

Detroit Edison

OVERHEAD EASEMENT (RIGHT OF WAY) NO. R-9203551-01R

On November 17, 1992, 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:

~~William E. Buckingham and Anastasia C. Buckingham, Husband and Wife, 340 Sherman Court, Ortonville, Michigan 48462~~

"Grantee" is:

WILLIAM E. BUCKINGHAM, SURVIVOR OF HERSELF AND HER DECEASED HUSBAND, WHOSE DEATH CERTIFICATE IS ATTACHED.

The Detroit Edison Company, a Michigan corporation, 2000 Second Avenue, Detroit, Michigan 48226
Concord Tele-Communications, a Michigan corporation, 21 S. Washington, Oxford, Michigan 48051

"Grantor's Land" is in the Village of Ortonville, Oakland County, Michigan described as:

Section 7, T5N, R9E, part of Northeast 1/4 of Southeast 1/4 beginning at point distant South 88°38'00" East 502.50 feet and South 00°10'00" West 306 feet from Northwest corner of Northeast 1/4 of Southeast 1/4, thence South 00°10'00" West 150 feet, thence North 88°38'00" West 147.35 feet, thence North 00°01'00" East 150 feet, thence South 88°38'00" East 147.74 feet to beginning. 0.51 Acres - Sidwell No: 03-07-428-009

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

The South ten (10) feet of the Easterly thirty (30) feet of Grantor's Land.

- 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.
- Access:** Grantee has the right of access to and from the Right of Way Area.
- 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.
- 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.
- 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.
- Successors:** This Right of Way runs with the land and binds and benefits Grantor's and Grantee's successors, lessees, licensees and assigns.

Witnesses:(type or print name below signature)

Sally Swayer
SALLY SWAYOR

Linda Tennant
LINDA S TENNANT

Grantor:(type or print name below signature)

#36 REG/DEEDS PAID
0001 MAR.16/93 12:37PM
0792 MISC 9.00

William E. Buckingham, Wacocah - 9-5-92

Anastasia C. Buckingham
Anastasia C. Buckingham

Acknowledged before me in Oakland County, Michigan, on November 17, 1992 by ~~William E. Buckingham and Anastasia C. Buckingham, Husband and Wife, SURVIVOR OF HERSELF AND HER DECEASED HUSBAND, WILLIAM E. BUCKINGHAM, WHOSE DEATH CERTIFICATE IS ATTACHED.~~

EDNA M. BURTON
Notary Public, Oakland County, Michigan
My Commission Expires May 30, 1993

Notary's Stamp (Notary's name, county and date commission expires)

Notary's Signature Edna M. Burton

Prepared by and Return to: James D. McDonald, 30400 Telegraph Road, Suite 222, Birmingham, Michigan 48025/avm.

Return-over DEC 24

9.00
2.00 RMC

O.K. - TS

SEE ALSO: MISC. RIGHT OF WAY FILE NO. 254245 & 254246 RECORDED RIGHT OF WAY NO. 44400

1517
280465



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

LIBER 13404 048
STAFF FILE NUMBER
0428067

TYPE PRINT
IN
PERMANENT
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

See A.K.O.
MISC. RIGHT OF WAY FILE NO. 25-4246 & 25-4246
RECORDED RIGHT OF WAY NO. 44400

1 DECEDENT'S NAME (First, Middle, Last) William E. Buckingham				2 SEX Male	3 DATE OF DEATH (Month, Day, Year) September 5, 1992
4a AGE Last Birthday (Years) 78	4b UNDER 1 YEAR MONTHS DAYS	4c UNDER 1 DAY HOURS MINUTES	5. DATE OF BIRTH (Month, Day, Year) August 23, 1914	6 COUNTY OF DEATH Oakland	
7a LOCATION OF DEATH (Enter place of death pronounced dead in 7a, 7b, 7c) 340 Sherman Ct.			7b IF HOSPITAL OR INST. Name (If not, give street and number) -----	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH Village of Ortonville	
8 SOCIAL SECURITY NUMBER 380-10-2101		9a USUAL OCCUPATION (Use kind of work done during most of working life Do not use retired) Supervisor Dept of Public Works		9b KIND OF BUSINESS OR INDUSTRY Village of Ortonville	
10a CURRENT RESIDENCE - STATE Michigan	10b COUNTY Oakland	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF Ortonville <input type="checkbox"/> TWP. OF		10d STREET AND NUMBER 340 Sherman Ct.	
10e ZIP CODE 48462	11 BIRTHPLACE (City and State or Foreign Country) Atlas Twp, MI	12 MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13 SURVIVING SPOUSE (If wife, give name or last name) Anastasia Koslowski	14 WAS DECEDENT EVER IN U.S. ARMY, AIR FORCE, NAVY, OR MARINE CORPS (Specify Yes or No) No	
15 ANCESTRY - Mexican, Puerto Rican, Cuban, German or South American, Chinese, Other Hispanic, Anglo-American, Arab, English, French, Irish, etc. (Specify below) Scots-Welsh			16 RACE - American Indian, Black, White, etc. If Asian, give nationality, i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) Caucasian		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (0-12) College (1-4 or 5+) 2
18 FATHER'S NAME (First, Middle, Last) Claude Phillip Buckingham			19 MOTHER'S NAME (First, Middle, Surname before first married) Jessie Hartwell		
20a INFORMANT'S NAME (Type, First) Dorothy Buckingham			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 340 Sherman Ct. P.O. Box 22 Ortonville, Michigan 48462		
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place) Ortonville Cemetery		22b LOCATION - City or Village, State Groveland Twp., Michigan	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE Robert J. Weep		24 LICENSE NUMBER (of Licensee) 5080	25 NAME AND ADDRESS OF FACILITY Sherman Wilk Funeral Home, inc. 135 South St. Ortonville, Mich. 48462		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF)					Approximate Interval Between Onset and Death Months
Sequentially list conditions IF ANY leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that preceded events resulting in death) LAST Chronic obstructive lung disease					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)					
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Assisted Care) (Specify) Home		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No		31a (Check one only) <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 my opinion death occurred at the time, date and place and due to the cause(s) and manner stated	
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) Lynn D. Allen		30b DATE SIGNED (Mo., Day, Yr.) Sept. 8, 1992		30c TIME OF DEATH 1:00 P M	
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b DATE SIGNED (Mo., Day, Yr.)		31c CASE NUMBER	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type or Print) Linda Loewenstein DO 449 Mill St. Ortonville, Michigan 48462		32b LICENSE NUMBER 407050		31d PRONOUNCED DEAD (Mo., Day, Yr.) ON	
31a TIME OF DEATH M		32c DATE OF INJURY (Mo., Day, Yr.)		32d TIME OF INJURY M	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type or Print)		32b LICENSE NUMBER		32c DESCRIBE HOW INJURY OCCURRED	
33a ANY SUICIDE, HOMICIDE, NATURAL OR PENDING INVEST. (Specify Yes or No) N/A		33b DATE OF INJURY (Mo., Day, Yr.)		33c TIME OF INJURY	
33d INJURY AT WORK? (Specify Yes or No)		33e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33f LOCATION - Street or R.F.D. No. City, Village or Twp. State	
34a REGISTRAR'S SIGNATURE MAUREEN S. CARLSON		34b DATE FILED (Month, Day, Year) SEPTEMBER 08, 1992			

B-36
Rev. 1/90

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 now remaining in my office.

In testimony whereof, I have hereunto set my hand and affixed the Seal of said Court this THIRD day of DECEMBER, 19 92

LYNN D. ALLEN, Clerk - Register of Deeds.
BY M. Mobley
Deputy Clerk