in the chain or sequence of causes)
None

21. DATE OF OPERATION
22. MANNER OF DEATH
a. Natural
b. Suicide
c. Homicide
d. Accidental
e. Unknown

23. I hereby certify that I obtained the deceased from (Name of (1) person or (2) hospital or (3) funeral home)
X Raymond W. White and Dec. 27, 63

24. SIGNATURE OF REGISTRAR (Name and title)
C. Anderson M.D.
25. SIGNATURE OF DECEASED'S NEAREST RELATIVE (Name and address)
J. P. Blum 300 E. Cass

26. DATE OF DEATH Dec. 30, 1963
27. PLACE OF BURIAL (City, town, village, or township, county, state, and country)
Mt. Olivet
28. LOCATION (City, town, village, or township, county, state, and country)
Detroit, Michigan
29. HOW AND WHERE BURIED
Burial
30. NAME OF FUNERAL HOME (Name and address)
NFC 27 1963

I hereby certify that the foregoing is a true copy of the record on file in the Detroit Department of Health; attested by the authorized official of the City of Detroit.

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

Dated NOV 10 1964

(Signature)
Head of
Division Head