

Acknowledgement - Individual

State of Michigan

County of Oakland) SS.

On this 3rd day of November, 1986, the foregoing instrument was acknowledged before me, a notary public in and for said county, by Bruce E. Filipek and Karen M. Filipek, His Wife

My Commission Expires: Sept. 19, 1990

Janet L. Silvestri
Janet L. Silvestri
Notary Public, Macomb County, Michigan
Acting in Oakland County
JANET L. SILVESTRI
Notary Public, Macomb County, Mich.
My Commission Expires Sept. 19, 1990

RECORDED RIGHT OF WAY NO. 36907

63-28577
WARRANTY DEED-801
11734

84 55404

3-11
1/31

①

5
①

The Grantor(s)
Mary Larkin as Personal Representative of the Estate of
Rose L. Snell, deceased, Oakland County Probate
File No. 157918
3415 Auburn Rd., Rochester, Michigan 48063
convey(s) and warrant(s) to
Bruce E. Filipek and Karen M. Filipek, husband & wife
23071 Forest, Oak Park, Michigan
of Avon Township
and State of Michigan:

Parcel I:
Lot 334, Supervisor's Plat of Dodge Auburn Park, a subdivision as recorded in
Liber 50, page 17 of Plats, Oakland County Records.

Parcel II:
Part of the West 1/2 of the West 1/2 of the Northeast 1/4 of Section 31, Town 3
North, Range 11 East, more particularly described as follows: Beginning at the
North 1/4 corner of Section 31 and running thence North 89 degrees 50 minutes
15 seconds East 120 feet; thence South 0 degrees 01 minutes West 350 feet; thence
South 89 degrees 50 minutes 15 seconds West 120 feet; thence North 0 degrees
01 minutes East 350 feet to the point of beginning.
for the sum of Forty-One Thousand Nine Hundred and 00/100 (\$41,900.00)

subject to easements and building and use restrictions of record and otherwise applicable

Dated this 25th day of May, 1984

Signed in presence of:
Jeannine S. Beck
Dorothy Bowden

Signed by:
Mary Larkin as Personal Representative
of the Estate of Rose L. Snell, deceased,
Oakland County Probate File No. 157918

RECORDED
OAKLAND COUNTY
JAN 4 9:38
LYNN D. ALLEN
CLERK-RECORDS

STATE OF MICHIGAN } SS.
COUNTY OF Oakland

The foregoing instrument was acknowledged before me this 25th day of May
19 84, by Mary Larkin as Personal Representative of the Estate of Rose L. Snell,
deceased, Oakland County Probate
File No. 157918

Jeannine S. Beck
JEANNINE S. BECK
Notary Public, Notary Public, Oakland County, Michigan
My Commission Expires February 27, 1988

County Treasurer's Certificate
110 High School St
4/11/84
C. H. G. DILLANY, County Treasurer
Sec. 135, Art 206, 1893 as amended

City Treasurer's Certificate
STATE OF MICHIGAN REAL ESTATE
TRANSFER TAX
46.20
PB-10540

When Recorded Return To:
Earl Keim Realty Troy
1931 E. Wattles
Troy, Michigan 48084

Send Subsequent Tax Bills To:
Earl Keim Realty Troy
1931 E. Wattles
Troy, MI 48084

Drafted By:
William Knoppe
Business Address
Earl Keim Realty Troy
1931 E. Wattles
Troy, MI 48084

Tax Parcel # 15-31-128-007-11334
15-31-201-001-Parcel 1
Recording Fee 3.00 Bill
Transfer Tax 46.20

MAKE YOUR REAL ESTATE TRANSFERS SAFE BY USING FIRST AMERICAN TITLE INSURANCE COMPANY OF MID-AMERICA

RECORDED RIGHT OF WAY NO.

WARRANTY DEED
STATUTORY FORM
FOR INDIVIDUALS

LIBER 8180 PAGE 560

82 25978

TA 81-143914

TRANSAMERICA TITLE INSURANCE CO.

KNOW ALL MEN BY THESE PRESENTS: That Tomas Reyes, a single man
whose street number and postoffice address is 3437 Auburn Road, Avon Township, Mich. 48057
Convey (e) and Warrant (s) to Guy L. Sferlazza and Jacqueline R. Sferlazza, his wife
whose street number and postoffice address is 100 Rose Brier Drive, Rochester, Mich. 48063
the following described premises situated in the Township of Avon County of Oakland
and State of Michigan, to-wit:

Lots 330, 331, 332, and 333, Supervisor's Plat of Dodge Auburn
Park, as recorded in Liber 50, Page 17 of Plats, Oakland County
Records in Part of W. 114 Sec. 31, T3N, R11E

b 15-31-128-003, 004, 005 and 006

50-17

3/1/81

1982 MAY 6 PM 4 04
CLERK-REGISTER OF DEEDS
LYNN B. ALLEN

for the sum of twenty seven thousand, three hundred and thirty two dollars (\$27,332.00)
subject to easements and restrictions of record and to a certain mortgage held by
Capitol Savings and Loan Association, dated April 5, 1973, recorded April 20, 1973
in Liber 6071, page 448, Oakland County Records, with an approximate mortgage
balance of \$11,352.88 which grantee assumes and agrees to pay.

Dated this 24 day of April 1982

Signed and Sealed in presence of

Signed and Sealed

William B. Dehne
William B. Dehne
Edwards Ybarra
Edwards Ybarra

Tomas Reyes (LS)
Tomas Reyes (LS)
(LS)
(LS)

STATE OF MICHIGAN
COUNTY OF OAKLAND

The foregoing instrument was acknowledged before me this 24th day of April 1982
by (2) Tomas Reyes a single man

(3) William B. Dehne
William B. Dehne

My Commission expires Mar 32 1985 Notary Public Wayne County, Michigan
acting in Oakland County

*Note (1) Insert date (2) Insert name of person(s) acknowledged (grantor) (3) signature of person taking acknowledgment

OAKLAND COUNTY TREASURER'S CERTIFICATE
I HEREBY CERTIFY that there are no TAX
LIENS or other encumbrances of any
kind against the within description, and
all TAXES on same are paid for the year
preceeding to the date of this instrument,
as appears by the records in this office
as stated.

OAKLAND COUNTY
STATE OF MICHIGAN REAL ESTATE
TRANSFER TAX
Dept of Taxation MAY-82 30.25
P.B. 10560

1.00
5-5-82
04578
RMD

Please note the following:

1. Marital status of each male grantor must be indicated.
2. The name of each person who signs this instrument shall be legibly printed, typewritten or stamped upon such instrument immediately beneath the signature of such person.
3. If the notarial act is performed outside the State of Michigan, the acknowledgment must show the rank or title and serial number, if any, of the person taking the acknowledgment. The official seal of the person performing the notarial act outside the State of Michigan should be affixed to the deed.

Drafted by: William B. Dehne
Business address: 5943 Hubbell
Dearborn Heights, Mich. 48127
After recording return to: Guy L. Sferlazza
100 Rose Brier Drive
Rochester, Mich. 48063

RECORDED RIGHT OF WAY NO. 36904

3.10
3025-
Ta

KNOW ALL MEN BY THESE PRESENTS: That ELSIE FERRELL, survivor of herself and Lena Anna Ritzler, whose death certificate is attached hereto, whose address is 1-A Street, Pontiac Mobile Home Park, Pontiac, Michigan

Convey(s) and Warrant(s) to ADOLPH R. KRUEGER and MARIAN M. KRUEGER, his wife

whose address is 3215 Greenwood, Pontiac, Michigan

3/1/77

the following described premises situated in the Township of Avon County of Oakland and State of Michigan, to-wit:

Part of the Northwest 1/4 of the Northeast 1/4 of Section 31, Town 3 North, Range 11 East, Avon Township, Oakland County, Michigan, described as follows: Beginning at a point located South 89 degrees 46 minutes 10 seconds East along the North Section line a distance of 120 feet from the North 1/4 corner of said Section 31; thence South 0 degrees 10 minutes West 350 feet; thence South 89 degrees 46 minutes 10 seconds East 120 feet; thence North 0 degrees 10 minutes East 350 feet; thence North 89 degrees 46 minutes 10 seconds West along the North section line, a distance of 120 feet to point of beginning.

for the full consideration of Twenty Two Thousand Nine Hundred and 00/100 (\$22,900.00, Dollars subject to building and use restrictions and easements of record, and also subject to such liens and encumbrances as have attached or accrued through acts or omissions other than those of Grantor herein since April 29, 1970, the date of a certain land contract, which was subsequently assigned June 23, 1977, in fulfillment of which this deed is given.

Dated this 28th day of September 19 77

Witnesses Signed and Sealed Anna P. Crase, Elsie Ferrell (L.S.), Melvin W. Haselkorn (L.S.), STATE OF MICHIGAN COUNTY OF OAKLAND (L.S.)

The foregoing instrument was acknowledged before me this 28th day of September 19 77 by Elsie Ferrell, survivor of herself and Lena Anna Ritzler My commission expires November 15, 1980 Notary Public Anna P. Crase Oakland County, Michigan Instrument Drafted by John W. Steckling Business Address 1090 W. Huron St., Pontiac, MI

OAKLAND COUNTY TREASURER'S CERTIFICATE No. Pontiac, Mich. 10 6 19 77 I HEREBY CERTIFY that there are no TAX LIENS or TAXES held by the State or any individual against the whole description and all TAXES in sum are paid for the year shown in the title of this instrument, as shown in the records in this office dated 10 6 19 77 C. HUGH DOWNEY, County Treasurer, Sec. 135, Art. 276, 1975, re. Amended. Recording Fee 5.00 State Transfer Tax 25.00 Tax Parcel # 15-31-201-040

CITY TREASURER'S CERTIFICATE REAL ESTATE MICHIGAN DEPARTMENT OF TREASURY When recorded return to Pontiac State Bank 324 Elizabeth Lake Road, Pontiac, MI 48054 Send subsequent tax bills to

4/1/77

RECORDED RIGHT OF WAY NO. 36907

3/3-9
3/3

Lawyers Title Insurance Corporation

LIBER 5470 PAGE 149

71 6512

Form 561 1-68
WARRANTY DEED—Statutory Form
C.L. 1948, 563 151 M.S.A. 20 571

KNOW ALL MEN BY THESE PRESENTS: That LENA RITZLER,

whose address is 3395 Auburn Road, Pontiac, Michigan,

Convey(s) and Warrant(s) to W. L. GREEN and MONICA GREEN, his wife

whose address is 21305 West Twelve Mile Road, Southfield, Michigan, *48076*

the following described premises situated in the Township of Avon,
County of Oakland, and State of Michigan, to-wit:

Part of the Northwest $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of section 31, Town 3 North,
Range 11 East, described as follows:

Beginning at a point on the North line of said Sec. 31, distant S
89°46'10" E. 240.00 ft. from the North $\frac{1}{4}$ corner of said section; thence
S 0°10' W, 350.00 ft.; thence S 89°46'10" E, 120.00 ft.; thence N 0°10' E,
350.00 ft. to said North line of Sec. 31; thence N 89°46'10" W, along said
north section line, 120.00 ft. to the point of beginning, and containing
0.96 acres, more or less,

together with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining,
for the full consideration of Eight thousand and no/100 (\$8,000.00) Dollars - - -
subject to Easements and Restrictions of Record.

Date: this 6th day of January A. D. 1970.

Witnesses.

Signed and Sealed

Frank Fortino
FRANK FORTINO

Bethel J. Ernst
BETHEL J. ERNST

JAN 14 4 17 PM '70

Lena Ritzler
LENA RITZLER (L.S.)

(L.S.)

(L.S.)
STATE OF MICHIGAN
COUNTY OF Oakland (L.S.)

STATE OF MICHIGAN
COUNTY OF Oakland

On this 6th day of January, A. D. 1970, before me personally
appeared LENA RITZLER

to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that she
executed the same as her free act and deed.

My commission expires Sept. 16, A. D. 1972
Bethel J. Ernst
BETHEL J. ERNST
Notary Public, Oakland County, Michigan
1201 Pontiac State Bank Bldg.
Pontiac, Michigan 48033

Instrument Drafted by: FRANK FORTINO, Attorney

Hugh Dohany
C. HUGH DOHANY County Treasurer
Sec. 122, Act 306, 1965, As Am.

City Treasurer's Certificate
MICHIGAN REAL ESTATE TRANSFER TAX
Dept. of REVENUE
Taxation 08.80

Recording Fee _____
State Revenue Stamps *8.80*
When recorded return to: *FRANK FORTINO*

TITLE INSURANCE - ABSTRACTS - ESCROWS

TITLE INSURANCE - ABSTRACTS - ESCROWS

FCL003

CITY OF ROCHESTER HILLS
LAND FILE DISPLAY SCREEN

09/04/86
12:06:58

CVT CODE: 70
SIDWELL NO: 15 31 201 050

OWNER(S)
WILLIAM L GREEN

PROPERTY ADDRESS

MAILING ADDRESS
21305 12 MILE RD
SOUTHFIELD MI 48076

SCHOOL DIST. CODE: 010
USE CODE: RV
ZONE CODE: RV NEIGHBORHOOD CODE:

ADD: 07/10/79 FROM 31-201-046
REC DISPLAYED AS REQUESTED - "PA1" KEY FOR MORE DESC LINES

FCL003 CITY OF ROCHESTER HILLS
LAND FILE DISPLAY SCREEN

09/04/86
12:07:36

CVT CODE: 70
SIDWELL NO: 15 31 201 050

OWNER(S)
WILLIAM L GREEN

PROPERTY ADDRESS

MAILING ADDRESS
21305 12 MILE RD
SOUTHFIELD MI 48076

SCHOOL DIST. CODE: 010
USE CODE: RV
ZONE CODE: RV NEIGHBORHOOD CODE:
ADD: 07/10/79 FROM 31-201-046
LAND RECORD DISPLAYED AS REQUESTED

PROPERTY DESCRIPTION:
01 T3N. R11E, SEC 31
02 PART OF NE 1/4 A
03 PART OF OUTLOT B OF
04 'KLEM GARDENS',
05 ALL BEING DESC AS
06 BEG AT PT DIST
07 S 89-46-10 E 240.00 FT
08 FROM N 1/4 COR.
09 TH S 00-10-00 W 350.00 FT,
10 TH N 89-46-10 W 157.50 FT,
11 TH S 00-10-00 W 528 FT,
12 TH N 89-46-10 W 7.50 FT,
13 TH S 00-01-00 W 590 FT,
14 TH N 89-46-10 W 715 FT,
15 TH N 00-10-00 W 836.98 FT,
16 TH S 87-54-10 E 470 FT,
17 TH N 01-20-00 E 472 FT.
18 TH N 54-10-00 E TO

PROPERTY DESCRIPTION:
19 S LINE OF OUTLOT A OF
20 'KLEM GARDENS',
21 TH W 218.15 FT TO SW COR
22 OF SD OUTLOT A OF SD SUR,
23 TH N 01-13-20 W 400 FT,
24 TH N 01-09-40 E 1133.28 FT
25 TO N SEC LINE,
26 TH N 89-46-10 W 90 FT,
27 TH S 01-09-40 W 350.03 FT,
28 TH N 89-46-10 W 208.04 FT,
29 TH N 00-10-00 E 350.00 FT,
30 TH N 89-46-10 W 120 FT
31 TO BEG

RECORDED RIGHT OF WAY NO.

36907

L
5710
F
149 W.L. MITZLER TO 511 11

LF 1375-86

CF

0962385



STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT NAME FIRST MIDDLE LAST 1 Monica Sarah Green			SEX 2 Female	DATE OF DEATH (Mo., Day, Yr.) 3 November 1, 1986	
RACE - 10 a White Black American Indian etc. (Specify) 4 White	AGE - Last Birthday (Yrs.) 5a 80	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6 May 5, 1906	COUNTY OF DEATH 7a Oakland
LOCATION OF DEATH (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Southfield <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF		HOSPITAL OR OTHER INSTITUTION - Name (If not in either give street and number) 7c Providence Hospital			
STATE OF BIRTH (If not in U.S.A. name country) 8 Canada	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 William L. Green	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
SOCIAL SECURITY NUMBER 13 385-09-1398		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Office Worker		KIND OF BUSINESS OR INDUSTRY 14b Western Union	
CURRENT RESIDENCE - STATE 15a Michigan	COUNTY 15b Oakland	LOCALITY (Check one and specify) 15c <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Southfield <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF	STREET AND NUMBER 15d 21305 W. Twelve Mile		
FATHER - NAME FIRST MIDDLE LAST 16 John McMullin		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Margaret McNeil			
INFORMANT 18a (Signature) <i>W. L. Green</i>		MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 18b 21305 W. Twelve Mile Rd. Southfield, MI 48061			
19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death IMMEDIATE	
(b) EXTENSIVE ANTERIOR WALL MYOCARDIAL INFARCTION 7 days DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I					
20 No			AUTOPSY (Specify Yes or No)	21 No	
PLACE OF DEATH (Home Nursing Home Hospital Ambulance) (Specify) 22a Hospital		IF HOSP OR INST. Indicate DOA Of/Emr. Am. Instment (Specify) 22b Patient		24a <input type="checkbox"/> This case reviewed and determined not to be a medical examiner's case <input type="checkbox"/> On the basis of examination and/or investigation, in my opinion death occurred at the time date and place and due to the cause(s) stated	
23a. 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>William F. Murray MD</i> DATE SIGNED (Mo., Day, Yr.) 23b 11/3/86		HOUR OF DEATH 23c 1:25 P		24b (Signature and Title) <i>William F. Murray MD</i> DATE SIGNED (Mo., Day, Yr.) 24c	
23d <i>J. PATEL, MD</i> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		24d ON		24e AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) 25 <i>WILLIAM F. MURRAY MD 39500 W. 10 MILE, NOVI, MICH 48056</i>					
ACC SUICIDE NOM NATURAL OR PENDING INVEST (Specify) 26a NATURAL	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY - At home farm street factory office building etc (Specify) 26f	LOCATION 26g	STREET OR RFD NO CITY VILLAGE, OR TOWNSHIP STATE		
BURIAL, CREMATION REMOVAL, OTHER (Specify) 27a Burial	CEMETERY OR CREMATORY - NAME 27b Holy Sepulchre Cemetery		LOCATION CITY VILLAGE OR TOWNSHIP STATE 27c Southfield, Michigan		
DATE (Mo., Day, Yr.) 28a November 5, 1986	NAME OF FACILITY 28b Harry J. Will Funeral Home, Inc		ADDRESS OF FACILITY 28c 25450 Plymouth Rd. Dpt. Mi. 48061		
FUNERAL SERVICE LICENSEE (Signature) 28c <i>Kenneth A. Engel</i>	REGISTRAR (Signature) 29a <i>Teresa M Collins</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 29b November 4, 1986			

IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

CERTIFIER

DISPOSITION

B-36a 5/83

CERTIFICATION OF DEATH

STATE OF MICHIGAN) SS.
COUNTY OF OAKLAND)

I, PATRICK FLANNERY, CITY CLERK FOR THE CITY OF SOUTHFIELD, MICHIGAN DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD NOW ON FILE IN MY OFFICE. IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF SAID CITY.

DATE: NOV 4 1986

Patrick G. Flannery
PATRICK G. FLANNERY, CITY CLERK

RECORDED
INDEXED
NOV 11 1986
MAY NO. 36907

LF _____
CF 8899



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

0494179

14999

DECEDENT NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo Day Yr)
1		Guy	Louis	Sferlazza	2 Male	September 5, 1984
RACE - (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo Day, Yr)	COUNTY OF DEATH	
4 white	5a 47	5b	5c	6 Sept. 29, 1936	7a Wayne	
LOCATION OF DEATH (Check one and specify)	<input checked="" type="checkbox"/> INSIDE CITY LIMITS OF	Detroit		<input type="checkbox"/> HOSPITAL OR OTHER INSTITUTION - Name (if not a either give street and number)		
	<input type="checkbox"/> INSIDE VILLAGE LIMITS OF			Henry Ford Hospital		
	<input type="checkbox"/> TWP OF			17c		
STATE OF BIRTH (name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Ohio	9 U.S.A.	10 married	11 Jacqueline Rita Dillon		12 No	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
13 382-32-2135	14a Marketing Director		14b Automotive			
CURRENT RESIDENCE - STATE	COUNTY	LOCALITY (Check one and specify)	<input type="checkbox"/> INSIDE CITY LIMITS OF		STREET AND NUMBER	
15a Mich.	15b Oakland	15c <input checked="" type="checkbox"/> TWP OF Avon			15d 100 Rose Brier Dr.	
FATHER - NAME	FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	FIRST	MIDDLE LAST
16	Salvatore		Sferlazza	17	Grace	Yannello
INFORMANT	Jacqueline R. Sferlazza		MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP			
18a (Signature) (not available)	18b 100 Rose Brier Dr.		Rochester, Mich.		48063	
19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
PART I (a) Septicemia						3 Days
DUE TO, OR AS A CONSEQUENCE OF.						Interval between onset and death
(b) Acute Granulocytic Leukemia						1 Month
DUE TO, OR AS A CONSEQUENCE OF.						Interval between onset and death
(c) Myelofibrosis						18 months
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I				AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)	
Hodgkin's Disease; Thrombocytopenia				20 No	21 No	
PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify)	IF HOSP. OR INST., indicate DOA, OP, Emer Rm, Inpatient (Specify)		24b <input checked="" type="checkbox"/> This case reviewed and determined not to be a medical examiner case			
22a Hospital	22b Inpatient		24c <input type="checkbox"/> On the basis of examination and investigation in my opinion death occurred at the time, date and place and due to the cause(s) stated			
23a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		(Signature and Title)	
(Signature and Title)	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		(Signature and Title)	
23b 9-6-84	23c 10:40 p m		24b		24c	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr)		PRONOUNCED DEAD (Hour)		
23d		24d ON		24e AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print)						
JOSEPH P. ABRAHAM, M.D. 2799 W. Grand Blvd. Detroit, MI 48202						
ACC SUICIDE HOW NATURAL OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
26a	26b	26c	26d			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home farm street factory office building, etc (Specify)	LOCATION	STREET OR RFD NO	CITY, VILLAGE OR TOWNSHIP	STATE	
26e	26f	26g				
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY - NAME		LOCATION	CITY, VILLAGE, OR TOWNSHIP	STATE	
27a cremation	27b White Chapel Cemetery		27c Troy,	Mich.		
DATE (Mo. Day Yr)	NAME OF FACILITY		ADDRESS OF FACILITY			
27d Sept. 8, 1984	28a Pixley Memorial Chapel		28b Rochester, Mich. 48063			
FUNERAL SERVICE LICENSEE (Signature)	REGISTRAR (Signature)	DATE RECEIVED BY REGISTRAR (Mo Day)				
28c J. Tompkins/Carella	29a Edward A. Thomas	29b SEP 7 1984				

IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

CERTIFIER

DISPOSITION

B-36a (1-81)

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THE RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

COLEMAN A. YOUNG, MAYOR
CITY OF DETROIT

SEP 8 1984

DATED

Edward A. Thomas
REGISTRAR, VITAL RECORDS
DETROIT DEPARTMENT OF HEALTH

RECORDED
RIGHT OF WAY
36907

LF 86-0236
228421
CF



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

0776896

DECEDENT NAME 1 Adolph Richard Krueger			SEX 2 Male	DATE OF DEATH (Mo., Day, Yr.) 3 July 6, 1986
RACE - 1a 4 White	AGE - Last Birthday (Yrs.) 5a 70	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MINS 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6 Nov. 11, 1915
LOCATION OF DEATH (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Rochester Hills <input type="checkbox"/> INSIDE VILLAGE LIMITS OF 7b. <input type="checkbox"/> TWP OF		[HOSPITAL OR OTHER INSTITUTION - Name if not in other given above and number] 7c Crittenton Hospital		
STATE OF BIRTH (If not in U.S.A. name country) 8 Mich.	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Marian Cornell	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. or Mo.) 12 No
SOCIAL SECURITY NUMBER 13 380-10-3998	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Group Leader	KIND OF BUSINESS OR INDUSTRY 14b Automotive		
CURRENT RESIDENCE - STATE 15a Mich.	COUNTY 15b Oakland	LOCALITY (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Rochester Hills <input type="checkbox"/> INSIDE VILLAGE LIMITS OF 15c. <input type="checkbox"/> TWP OF	STREET AND NUMBER 15d 3395 Auburn	
FATHER - NAME FIRST MIDDLE LAST 16 Frank Krueger		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Augusta Fick		
INFORMANT 18a. (Signature) Marian Krueger		MAILING ADDRESS STREET OR RFD. NO. CITY OR TOWN STATE ZIP 18b. 3395 Auburn Rd. Auburn Hills, Mich. 48057		
19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiac failure of aorta DUE TO, OR AS A CONSEQUENCE OF: (b) Carcinoma of lung with metastasis DUE TO, OR AS A CONSEQUENCE OF: (c)				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I Myocardial infarction				
PLACE OF DEATH (Home, Nursing Home, Hospital, etc.) (Specify) 22a Hospital		IF HOSP. OR INST. indicate DOA: (Enter on separate sheet) 22b INPATIENT		24a. <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input type="checkbox"/> On the basis of examination and/or investigation in any Spanish death occurred at the time, date and place and due to the causes stated.
(Signature and Title) Dr. J. S. ... MD.		(Signature and Title) ...		
DATE SIGNED (Mo., Day, Yr.) 23b 7/7/86		HOUR OF DEATH 23c 2:45 P M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23d		PRONOUNCED DEAD (Mo., Day, Yr.) 24b		PRONOUNCED DEAD (Hour) 24c
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type or Print) 25 K. AGGARWAL, 971 Oakwood Dr. Rochester, MI 48063		24d ON 24e AT		
ACC. SUICIDE, HOMIC. NATURAL OR PENDING INVEST? (Specify) 26a Natural	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY - At home, farm, street, factory, other building, etc. (Specify) 26f	LOCATION STREET OR RFD. NO. CITY VILLAGE, OR TOWNSHIP STATE 26g		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 27a Burial	CEMETERY OR CREMAJORY - NAME 27b White Chapel Cemetery		LOCATION CITY VILLAGE OR TOWNSHIP STATE 27c Troy, Mich.	
DATE (Mo., Day, Yr.) 27d July 9, 1986	NAME OF FACILITY 28a Harold R. Davis Funeral Home		ADDRESS OF FACILITY 28b Auburn Hills, Mich. 48057	
FUNERAL SERVICE LICENSEE (Signature) 28c ...	REGISTRAR (Signature) 28d ...	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 28e July 7, 1986		

DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

CONDITIONS
IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

CERTIFIER

DISPOSITION

B-36a
5/83

UNRECORDED RIGHT OF WAY NO
36907

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 9th day of MARCH, 19 87.