



1. DECEASED NAME FIRST: <i>Leola</i> MIDDLE: <i>Mau</i> LAST: <i>Mason</i>		SEX: <i>Female</i>	DATE OF DEATH (MONTH, DAY, YEAR): <i>January 21, 1975</i>
2. RACE (SPECIFY): <i>White</i>	3. AGE—LAST BIRTHDAY (YEARS): <i>80</i>	4. UNDER 1 YEAR: MOS. _____ DAYS _____	5. UNDER 1 DAY: HOURS _____ MIN. _____
6. CITY, VILLAGE, OR TOWNSHIP OF DEATH: <i>Pontiac</i>	7. INSIDE CITY LIMITS (SPECIFY YES OR NO): <i>Yes</i>	8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): <i>Pontiac Osteopathic</i>	
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY): <i>Lellroy, Ohio</i>	10. CITIZEN OF WHAT COUNTRY: <i>U.S.A.</i>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <i>Divorced</i>	12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): <i>None</i>
13. SOCIAL SECURITY NUMBER: <i>352-07-1004</i>	14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): <i>Punch Press Operator, ntd.</i>		15. KIND OF BUSINESS OR INDUSTRY: <i>General Motors</i>
16. RESIDENCE—STATE: <i>Michigan</i>	17. COUNTY: <i>Oakland</i>	18. CITY, VILLAGE OR TOWNSHIP: <i>Highland</i>	19. INSIDE CITY LIMITS (SPECIFY YES OR NO): <i>Yes</i>
20. FATHER—NAME: FIRST <i>William</i> MIDDLE _____ LAST <i>Gerran</i>		21. MOTHER—MAIDEN NAME: FIRST <i>Anna</i> MIDDLE _____ LAST <i>Scott</i>	
22. INFORMANT—NAME: <i>Ernest L. Mason</i>		23. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <i>445 Helen Street, Highland, Mich. 48031</i>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
18. IMMEDIATE CAUSE: (a) <i>CARDIAC ARREST</i>			<i>SECONDS</i>
DUE TO, OR AS A CONSEQUENCE OF: (b) <i>CARDIAC FAILURE</i>			<i>DAYS</i>
DUE TO, OR AS A CONSEQUENCE OF: (c) <i>ARTERIOSCLEROSIS</i>			<i>YEARS</i>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) <i>SENESCENCE, CHRONIC BRAIN SYNDROME</i>			19. AUTOPSY (YES OR NO): <i>NO</i>
20a. ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY):	20b. DATE OF INJURY (MONTH, DAY, YEAR):	20c. HOUR: M. _____	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
21a. INJURY AT WORK (SPECIFY YES OR NO):	21b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY):	21c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):	
22a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH <i>1</i> DAY <i>9</i> YEAR <i>75</i>	22b. TO: MONTH <i>1</i> DAY <i>24</i> YEAR <i>75</i>	22c. AND LAST SAW HIM/HER ALIVE ON: MONTH <i>1</i> DAY <i>24</i> YEAR <i>75</i>	22d. I DID/DID NOT VIEW THE BODY AFTER DEATH: <i>DID</i>
23. 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.			24. THE DECEDENT WAS PRONOUNCED DEAD: MONTH _____ DAY _____ YEAR _____ HOUR _____
25. CERTIFIER—NAME (TYPE OR PRINT): <i>MANAGN ASBARIAN</i>	26. SIGNATURE: <i>Managn Asbarian</i>	27. DEGREE OR TITLE: <i>DO</i>	28. DATE SIGNED (MONTH, DAY, YEAR): <i>1-26-75</i>
29. MAILING ADDRESS—CERTIFIER: <i>1207 Pontiac State Bank Bldg, Pontiac Michigan 48058</i>			
30. BURIAL, CREMATION, REMOVAL (SPECIFY): <i>Burial</i>	31. CEMETERY OR CREMATORY—NAME: <i>Highland Cemetery</i>	32. LOCATION: CITY, VILLAGE, TWP. OR COUNTY STATE: <i>Highland, Michigan</i>	
33. DATE: <i>Jan. 21, 1975</i>	34. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): <i>Richardson-Lynch P.O., 404 G. Liberty, Melvindale, Mi. 48072</i>		
35. FUNERAL DIRECTOR—SIGNATURE: <i>Walter J. Rice</i>	36. REGISTRAR—SIGNATURE: <i>[Signature]</i>	37. RECEIVED BY LOCAL REGISTRAR: <i>[Signature]</i> JAN 27 1975	

ALL RESIDENCE ARE DECEASED J. IF DEATH OCCURRED IN TUTION, GIVE IDENCE BEFORE MISSION.

CAUSE

41-1111-1

9-36  
3-68  
300M

STATE OF MICHIGAN )  
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 and remaining in my office.

In testimony whereof, I have hereunto set my hand and affixed the Seal of said Court this 12 day of February, 19 80

LYNN D. ALLEN, Clerk - Register of Deeds.  
BY Lynda R. Crowell  
Deputy Clerk

RECORDED FIRST OF MAY NO. 33270

APPLICATION FOR RIGHT OF WAY

DE FORM MS 80 5-74 SS

PLEASE SECURE RIGHT OF WAY AS FOLLOWS.

DATE June 7, 1978

LOCATION M-59 (Highland Road)  
from Hickory Ridge to C & O R.R.

APPLICATION NO. 0-6119 81

CITY OR VILLAGE \_\_\_\_\_

DEPT ORDER NO \_\_\_\_\_

TOWNSHIP Highland COUNTY Oakland

O F. W NO 7GIOE9/H41

DATE BY WHICH RIGHT OF WAY IS WANTED December 31, 1978

BUDGET ITEM NO 7GIOE-KAH

THIS R/W IS \_\_\_\_\_ % OF TOTAL PROJECT NO \_\_\_\_\_ ACCUM. \_\_\_\_\_ %

INQUIRY NO. \_\_\_\_\_

JOINT RIGHT OF WAY REQUIRED YES  NO

NOTE: Identify on print or sketch the subdivisions as to section location and liber and page.

KIND AND DESCRIPTION OF RIGHT OF WAY REQUESTED 120 KV wood pole with 13.2 KV Underbuild.

PURPOSE OF RIGHT OF WAY To provide feed to the new Whitney Substation.

SIGNED *G. Yeabick* /Supervisor  
Oakland Division Headquarters Service Planning  
OFFICE DEPARTMENT

REPORT OF REAL ESTATE AND RIGHTS OF WAY DEPT.

Recordable right of way secured subject to notes and revisions as shown on the attached sketch.

Contacts by W. Touchie, Real Estate, Rights of Way & Claims.

RECORDED RIGHT OF WAY NO.

Ser.Pl. 13

PERMITS IN RECORD CENTER 10 R.E. & R/W DEPT. FILE 3 GRANTOR M. Bryan

NO. OF PERMITS 13 NO. OF STRUCTURES \_\_\_\_\_ NO. OF MILES \_\_\_\_\_ PERMITS TO MBT \_\_\_\_\_

DATE 5-22-80 SIGNED \_\_\_\_\_

*James A. Robertson*  
JAMES A. ROBERTSON 2-8-79 4-5-79  
6-7-78 WD 8-2-78