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For good and valuable considerations, the right is hereby granted to The Detroit Edison Company, 2000 Second Avenue, Detroit, Michigan 48226, its successors and assigns, to construct line facilities for the purpose of providing electric service and Company communication service including the necessary poles, guys, anchors, wires and equipment upon, over and across the property described hereinafter. The rights hereby granted include the right of access to and from the said premises, the right to construct, reconstruct, modify, operate and maintain said line facilities, and to trim or cut down any trees belonging to the grantor, either within said right of way or upon the lands of the grantor adjoining said right of way, which, in the opinion of the grantee, at any time interfere with the construction and operation of said line facilities. It is expressly understood and agreed that the grantee shall, at no time, trim or cut down any trees unless, in the grantee's opinion, it is absolutely necessary to do so. Upon the written consent of the grantee, buildings or structures may be placed within said right of way. This grant shall be binding upon the successors and assigns of the grantors. Before construction is completed, the Company shall pay the sum of Five and 00/100 (\$5.00) Dollars for each pole and for each anchor, or the sum of Five and 00/100 (\$5.00) Dollars if no poles or anchors are installed. The Company shall reimburse the grantors and assigns for all damage caused by its men, vehicles and equipment in entering said property for the purposes set forth herein.

The property over which this grant is conveyed is situated in the Township of Brandon, County of Oakland, State of Michigan and further described as follows:

The East 1/2 of the Southwest fractional 1/4 of Section 31, T5N R9E, except the East 175 feet of the South 300 feet thereof.

The route of the line facilities is described as follows:

In a Northerly and Southerly direction across said land, approximately 58 feet West of the centerline of Reese Road.

Witness: X Horace J. Theriot (Signed) Clarence A. Drake  
Horace J. Theriot Clarence A. Drake, survivor  
X Richard J. Theriot of himself and of his deceased wife,  
Richard J. Theriot Pearl A. Drake, A Single Man

Copy of Certificate of Death of  
Prepared By: Pearl A. Drake, attached hereto  
and made a part hereof.

J. Waterloo  
162 S. Gratiot Avenue  
Mt. Clemens, Michigan - 48043

STATE OF MICHIGAN )  
) SS.  
COUNTY OF OAKLAND)

John N. Waterloo  
Notary Public  
Macomb

1968 MAR 20 AM 11 23

OAKLAND COUNTY MICHIGAN  
REGISTER OF DEEDS RECORDS

7600 Oakhill Road  
Clarkston, Michigan  
48016

RECORDED RIGHT OF WAY NO. 24980

On this 26th day of December A.D. 1967, before the under-

signed, a Notary Public in and for said County, personally appeared Clarence A. Drake, survivor of  
himself and of his deceased wife, Pearl A. Drake,

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

John N. Waterloo  
Notary Public, Macomb  
3-11-68

John N. Waterloo  
Notary Public, Macomb County, Michigan 300

My Commission Expires: March 13, 1970

RETURN TO  
R. Q. DUKE  
THE DETROIT EDISON COMPANY  
2000 SECOND AVENUE  
DETROIT, MICHIGAN 48226

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

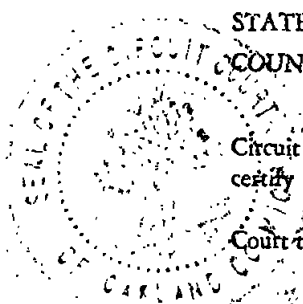
State's File No.

1. PLACE OF DEATH a. COUNTY <b>Oakland</b>		2. USUAL RESIDENCE (where deceased lived, if institution; residence before admission) a. STATE <b>Michigan</b>		b. COUNTY <b>Oakland</b>	
b. CITY OR VILLAGE <b>Pontiac</b>		c. TOWNSHIP, CITY OR VILLAGE <b>Brandon Twp.</b>		d. Is residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pontiac General Hospital</b>		e. STREET ADDRESS <b>7600 Oakhill Rd, Clarkston</b>			
3. NAME OF DECEASED a. (First) <b>Pearl</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Drake</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	
8. DATE OF BIRTH <b>2-23-1895</b>		9. AGE (In years last birthday) <b>67</b>		10. under 1 year: Months <input type="checkbox"/> Days <input type="checkbox"/> 11. under 24 hrs: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>		11. BIRTHPLACE (State or foreign country) <b>Michigan</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Frank Atkins</b>		14. MOTHER'S MAIDEN NAME <b>Mary Wagner</b>	
15. NAME OF HUSBAND OR WIFE OF DECEASED <b>Clarence Drake</b>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. SOCIAL SECURITY NO. <b>381-14-7793</b>	
18. INFORMANT'S NAME <b>Clarence Drake (Husband)</b>		18. ADDRESS <b>Above</b>		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute, Myocardial infarction</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Acute, Myocardial infarction</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <b>Diabetes Mellitus, mild</b>		Interval between Onset and Death <b>4 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus, mild</b>		19a. MAJOR FINDINGS OF OPERATION <b>none</b>		19b. DATE OF OPERATION <b>none</b>	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	
21c. (CITY, VILLAGE, OR TOWNSHIP) <b>Clarkston</b>		21d. (COUNTY) <b>Oakland</b>		21e. (STATE) <b>Michigan</b>	
21f. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>January 10, 1963, 3:00 A.M.</b>		21g. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? <b>none</b>	
22. I hereby certify that I attended the deceased from <b>January 1-10, 1963</b> to <b>January 14, 1963</b> , that I last saw the deceased alive on <b>January 13, 1963</b> , and that death occurred at <b>3:00 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (In care or title) <b>C. H. Ginter, M.D.</b>		23b. ADDRESS <b>97 W. Perry St., Pontiac, Mich.</b>		23c. DATE SIGNED <b>1-14-63</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-17-1963</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lakeview Cemetery</b>	
24d. LOCATION (City, village, tow., or county) <b>Clarkston, Michigan</b>		24e. (STATE) <b>Michigan</b>		DATE REC'D BY LOCAL REG. <b>JAN 15 1963</b>	
REGISTRAR'S SIGNATURE <b>Oiga Sarkeley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sharpe-Soyette F. H. Clarkston, Mich</b>		ADDRESS <b>Clarkston, Mich</b>	

MARGIN RESERVED FOR BINDING  
TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

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B-36



STATE OF MICHIGAN }  
COUNTY OF OAKLAND } SS

I, John D. Murphy, 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 12th day of December, 1967.

JOHN D. MURPHY, Clerk - Register of Deeds  
Bonnie B. Maki  
Deputy Clerk

RETURN TO  
R. Q. DUKE  
THE DETROIT EDISON COMPANY  
2000 SECOND AVENUE  
DETROIT, MICHIGAN 48226

RECORDED RIGHT OF WAY NO. 24985