

PEDESTRIAN PATHWAY EASEMENT

David R. Seifrit, Jr., a single man, survivor of himself and his deceased wife, Debra J. Seifrit, whose death certificate is attached, of
3263 Bohlman Road, Dryden, MI 48307-5435

For and in consideration of the sum of: One Thousand, Two Hundred, Twenty-Five and no/100 Dollars (\$1,225.00) Grants to the CITY OF ROCHESTER HILLS, a Michigan municipal corporation, of 1000 Rochester Hills Drive, Rochester Hills, Michigan 48309, an easement for the construction, operation, maintenance, repair and/or replacement, and public use of a pedestrian pathway over, on, through and across land more particularly described as:

See Exhibit A
Sidwell #15-35-226-032

In connection with the grant of easement, Grantor waives and relinquishes any right, title or interest in the pedestrian pathway, or the facilities incidental thereto, which may be located in the easement.

All property disturbed or altered, now or in the future, by reason of the construction, operation, maintenance, repair and/or replacement of the pedestrian pathway shall be restored by the City to its immediately prior condition, except to the extent permanent improvements or alterations necessary to the use and exercise of easement rights granted hereunder are made.

The easement shall be irrevocable and non-exclusive, and Grantor and Grantor's successors and assigns may use and enjoy the easement area in common with the City.

Grantor expressly reserves to Grantor and Grantor's successors and assigns, so long as there is no interference with the construction, operation, maintenance, repair and/or replacement, and public use of the pedestrian pathway: (a) the right of ingress and egress over, through and across the easement, and (b) the right to grant other non-exclusive easements and rights-of-way, across, over, under and through the easement parcel, with the condition that prior to such a grant written consent shall be obtained from the City.

Exempt from Transfer Tax under MCL 207.505(a) and 207.526(a).

IN WITNESS HEREOF, the undersigned have hereunto affixed their signatures on this 12TH day of APRIL, 2014.

IN THE PRESENCE OF:

David Seifrit
Signature
David R. Seifrit, Jr.
Print Name

STATE OF MICHIGAN
COUNTY OF OAKLAND

The foregoing instrument was acknowledged before me this 12TH day of APRIL, 2014, by David R. Seifrit, Jr., a single man, survivor of himself and his deceased wife, Debra J. Seifrit, whose death certificate is attached.

Drafted by:
Barbara J. Smith
1000 Rochester Hills Drive
Rochester Hills, MI 48309

Patricia A. Petitto
PATRICIA A. PETITTO Notary Public
OAKLAND County, Michigan
Acting in County of Oakland
My Commission Expires: DECEMBER 31, 2019

When recorded, return to:
City of Rochester Hills
1000 Rochester Hills Drive
Rochester Hills, MI 48309

John Staran
Approved 6/26/14

EXHIBIT A

Parcel Description:

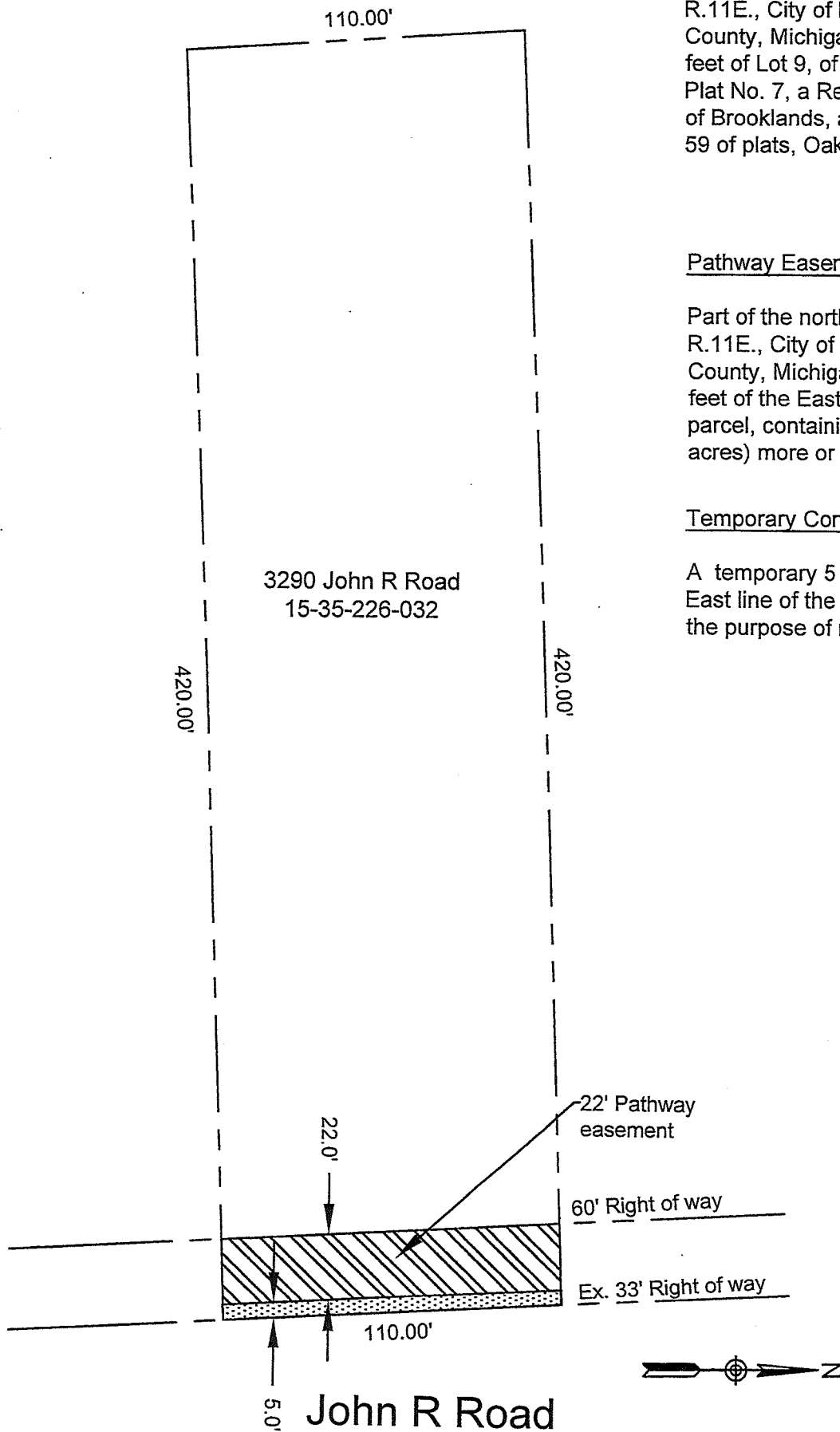
Part of the northeast 1/4 of Section 35, T.3N., R.11E., City of Rochester Hills, Oakland County, Michigan, described as the East 420 feet of Lot 9, of Supervisor's Avon Township Plat No. 7, a Resubdivision of Lots 53 and 54 of Brooklands, as recorded in Liber 12, Page 59 of plats, Oakland County records.

Pathway Easement Description:

Part of the northeast 1/4 of Section 35, T.3N., R.11E., City of Rochester Hills, Oakland County, Michigan, described as the West 22 feet of the East 27 feet of the above described parcel, containing 2421.36 square feet, (0.056 acres) more or less.

Temporary Construction Easement:

A temporary 5 foot wide easement abutting the East line of the above Pathway Easement for the purpose of repair of existing drive surface.



- Permanent pathway easement
- Temporary easement

Mike Taunt Approved

City of Rochester Hills
1000 Rochester Hills Drive
Rochester Hills, Michigan 48309

PATHWAY EASEMENT
3290 John R Road
15-35-226-032

SCALE: 1" = 50'
DATE: 11/20/2013
SHEET 1 OF 1

LF _____
CF 485



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3245112

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) Debra Jo Seifrit			2. DATE OF BIRTH (Month, Day, Year) July 2, 1960		3. SEX Female	4. DATE OF DEATH (Month, Day, Year) December 4, 2009		
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) Debra Jo Bell				6a. AGE - Last Birthday (Years) 49	6b. UNDER 1 YEAR MONTHS	6c. UNDER 1 DAY DAYS	6c. UNDER 1 DAY HOURS	6c. UNDER 1 DAY MINUTES
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) Lapeer Regional Hospital				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Lapeer		7c. COUNTY OF DEATH Lapeer		
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Lapeer		8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (inside limits of) Dryden <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE		8d. STREET AND NUMBER (Include Apt. No. if applicable) 3263 Bohlman Road		
8e. ZIP CODE 48428		9. BIRTHPLACE (City and State or Country) Dover, Ohio		10. SOCIAL SECURITY NUMBER 285-56-5941		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? Bachelor Degree		
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White			13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe Irish			13b. HISPANIC ORIGIN (Yes or No) No	14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) No	
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Accountant			16. KIND OF BUSINESS OR INDUSTRY Accounting		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) David Seifrit		

NAME OF DECEDENT
For use by physician or institution

PARENTS

19. FATHER'S NAME (First, Middle, Last) Dexter Joseph Bell		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Linda Sue McBee	
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INFORMANT

21a. INFORMANT'S NAME (Type/Print) David Seifrit		21b. RELATIONSHIP TO DECEDENT Husband	21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 3263 Bohlman Road, Dryden, Michigan 48428	
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DISPOSITION

22. METHOD OF DISPOSITION - Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Cremation	23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Perry Mt Park Cemetery		23b. LOCATION - City or Village, State Pontiac, Michigan	
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CERTIFICATION

24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER (of Licensee) 005579	26. NAME AND ADDRESS OF FUNERAL FACILITY Potere-Modetz Funeral Home, Inc 339 Walnut Blvd, Rochester, Michigan 48307			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause/s) and manner stated. <input type="checkbox"/> Medical Examiner - 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. Signature and Title <i>[Signature]</i> M.D.			28a. ACTUAL OR PRESUMED TIME OF DEATH 6:28 A. M	28b. PRONOUNCED DEAD ON (Mo. Day Yr.) December 4, 2009	28c. TIME PRONOUNCED DEAD 6:28 A. M	
27b. DATE SIGNED (Mo. Day, Yr.) Dec 4, 2009	27c. LICENSE NUMBER 043753		29. MEDICAL EXAMINER CONTACTED? (Yes or No) NO	30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital	31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) Inpatient	
32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)			33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Robert Chapman, M.D., 2799 West Grand Boulevard, Detroit, MI 48202						
35a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				35b. DATE FILED (Month, Day, Year) December 7, 2009		

CAUSE OF DEATH

36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					Approximate Interval Between Onset and Death 16 months
a. Metastatic fibrosarcoma DUE TO (OR AS A CONSEQUENCE OF)					
b. _____ DUE TO (OR AS A CONSEQUENCE OF)					
c. _____ DUE TO (OR AS A CONSEQUENCE OF)					
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.					
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural			40a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY M	41c. DESCRIBE HOW INJURY OCCURRED		
41d. INJURY AT WORK (Yes or No)	41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)	41g. LOCATION - Street or RFD No.	City, Village or Twp. State
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		

MEDICAL EXAMINER

STATE OF MICHIGAN
COUNTY OF LAPEER

I, Marlene M. Bruns, Clerk of said County and Clerk of the Circuit Court for the said County, the same being a Court of record having a Seal, do hereby certify that the above is a true copy of the record now remaining in my office.

In testimony whereof, I hereunto set my hand and affixed the Seal of the Circuit Court, this

7th

day of December, 2009

Marlene M. Bruns, Lapeer County Clerk

James Wornie
Deputy County Clerk