

OVERHEAD EASEMENT (RIGHT OF WAY) NO. R 9204175-01

On Feb. 25, 1993, 1993, for the consideration of system betterment, Grantor grants to Grantee a permanent overhead easement ("Right of Way") in, on and across a part of Grantor's Land called the "Right of Way Area".

"Grantor" is:

Marjorie Bourns, P.O. Box 1558, Trujillo Alto, PR 00977

"Grantee" is:

The Detroit Edison Company, a Michigan corporation, 2000 Second Avenue, Detroit, Michigan 48226

"Grantor's Land" is in Township of Milford, Oakland County, described as:

T2N, R7E, Section 17, W 1/2 of NW 1/4, 80 Acres. Sidwell No. 16-17-100-001.

The "Right of Way Area" is a part of Grantor's Land and is described as:

The easterly 12 ft. of the westerly 64 ft. The right of way is 12 ft. in width.

#36 REG/DEEDS PAID
0001 MAR.25.93 01:02PM
3689 MISC 9.00

RECORDED RIGHTS OF WAY NO. 44414

- 1. Purpose:** The purpose of this Right of Way is to construct, reconstruct, modify, add to, operate and maintain overhead utility line facilities consisting of poles, guys, anchors, wires, cables, transformers and accessories.
- 2. Access:** Grantee has the right of access to and from the Right of Way Area.
- 3. Building or other Permanent Structures:** No buildings or other permanent structures shall be placed in the Right of Way Area without Grantee's prior written consent.
- 4. Trees, Bushes, Branches or Roots:** Grantee may trim, cut down, remove or otherwise control any trees, bushes, branches or roots in the Right of Way Area (or that could grow into the Right of Way Area) that Grantee believes could interfere with the safe and reliable construction, operation and maintenance of Grantee's facilities.
- 5. Restoration:** If Grantee's employees, contractors, vehicles or equipment damage Grantor's Land while entering Grantor's Land for the purposes stated in this Right of Way, then Grantee shall restore Grantor's Land as nearly as can be to its original condition within 60 days of the occurrence causing said damage.
- 6. Successors:** This Right of Way runs with the land and binds and benefits Grantor's and Grantee's successors, lessees, licensees and assigns.

See Addendum - Page 2

DECO 1

#36 REG/DEEDS PAID
0001 MAR.25.93 01:02PM
3689 RMT FEE 2.00

9900 Rmt x 2.00

Witnesses (type or print name below signature)

Grantor: (type or print name below signature)

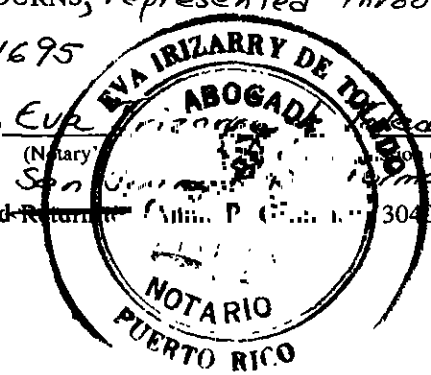
Joaquín Vidachea
JOAQUIN VIDAECHEA
Samuel Perez
SAMUEL PEREZ

Marjorie Bourns by David Bourns (P.O.A.)
MARJORIE BOURNS
DAVID BOURNS

Acknowledged before me in San Juan, Puerto Rico County, Michigan, on February 25, 1993 by MARJORIE BOURNS, represented through a power of attorney by her son David Bourns

aff # 11695

Notary's Stamp



Notary's Signature

Eva Irizarry de Toledo

Prepared by and Return to: 30400 Telegraph Road, Room 277, Bingham Farms, Michigan 48025/PEW

Addendum

- 7. All Detroit Edison poles, lines and other property will be removed from the old "easement" and the old "easement" will be extinguished to the extent it existed. All work will be done in a neat and workmanlike manner and all debris will be removed by Detroit Edison.
- 8. Detroit Edison shall idemnity and hold harmless the owner of the property from any losses or liability resulting from any work done or to be done by Detroit Edison on the property.
- 9. Access during both removal of the old equipment and placement of the new equipment on the new easement will be over existing roads, paths or otherwise reasonably limited to minimize the damage to the property.
- 10 No chemical agents or defoliants will be used on the new right of way.

RECORDED RIGHT OF WAY NO. 44414



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

No 0232018

120
LF 1605
CF

TYPE/PRINT
IN
FORMER
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

RECORDED
RIGHT
OF
MAY
NO.

MEDICAL
EXAMINER

1 DECEASED'S NAME (Print Name Last, First Middle Initial) Louis E. Bouras			2 SEX Male		3 DATE OF DEATH (Month, Day, Year) November 16, 1990			
4a AGE - LAST BIRTHDAY (Years) 84		4b UNDER 1 YEAR MONTHS 8		4c UNDER 1 DAY HOURS 18		4d UNDER 1 DAY MINUTES 45	5 DATE OF BIRTH (Month, Day, Year) March 28, 1906	6 COUNTY OF DEATH Oakland
7a LOCATION OF DEATH (If place of death pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not, enter either give street and number) Huron Valley Hospital			7b IF HOSP. OR INST. Inpatient Co/Dept. Room, DCA (Specify)			7c CITY, VILLAGE, OR TOWNSHIP OF DEATH Commerce Twp.		
8 SOCIAL SECURITY NUMBER 382-38-8140			9a USUAL OCCUPATION (Give kind of work done during most of work life. Do not use retired) Farming			9b KIND OF BUSINESS OR INDUSTRY Agriculture		
10a DEPARTMENT OF STATE		10b COUNTY		10c LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP OF Milford		10d STREET AND NUMBER 3125 General Motors Road		
11 ZIP CODE 48360		12 PLACE OF BIRTH (City and State or Foreign Country) Milford Michigan		13 MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		14 SURVIVING SPOUSE (If wife, give name before first married) Margorie Jackson		15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
16 ANCESTRY - Name, Birth Place, Color, Sex of Each in South America, Alaska, and Hawaii - American, Latin, English, French, etc. (Specify below) English			17 RACE - American Indian, Black, White, etc. (If mixed, give nationality if Chinese, Japanese, Asian Indian, etc. (Specify below)) White			18 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12); College (1-4 or 5-) 3		
19 FATHER'S NAME (Print Name Last) Frederick Bouras				20 MOTHER'S NAME (If not, Middle Surname before first married) Jay Phillips				
21 INFORMANT'S NAME (Type P, S) Margorie Bouras				22 HOME ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 3125 General Motors Road, Milford, Michigan 48360				
23 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Burial			24 PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Oak Grove Cemetery		25 LOCATION (City or Village, State) Milford, Michigan			
26 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			27 LICENSE NUMBER (If licensee) 5365		28 NAME AND ADDRESS OF FACILITY Lynch & Sons 404 E. Liberty, Milford, Michigan 48381			
29 PART I - Enter the disease, diseases, or complications that caused the death. Do NOT enter the name of drug such as cardiac or respiratory, or that of heart failure. List only one cause of death. IMMEDIATE CAUSE (The disease or condition resulting in death) congestive heart failure DUE TO (OR AS A CONSEQUENCE OF) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____							30 Approximate Interval Between Onset and Death 8 days	
31 PART II - Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I Cerebral Vascular accident							32a WAS AN AUTOPSY PERFORMED? (Yes or No) No	32b WERE ANATOMY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
33 ACTUAL PLACE OF DEATH - (Specify Nursing Home, Hospital, Assisted Living Facility) HOSPITAL			34 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO			35 (Check one only) <input checked="" type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		
36 To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Month, Day, Year) November 19, 1990			37 TIME OF DEATH 8:28 P. M.			38 DATE SIGNED (Month, Day, Year) November 19, 1990		39 CASE NUMBER
39 NAME OF ATTENDING PHYSICIAN (If other than certifier, print name) Norman N. Krieger, M.D. 402 Union St., Milford, MI 48381			39 LICENSE NUMBER 022243			39b TIME OF DEATH M		
39a FULL SURVIVAL FROM NATURAL OR BLEEDING INJURY (Specify)			39b DATE OF INJURY (Month, Day, Year)		39c TIME OF INJURY M		39d DESCRIBE HOW INJURY OCCURRED	
39e HELD AT WORK (Specify Yes or No)			39f PLACE OF BIRTH (If home, 10, 11, Street, Factory, Office Building, etc. (Specify))		39g LOCATION - Street or R.F.D. No., City, Village or Twp, State			
39h REGISTRAR'S SIGNATURE <i>[Signature]</i>					39i DATE FILED (Month, Day, Year) November 19, 1990			

B 36
Rev 1/89

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 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 19th day of NOVEMBER, 19 90

LYNN D. ALLEN, Clerk - Register of Deeds.
BY *[Signature]*
Deputy Clerk

P O W E R O F A T T O R N E Y

I, MARJORIE A. BOURNS, a resident of Oakland County, Michigan, designate my son, David M. Bourns, as my attorney-in-fact (referred to as "the Agent") on the following terms and conditions:

1. Authority of Act. The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare.

2. Powers of Agent. The Agent may perform any act and exercise any power with regard to my property and affairs that I could do personally, including exercising all of the specific powers set forth below:
 - a. Collect and Manage. To collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of my real or personal property or any interest therein;

 - b. Buy and Sell. To purchase, sell, mortgage, grant options, or otherwise deal in any way in any real or personal property, tangible or intangible, or any interest therein, upon such terms as the Agent considers proper, including the power to buy United States Treasury Bonds that may be redeemed at par for the payment of federal estate tax and to sell or transfer Treasury securities;

 - c. Borrow. To borrow money, to execute promissory notes therefor, and to secure any obligation by mortgage or pledge.

 - d. Business and Banking. To conduct and participate in any kind of lawful business of any nature or kind including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy-sell agreement; to receive and endorse checks and other negotiable paper, deposit and withdraw funds (by check or withdrawal slips) that I now have on deposit or to which I may be entitled in the future in or from any bank, savings and loan, or other institution;

RECORDED RIGHT OF WAY NO. 44414

McINTOSH, McCOLL, CARSON, McNAMEE, STRICKLER & HOULE, LAWYERS, PORT HURON, MICHIGAN

R-9204175-10R

McINTOSH, McCOLL, CARSON, McNAMEE, STRICKLER & HOULE, LAWYERS, PORT HURON, MICHIGAN

- e. Tax Returns and Reports. To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service;
- f. Safe Deposit Boxes. To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein;
- g. Proxy Rights. To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights or interests I may now or hereafter hold;
- h. Government Benefits. To make application to any governmental agency for any benefit or government obligation to which I may be entitled;
- i. Legal and Administrative Proceedings. To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein;
- j. Life Insurance. To exercise any incidents of ownership I may possess with respect to policies of insurance, except policies insuring the life of my Agent;
- k. Transfers in Trust. To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit;
- l. Delegation of Authority. To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines;
- m. Health Care Decisions. To employ and terminate physicians and other health care providers; to consent to and contract for my admission to hospitals, nursing homes, and other treatment or residential facilities; to have access to my medical records; to execute consents and releases concerning my medical treatment; and to make decisions regarding use, refusal and discontinuation of life-sustaining procedures and technology;

RECORDED RIGHT OF WAY NO. 4444

- n. General Authority. Subject to the limitations specified in the Restrictions section, to do and perform all matters and things, transact all business, make, execute, acknowledge and deliver all contracts, orders, writings, assurances and instruments which may be requisite or proper to effectuate any matter pertaining to me or in which I have any interest, any generally to act for me in all matters of any nature or description effecting my business, property or personal affairs. The enumeration of specific powers in the preceding sections is not intended to, nor does it limit or restrict the general powers granted herein to my attorney;
- o. Restrictions on Agent's Powers. Regardless of the above statements, my agent (1) cannot execute a will, a codicil, or any will substitute on my behalf; (2) cannot change the beneficiary on any like insurance policy that I own.
- 3. Durability. This durable Power of Attorney shall not be affected by my disability and shall continue in effect until my death or until revoked by me in writing.
- 4. Reliance by Third Parties. Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.
- 5. Indemnification of Agent. No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.
- 6. Original Counterparts. Photocopies of this signed Power of Attorney shall be treated as original counterparts.
- 7. Revocation I hereby revoke any previous Powers of Attorney that I may have given to deal with my property and affairs as set forth herein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal
this 29th day of JUNE, A.D., 1991.

Marjorie A. Bourns
Marjorie A. Bourns

Signed in the presence of:

Jon Kern
Jon Kern

Christopher Smith

STATE OF Michigan)
COUNTY OF OAKLAND) ss.

On the date last above written, before me a Notary Public in and for said County, personally appeared Marjorie A. Bourns who is known to be the person described in and who executed the above Power of Attorney, and she acknowledges the same to be her free act and deed.

Christopher Smith
Notary
My Commission Expires JUNE 9, 1992

Drafted by:
JOHN C. McCOLL (P17320)
333 Pine Street
Port Huron, MI 48060
(313) 984-1500

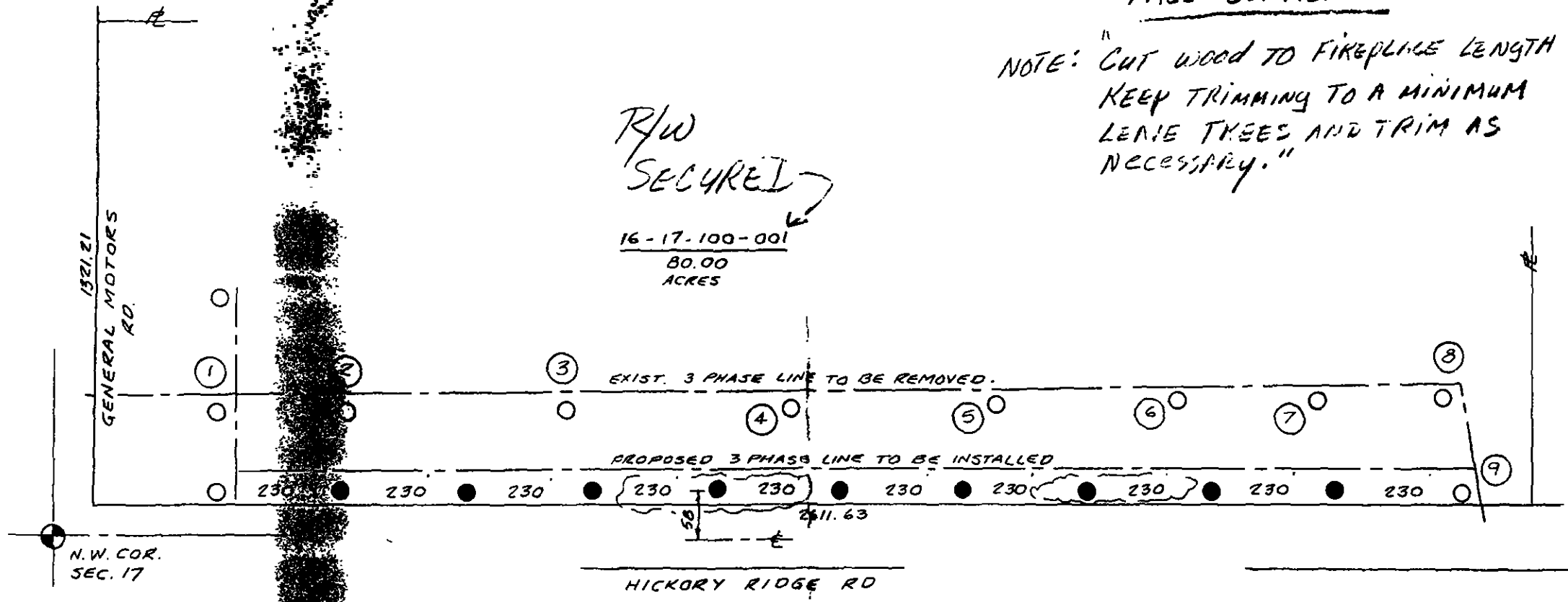
McINTOSH, McCOLL, CARSON, McNAMEE, STRICKLER & HOULE, LAWYERS, PORT HURON, MICHIGAN

RECORDED RIGHT OF WAY NO. 24414



TREE COMMENTS

NOTE: " CUT WOOD TO FIREPLINE LENGTH
KEEP TRIMMING TO A MINIMUM
LEAVE TREES AND TRIM AS
NECESSARY."



- NOTES:
1. PROPOSED 3 PHASE LINE TO BE AT 50' E. OF R/W SECURE 12' DISTRIBUTION CLEARANCE ALONG ENTIRE WIDTH OF PROPERTY.
 2. REQUIRES CLEARANCE 15' EACH SIDE OF POLE.
 3. POLES AT LOCATION 2-8 TO BE REMOVED.
 4. WIRELINE FROM LOCATION 1-9 TO BE REMOVED.

THE DETROIT EDISON COMPANY - SERVICE PLANNING DEPARTMENT			
LEGEND	CITY OR TWP MILFORD OAKLAND		
○ FOREIGN POLE	COUNTY OAKLAND		QTR. & TWP. SECT. NO. W 1/2 SEC. 17
○ EXIST. D.E. CO. POLE	MAP SECT. 2-178-388 392		DEPT. ORDER NO. R-9204175-01R
● PROPOSED POLE	TOWN TEN RTE	RANGE R7E	R/W NO. 3KR3A9/H01
— EXIST. ANCHOR	PROJECT NAME		PROJ. OR PART NO.
— PROPOSED ANCHOR	TEL. ENG. R. & DIST.		D.F.W. S.O. OR P.E. NO. 3KR3A - KM.H
○ TREE	CIRCUIT DC-8828 PAGE		BUDGET ITEM NO. 3KR3A - KM.H
— 120/240 V LINE	REASON RECONDUCTOR FOR RELIABILITY		DATE 10-14-92
— 4800 V LINE	PLANNER RON GRAY		SCALE 1" = 200'
— 13,200 V LINE			
— 40,000 V LINE			