

For good and valuable considerations, the right is hereby granted to THE DETROIT EDISON COMPANY, 2000 Second Ave. Detroit, Michigan, and the MICHIGAN BELL TELEPHONE COMPANY, 1365 Cass Avenue, Detroit, Michigan, their licensees, lessees, successors and assigns, to construct aerial and/or underground line facilities for the purpose of providing electric service and communication service including necessary poles, guys, anchors, conduits, wires, cables, manholes, transformers and equipment in, under, upon, over and across the property located in the City of

2 1/4 Troy, County of Oakland, State of Michigan, further described as follows;

East 10 feet of the following described property: Part of the N.E. 1/4 Section 3, Township 2 North, Range 11 East, described as the North 200 feet of the East 215 feet of the East fractional 1/2 of the N.E. fractional 1/4, except the North 33 feet in road; also, except that part deeded for highway described as that part lying N.E.'ly of a line described as beginning at a point distant South 87°32'49" West 22.83 feet and South 05°34'41" East 125 feet from the N.E. section corner; thence N.W.'ly to a point on the North section line, distant South 87°32'49" West 22.83 feet and South 88°18' West, 125 feet from N.E. section corner; also, excepting the East 50 feet taken for Rochester Road.

with full right of ingress and egress upon the said premises to employes or appointees of the said grantees to construct, reconstruct, repair, operate and maintain said line facilities, and to trim or cut down any trees which in the opinion of the grantees at any time interfere or threaten to interfere with the construction and operation of said line facilities.

The route of overhead line facilities is described as follows:

In a northerly and southerly direction across said land along a line 52 feet West of and parallel to the centerline of Rochester Road.

~~Underground line facilities to be located in, under, upon, over and across the property described in this instrument.~~

This grant is hereby binding upon the heirs, successors and assigns of the undersigned grantor.

IN WITNESS WHERE OF I have hereunto set my hand and seal this 14<sup>th</sup> day of APRIL, 19 75.

WITNESS:

Robert H. Rehe  
Robert H. Rehe

Michael J. McCabe  
Michael J. McCabe

Manuel S. Guerrero

Manuel Guerrero, a single man, survivor of himself and his deceased wife, Mary J. Guerrero

~~Manuel S. Guerrero~~

~~Manuel S. Guerrero~~

~~Manuel S. Guerrero~~

36 Lyons  
Troy, Michigan 48084

~~Manuel S. Guerrero~~

Certified copy of death certificate attached hereto and made a part hereof

STATE OF MICHIGAN

County of Oakland } s.s.

On this 14 th day of April A.D. 19 75, before me, the undersigned, a Notary Public in and for said county, personally appeared Manuel S. Guerrero, a single man, survivor of himself and his deceased wife, Mary J. Guerrero known to me to be the person named in and who executed the foregoing instrument as grantor and acknowledged the same to be his free act and deed.

Robert H. Rehe  
Robert H. Rehe

My commission expires: 2-10-76

Notary Public, Oakland County, Michigan 5.00

RETURN TO  
J. A. ROBERTSON  
THE DETROIT EDISON COMPANY  
30400 TELEGRAPH ROAD, 272 OAKDH  
BIRMINGHAM, MICHIGAN 48010

APPROVED AS TO FORM 4/19/75 DATE  
LEGAL DEPARTMENT

RECORDED  
FILED OF MAY 30  
30352

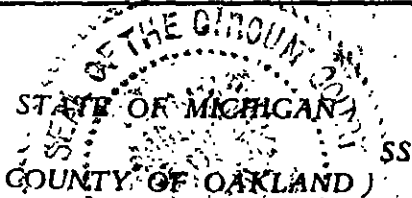
216  
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

Michigan Department of Public Health

MAR 6 1973 118428  
STATE FILE NUMBER

DECEASED—NAME 1. <b>MARY JANE GUERRERO</b>			SEX 2. <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>February 20, 1973</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>69</b>	UNDER 1 YEAR 5b. <b>69</b>	UNDER 1 DAY 5c. <b>69</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>9-17-1903</b>
CITY, VILLAGE, OR TOWNSHIP OF DEATH 7. <b>City of Royal Oak</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7a. <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 8. <b>William Beaumont Hospital</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 9. <b>Missouri</b>	CITIZEN OF WHAT COUNTRY 10. <b>United States</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12. <b>Manuel S. Guerrero</b>	
SOCIAL SECURITY NUMBER 13. <b>373-05-5092</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14. <b>Homemaker</b>	KIND OF BUSINESS OR INDUSTRY 15. <b>Own Home</b>		
RESIDENCE—STATE 16. <b>Michigan</b>	COUNTY 17. <b>Oakland</b>	CITY, VILLAGE OR TOWNSHIP 18. <b>Troy</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 19. <b>Yes</b>	STREET AND NUMBER 20. <b>36 Lyons Street</b>
FATHER—NAME 21. <b>Henry - Pedrini</b>			MOTHER—MAIDEN NAME 22. <b>Unknown</b>	
INFORMANT—NAME 23. <b>Manuel S. Guerrero</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24. <b>36 Lyons Street, Troy, Michigan 48084</b>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
18. IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>&lt; 1 HR.</b>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
<b>DIABETES MELLITUS, PERIPHERAL ARTERIOSCLEROSIS</b>				AUTOPSY (YES OR NO) <b>NO</b>
ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY) 25. <b>DIABETES MELLITUS, PERIPHERAL ARTERIOSCLEROSIS</b>	DATE OF INJURY (MONTH, DAY, YEAR) 26. <b>9-23-72</b>	HOUR 27. <b>2-20-73</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO) 28. <b>NO</b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 29. <b>W. 13 MILE RD</b>	LOCATION 30. <b>ROYAL OAK MICH 48072</b>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (19.)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 31a. <b>9-23-72</b>	MONTH DAY YEAR 31b. <b>2-20-73</b>	AND LAST SAW HIM/HER ALIVE ON 32. <b>2-20-73</b>	I DID/DO NOT VIEW THE BODY AFTER DEATH. 33. <b>DID</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 34. <b>10:14 P.M.</b>
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.				
CERTIFIER—NAME (TYPE OR PRINT) 35. <b>BERNARD S. WEINTRAUB</b>		SIGNATURE 36. <i>Bernard S. Weintraub</i>	DEGREE OR TITLE 37. <b>MD</b>	DATE SIGNED (MONTH, DAY, YEAR) 38. <b>2-27-73</b>
MAILING ADDRESS—CERTIFIER 39. <b>333 W. 13 MILE RD ROYAL OAK MICH 48072</b>				
BURIAL, CREMATION, REMOVAL (SPECIFY) 40. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 41. <b>White Chapel</b>	LOCATION 42. <b>Troy, Michigan</b>	STATE <b>Michigan</b>	
DATE 43. <b>2-24-1973</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 44. <b>PRICE FUNERAL HOME, 3725 S. Rochester Road, Troy, Michigan 48084</b>	FUNERAL DIRECTOR—SIGNATURE 45. <i>Bladys Jogo</i>		
FUNERAL DIRECTOR—SIGNATURE 46. <i>Bladys Jogo</i>		REGISTRAR—SIGNATURE 47. <i>Bladys Jogo</i>	DATE RECEIVED BY LOCAL REGISTRAR 48. <b>2-23-73</b>	



Lynn D. Allen, County Clerk for the County of Oakland, Clerk of the Circuit Court thereof, the same being a court of Record, 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 14th day of APRIL, 19 75.

LYNN D. ALLEN, Clerk - Register of Deeds.

BY *Maldred E. Chanter*  
R. T. Clerk

RECORDED RIGHT OF WAY NO. 30352