



CITY OF BURTON
BURTON CITY COUNCIL MEETING
SEPTEMBER 20, 2022
MINUTES

Council Chambers

Special Meeting

5:45 PM

4303 S. CENTER ROAD
BURTON, MI 48519

This meeting was opened by President Steven Heffner at 5:45 PM.

A. CALL TO ORDER

Attendee Name	Title	Status	Arrived
Tom Martinbianco	Vice President	Present	
Steven Heffner	President	Present	
Vaughn Smith	Councilman	Present	
Gregory Fenner	Councilman	Present	
Christina Conley	Councilwoman	Present	
Greg Hull	Councilman	Present	
Christina Hickson	Councilwoman	Present	

B. STAFF PRESENT

Racheal Boggs, City Clerk
Dave Martinez, Building Official
Amber Abbey, Deputy DPW Director

C. AUDIENCE PARTICIPATION

None.

D. PRESENTATION: THE BUILDING OFFICIAL WILL GIVE A PRESENTATION ON EACH PROPERTY AS THEY COME UP.

Mr. Martinez stated there was a fire at 3518 Laurel and it is a total loss. It is structurally unsafe and I recommend option #1 of the demolition process, immediate demolition.

E. COUNCIL ACTION

1. Motion for Immediate Demolition of 3518 Laurel, with DPW given authorization to request sealed bids and the structure to be razed within thirty (30) days of Burton City Council's acceptance of the low bid and the City Attorney's approval of the contract documents for execution of a contract with the Mayor and Clerk.

Mr. Martinbianco expressed concern regarding the administration not providing pictures of the interior of these homes.

Mrs. Abbey stated we do not necessarily have the right to enter the homes. If windows are open and we cant put the camera through them, we will, but by right, we do not enter the home until the demolition has been called to order.

Mr. Martinbianco stated we are presuming that every building will be of demolition nature if they did not allow us to review the bones of the building.

Mrs. Abbey stated we are using past history as well. Mr. Martinez has been into these homes at certain times just not when the pictures were taken. He is taking the assessment from the exterior of the homes. Obviously, the ones with fire damage are a little easier because most of the windows are burnt out and you can see inside.

Mr. Martinbianco stated some of the homes coming before us tonight have had substantial changes made. I am trying to give the property owner the benefit of the doubt. If there is anything salvageable, we have other options besides option #1, immediate demolition.

Mrs. Abbey stated our recommendation will be different on some of these other homes tonight.

RESULT:	CARRIED [UNANIMOUS]
MOVER:	Tom Martinbianco, Vice President
SECONDER:	Vaughn Smith, Councilman
AYES:	Martinbianco, Heffner, Smith, Fenner, Conley, Hull, Hickson

Meeting was adjourned at 5:52 PM.



ADOPTED

AGENDA ITEM (ID # 5493)

DOC ID: 5493

**THIS IS THE TIME FIXED FOR HEARING AND CONSIDERING
ANY COMMENTS TO THE DEMOLITION UNDER
CONSIDERATION, TO-WIT: 3518 Laurel Ave, Parcel ID # 59-
29-576-020 at 5:45 p.m.**

RESOLUTION: APPROVE AND AUTHORIZE the Standard Resolution for Step V of the Burton City Demolition Procedure, determining said premises at 3518 Laurel Ave, Parcel #59-29-576-020 to be a public nuisance or hazard and to further require the owner(s) or occupant(s) to:

1. Immediate Demolition, with DPW given authorization to request sealed bids and the Structure to be razed within the thirty (30) days of Burton City Council's acceptance of the low bid and the City Attorney's approval of the contract documents for execution of a contract with the Mayor and Clerk, or
2. *Alter by repair the structure to Burton City Code with a Building Permit within _____days, or
3. *Abate(tear down) the structure to Burton City Code with a Demolition Permit with _____days, or
4. Postpone any further action for _____days, based on the following circumstances:

The Burton City Council is to select one (1) of the above orders. The Department of Public Works recommends the immediate demolition, contingent upon Burton City Council's acceptance of the low bid.

*The Department of Public Works is hereby given the authority to demolish the structure(s) upon failure to comply with the Building Permit or Demolition Permit.

COMMENTS - Current Meeting:

Mr. Martinbianco expressed concern regarding the administration not providing pictures of the interior of these homes.

Mrs. Abbey stated we do not necessarily have the right to enter the homes. If windows are open and we cant put the camera through them, we will, but by right, we do not enter the home until the demolition has been called to order.

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E.1

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ATTACHMENTS:

- Demolition Packet (PDF)

RESULT:	CARRIED [UNANIMOUS]
MOVER:	Tom Martinbianco, Vice President
SECONDER:	Vaughn Smith, Councilman
AYES:	Martinbianco, Heffner, Smith, Fenner, Conley, Hull, Hickson

Demolition Packet

3518 Laurel Ave.

September 20, 2022

At

5:45 p.m.

Attachment: Demolition Packet (5493 : 3518 Laurel)



DUANE HASKINS
Mayor

City of Burton

DEPARTMENT OF PUBLIC WORKS

4093 MANOR DRIVE
BURTON, MI 48519
PHONE (810) 742-9230
FAX (810) 742-8015
www.burtonmi.gov

Certified Mail
With return receipt

November 12, 2021

Owner: SORRELL, DEBBIE
3822 CLAIRMONT ST
FLINT MI 48532

Reference Property: 3518 Laurel Ave., Burton, Parcel 59-29-576-020

Dear Sir or Madam:

Please be advised, because of the inactivity of your property (i.e., expiration of building permit, fire damage, condition of building), the dwelling may now be referred for placement on the City of Burton demolition list.

The purpose of the City of Burton demolition program is to get buildings that are a danger or nuisance either demolished or rehabbed to become "a productive member of society" once again. Vacant or rundown buildings/structures cause blight and property values to lower not only of the property itself but also the properties surrounding it.

Please contact the building department within the next 10 days to make arrangements for first the necessary inspection, then to get your building permit renewed, to obtain a building permit to rehab, or to get a demolition permit. Failure to do so by November 22, 2021 will result in the City of Burton continuing demolition proceedings, which involves, but is not limited to, newspaper ads, title searches and complete cost of the demolition, of which all costs will be billed to the property owner and placed on the city taxes if not paid.

Thank you for your prompt attention to this matter.

Sincerely,

Leandra Swayde
DPW Building Department, Record Tech

*Equal Opportunity Employer
Michigan Municipal League Member*



Attachment: Demolition Packet (5493 : 3518 Laurel)

REQUEST FOR INVESTIGATION
NUISANCE OR HAZARDOUS CONDITION OF PREMISES

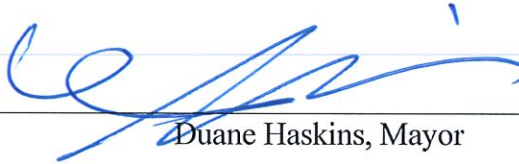
TO: Building Division, Department of Public Works

RE: Premises located at: 3518 Laurel Ave. 59-29-576-020
City of Burton, Genesee County, Michigan, legally
described as:

LOT 165 ATHERTON HOMESTEAD NO 1

Please investigate the above described premises and report to the Burton City Council regarding whether the condition of said premises constitutes a public nuisance or hazardous condition, dangerous to the health, safety, or welfare of the inhabitants of the City of Burton or those residing or habitually going near said premises. If so, set a Public Hearing date for the Burton City Council's action with the property owner's right to address the Burton City Council.

Date: July 18, 2022



Duane Haskins, Mayor

Attachment: Demolition Packet (5493 : 3518 Laurel)



City of Burton

DEPARTMENT OF PUBLIC WORKS

4093 MANOR DRIVE
BURTON, MI 48519
PHONE (810) 742-9230
FAX (810) 742-8015
www.burtonmi.gov

July 26, 2022

Sargent's Title
625 S. Grand Traverse
Flint MI 48502

Re: Title Searches

3491 Atherton Rd.	Parcel 59-21-578-004
3512 Barcy Ct.	Parcel 59-29-552-016
1423 S. Belsay Rd.	Parcel 59-13-300-006
2118 James St.	Parcel 59-29-555-025
2079 E. Judd Rd.	Parcel 59-32-503-317
3518 Laurel Ave.	Parcel 59-29-576-020
4237 Leith St.	Parcel 59-03-504-068
2172 Scottwood Ave.	Parcel 59-32-503-261
2017 Term St.	Parcel 59-21-528-040

Please provide a title search for the above nine (9) locations and invoice this office, to my attention. We are in the process of a demolition/abatement order by the City Council and require the present taxpayer/owner of record at this time as required for proper legal notification. I understand the cost for these title searches will be \$200.00 each for the residential searches and \$350.00 for the commercial search with the searches completed within two weeks.

Thank you for your assistance.

Sincerely,

Amber Abbey
Deputy DPW Director

*Equal Opportunity Employer
Michigan Municipal League Member*



Attachment: Demolition Packet (5493 : 3518 Laurel)



Invoice

Remit payment to:

Sargent's Title Company, LLC
6060 Torrey Road, Suite C
Flint, MI 48507
(810)767-2355

Billed to:

City of Burton
4093 Manor Dr
Burton, MI 48519

Invoice number: 22-56263
Invoice date: July 28, 2022
Please pay before: October 26, 2022
Our file number: 22-56263

Property:

3518 Laurel Avenue
Burton, MI 48529
Genesee County

Brief legal: Lot 165 of ATHERTON
HOMESTEAD NO. 1

DESCRIPTION	AMOUNT
Title Search	200.00
Invoice total amount due:	<u>\$ 200.00</u>

59-29-576-020

PO#
23-0778
8-11-22
AA

Attachment: Demolition Packet (5493 : 3518 Laurel)

Leandra A. Swayne

From: Shelly Hadden <Shelly@sargentstitle.com>
Sent: Wednesday, August 3, 2022 11:06 AM
To: Leandra A. Swayne
Subject: Deed Search 3518 Laurel Avenue- 22-56263
Attachments: Invoice & Title Search pkg.pdf

Hi Leandra

I have completed a few of your searches. I will send them in individual emails.

Parcel -59-29-576-020

Last good Deed goes to The Waldemar O. & Irma L. Weiss Revocable Trust dated May 20, 1993

With the interests of following
 John C. Hoover and Linda Hoover, his wife
 Donna Rittenbury
 Debbie Sorrell

Please let me know if you have any questions.

Thank you,

Shelly

Shelly Hadden
 Title Department Manager
 Sargent's Title Company
 6060 Torrey Road, Suite C
 Flint, MI 48507
 Direct: (810)767-2359 Ext. 218
 Fax: (810) 767-2430
 Email: Shelly@sargentstitle.com

BE AWARE OF THE RISKS OF WIRE FRAUD. If you are wiring funds to Sargent's Title Company, please verify wiring instructions by calling your local closing office to confirm accuracy. Do not rely on telephone numbers provided in the email. Never wire money without first confirming verbally that wire instructions are correct.

Notice: This email and any files transmitted with it are privileged and confidential. This email is intended solely for the use of the individual(s) or entity to which it is addressed. If you are not the named addressee, then any dissemination, distribution, and copying is strictly prohibited. Please notify the sender immediately, by email, if you have received this email in error and delete the message from your system. The sender does not accept liability for any errors or omissions in the content of this message that arise as a result of email transmission.

Attachment: Demolition Packet (5493 : 3518 Laurel)

SARGENT'S TITLE COMPANY, LLC
 6060 TORREY ROAD, SUITE C
 FLINT, MI 48507
 (810)767-2355 FACSIMILE: (810)767-2430

TITLE SEARCH

File No.: 22-56263
 Address: 3518 Laurel Avenue, Burton, MI 48529
 Parcel No.: 59-29-576-020

LAND situated in the City Burton, County of Genesee, State of Michigan, described as:

Lot 165 of ATHERTON HOMESTEAD NO. 1, according to the recorded plat thereof as recorded in Plat Book 7, Page(s) 22, Genesee County Records.

WE have examined the records of the Register of Deeds Office for Genesee County, State of Michigan, from June 18, 1987 to June 27, 2022 and find the following affecting the above described property:

Warranty Deed recorded in Liber 2294, Page 371
 Memorandum of Land Contract recorded in Liber 2311, Page 692
 Quit Claim Deed recorded in Liber 2557, Page 414
 Death Certificate recorded in Liber 2566, Page 68
 Certificate of Trust recorded in Liber 4280, Page 1
 Death Certificate recorded in Document Number 200504290044703
 Death Certificate recorded in Document Number 200504290044704
 Certificate of Forfeiture recorded in Document Number 202204120025338

THE above report is not intended as evidence of the present condition of the title to the premises described. We assume no responsibility for the actual condition of the title which can be determined only from a complete examination of the records on file in the Office of the Register of Deeds and our liability therefore is limited to the amount paid. This search does not include any instrument, however designated, which has been filed as a financing statement pursuant to the Uniform Commercial Code. This search does not reflect right of ways or mortgages.

CERTIFICATION DATE: June 27, 2022
 SH

SARGENT'S TITLE COMPANY, LLC

By: Shelly Hadden

Attachment: Demolition Packet (5493 : 3518 Laurel)

UNL2294 PAGE 371

6.8.87

WARRANTY DEED FOR CORPORATION - 802

(State Bar of Michigan Form)

The Grantor FIRST NATIONAL ACCEPTANCE COMPANY
a Michigan

corporation, whose address is

P. O. Box 4010, East Lansing, MI 48826-1010
conveys and warrants to WALDEMAR O. WEISS AND IRMA L. WEISS

whose address is

his wife
P. O. Box 7403
Flint, MI 48507the following described premises situated in the Township
of Burton, County of Genesee
and State of Michigan:

Lot 165, Atherton Homestead No. 1, according to the plat
thereof recorded in liber 7, page 22 of Plats, Genesee
County Records.

for the sum of SEVEN THOUSAND NINE HUNDRED FIFTY AND NO/100-----(\$7,950.00)
subject to any and all liens and encumbrances of record and further subject to any and all acts, errors,
omissions and omissions by parties other than the grantor herein subsequent to June 10,
1977, that being the date of a certain Land Contract in fulfillment of which this deed
is given.

Dated this 18th day of June, 1987

Signed in presence of:

Signed

Brenda D. Funderburk
Brenda D. Funderburk
Linda L. Kelly
Linda L. Kelly

FIRST NATIONAL ACCEPTANCE COMPANY
(Name of Corporation) GRANTOR

By *John F. Stuit*
John F. Stuit
its President

By

its

STATE OF MICHIGAN, } ss

COUNTY OF INGHAM

The foregoing instrument was acknowledged before me this 18th day of June
1987 by John F. Stuit
(Name(s) of Officer(s)) and

the President
(Title(s) of Officer(s))
Company

and

Michigan
(State of Incorporation)

of First National Acceptance
(Name of Corporation)
corporation on behalf of the corporation

Linda L. Kelly
Linda L. Kelly, Clinton County acting in
Notary Public, Michigan County.
My commission expires April 3, 1991

I, Notary Public, do hereby certify that I am in my office, that I am
not under any disability, and that I am not a party to the instrument,
and that the instrument is a true and correct copy of the original
instrument as the same appears to me.

Notary Treasurer's Certificate

When Recorded Return To
Waldemar and Irma Weiss
(Name)
Box 7403
(Street Address)
Flint, MI 48507
(City and State)

Send Subsequent Tax Bills To:

Drafted By John F. Stuit
First National Acceptance
Company
Business Address:
P. O. Box 4010
East Lansing, MI 48826

Tax Parcel #

Recording Fee

Transfer Tax

* TYPE OR PRINT NAMES UNDER SIGNATURES

CENTENNIAL 47 069 023
TITLE AND ABSTRACT CO.

FIRST AMERICAN TITLE INSURANCE COMPANY OF MID-AMERICA - BURTON ABSTRACT DIVISION - SERVING YOU SINCE 1866

DATE JUN 25 1987

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

DEED 2294 1 PG

C 11

Attachment: Demolition Packet (5493 : 3518 Laurel)

MEMORANDUM OF LAND CONTRACT

LIBER 2311 PAGE 692

Centennial Title & Abstract Co.

This Memorandum of Contract, dated and made this 23 day of DECEMBER, 1987
 by and between JOHN C. HOOVER AND LINDA HOOVER, HIS WIFE
 having an address at 1416 BRADFORD, GRAND RAPIDS, MI 49503
 herein after referred to as "Seller" and DONNA RITTENBURY, A WOMAN
 having an address at 1024 NORTH RD., FENTON, MI 48430
 herein after referred to as "Buyer"

WITNESSTH:

That the Seller and Buyer herein referred to, did enter into a certain contract for the sale and purchase of the following described property, City of Burton, Genesee County, Michigan
 To-wit: _____

Lot 165 of AUBERTON HOMESTEAD NO. 1, according to the recorded plat thereof, as recorded in Plat Liber 7, page 22, Genesee County Records.

DEC 29 11 35 AM '87
 CENTENNIAL TITLE & ABSTRACT CO.
 FLINT MICHIGAN

TO SELL AND TO PURCHASE the premises according to the terms, covenants and conditions contained in a certain collateral contract agreement between the parties hereto and bearing even date herewith

IN WITNESS WHEREOF the parties hereto have set their hands and seals the day and date first above written.

WITNESSED BY

Amy M. Price
 AMY M. PRICE

John C. Hoover
 JOHN C. HOOVER Seller

Debra L. Phillips
 DEBRA L. PHILLIPS

Linda Hoover
 LINDA HOOVER Seller

Donna Rittenbury
 DONNA RITTENBURY Purchaser

Purchaser

State of Michigan
 County of Genesee

On this 23 day of DECEMBER, 19 87 before me personally appeared _____

JOHN C. HOOVER, LINDA HOOVER, DONNA RITTENBURY,
 to me known to be the persons described in and who executed the foregoing instrument and who acknowledged that they executed the same as their free act and deed.

My commission expires: 7/2/90

Amy M. Price
 AMY M. PRICE Notary Public
 Genesee County, Michigan

DRAFTED BY: CENTURY 21/ATLAS INVESTMENT
 P.O. Box 7403
 RETURN TO: Flint, MI 48507

113

52017

Centennial

DATE DEC 23 1987

DEED 2311 PG 692

Attachment: Demolition Packet (5493 : 3518 Laurel)

QUIT CLAIM DEED - Statutory Form
Acknowledgement by Person

DEED 2557 PAGE 414
LIBER

CENTENNIAL
TITLE & ABSTRACT COMPANY, INC.

Know All Men By These Presents,

That WALDEMAR O. WEISS and IRMA L. WEISS, husband and wife, Address: C/O P.O. Box 7403, Flint, MI 48507

Convey and Quit Claim To WALDEMAR O. WEISS and IRMA L. WEISS, Co-Trustees of THE WALDEMAR O. AND IRMA L. WEISS REVOCABLE TRUST, a Trust Agreement executed between Waldemar O. Weiss and Irma L. Weiss as Grantors and Co-Trustees, on May 20, 1993, with full power to sell, convey and encumber, Address: C/O P.O. Box 7403, Flint, MI 48507 the following described premises situated in the City of Burton County of Genesee and State of Michigan, to-wit:

Lot 165 of ATHERTON HOMESTEAD NO. 1, according to the recorded plat thereof, as recorded in Plat Liber 7, page 22, Genesee County Records.

Commonly known as 3518 Laurel, Burton, MI

for the sum of 207.505 Exemptions (M.S.A. 7.456)(5) Sec 5 (a)

RECORDED
NOV 23 1 27 PM '94
GENESEE COUNTY
REGISTERED

Dated this 18th day of November A.D. 1994

Signed, Sealed and Delivered In Presence of:

Anne E. Morton
ANNE E. MORTON

Waldemar O. Weiss (SEAL)
WALDEMAR O. WEISS

Theodore D. Spear
THEODORE D. SPEAR

Irma L. Weiss (SEAL)
IRMA L. WEISS

(SEAL)

STATE OF MICHIGAN

County of Genesee

On this 18th day of November
Waldemar O. Weiss and Ira L. Weiss
to me known to be the person s

acknowledged that they executed the same as their true act and deed.

My commission expires

November 10 A.D. 1998

Notary Public, Genesee County, Michigan

DRAFTED BY Anne E. Morton - Atlas Investment Inc.

BUSINESS ADDRESS P.O. Box 7403, Flint, MI 48507

RETURN TO:
Centennial Title Co.
G-4137 Fenton Rd.
Burton, Mich 48529
A.D. 1994

before me personally appeared

described in and who executed the foregoing instrument and

Theodore Daniel Spear
THEODORE DANIEL SPEAR

68106



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

DEED LIBER 2566 PAGE 68
STATE PAT NUMBER 0941510

IF _____ CF 95-219

1. DECEASED'S NAME (Last, first, middle initial)
Emma L. Weiss

2. SEX
Female

3. DATE OF BIRTH (Month, day, year)
January 25, 1927

4. AGE (Under 1 year, 1 year to 1 year, 1 year to 1 year, 1 year to 1 year)
67

5. DATE OF DEATH (Month, day, year)
March 8, 1995

6. COUNTY OF DEATH
Saginaw

7. LOCATION OF DEATH (Place where actually pronounced dead in 7a, 7b, 7c)
8695 W. Tuscola

8. SOCIAL SECURITY NUMBER
377-26-7595

9. USUAL OCCUPATION (Last and of what done during mortal working life)
Farming

10. AGRICULTURE
Agriculture

11. CURRENT RESIDENCE - 11a. CITY, 11b. COUNTY, 11c. LOCALITY (Town and lot and acreage)
Michigan Saginaw

12. PREVIOUS RESIDENCE - 12a. CITY, 12b. COUNTY, 12c. LOCALITY (Town and lot and acreage)
Michigan Saginaw

13. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)
Married

14. NAME OF SPOUSE (Last, first, middle initial)
Waldemar O. Weiss

15. DECEASED'S EDUCATION (Check any special grade completed)
8

16. FATHER'S NAME (Last, first, middle initial)
Herman Schiefer

17. MOTHER'S NAME (Last, first, middle initial)
Laura List

18. DECEASED'S ADDRESS (Street and number or Rural Route Number, City or Village, State, ZIP Code)
8695 W. Tuscola, Frankenmuth, MI 48734

19. METHOD OF DISPOSITION - Burial, Cremation, Burial, Donation, Other (Specify)
Entombment

20. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)
Saginaw Memorial Gardens Mausoleum

21. LOCATION - City or Township, State
Saginaw, Michigan

22. SIGNATURE OF FUNERAL SERVICE CLERK
[Signature]

23. LICENSE NUMBER (If applicable)
5413

24. NAME AND ADDRESS OF FUNERAL HOME (City or Township, State, ZIP Code)
Cederberg Funeral Home of Frankenmuth 525 W. Tuscola Frankenmuth, MI 48734

25. I hereby certify that the cause of death is as stated on this certificate and that the death was not the result of any of the following conditions:
Cardiovascular hemorrhage
Carcinoma Esophagus - Metastatic
Due to old as a consequence of
Due to old as a consequence of

26. I hereby certify that the cause of death is as stated on this certificate and that the death was not the result of any of the following conditions:
Cardiovascular hemorrhage
Carcinoma Esophagus - Metastatic
Due to old as a consequence of
Due to old as a consequence of

27. I hereby certify that the cause of death is as stated on this certificate and that the death was not the result of any of the following conditions:
Cardiovascular hemorrhage
Carcinoma Esophagus - Metastatic
Due to old as a consequence of
Due to old as a consequence of

28. ACTION OF DEATH (Check one)
Home

29. WILL CASE BE REFERRED TO MEDICAL EXAMINER (Check one)
No

30. I am the next of kin of the deceased and I am the person who has signed this certificate.
[Signature]

31. DATE OF DEATH (Month, day, year)
3/8/95

32. NAME OF ATTENDING PHYSICIAN (Last, first, middle initial)
[Signature]

33. NAME OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 25 (Last, first, middle initial)
[Signature]

34. ALL OTHERS (Last, first, middle initial)
[Signature]

35. PLACE OF DEATH (City or Township, State, ZIP Code)
Saginaw, Michigan

36. LOCALITY (Town and lot and acreage)
Saginaw, Michigan

37. DATE FILED (Month, day, year)
January 30, 1995

STATE OF MICHIGAN }
COUNTY OF SAGINAW } 55

8203

I, ROLAND G. NIEDERSTADT, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent record of the Saginaw County Clerk's Office.

WITNESSED the Seal of said Court and County on this date;

JAN 30 1995

A. D.

SAGINAW COUNTY CLERK

SEAL

SEP 22 10 01 A.M. '99

MASTER
FILED 4280 PAGE 1

SEP 22 10 01 A.M. '99

CERTIFICATE OF TRUST EXISTENCE AND AUTHORITY

The undersigned Affiant(s) does hereby depose and say that he/she/they reside at 2413 Zimmerman Street
Flint, Michigan 48503

that the name of Trust is The Waldemar O and Irma L. Weiss Revocable Trust

that the Settlor(s) is/are

that the Trustee(s) is/are Waldemar O Weiss, Trustee.

that the Successor Trustee(s) is/are :

that the Trustee/Successor Trustee has power under terms of the Trust Agreement to convey real estate.

Further, Deponent sayeth not.

Donald R. Moench
Donald R. Moench

Waldemar O. Weiss
Waldemar O. Weiss, Trustee

STATE OF Michigan)
COUNTY OF Genesee) SS.

The foregoing instrument was acknowledged before me this 14th day of September, 1999, by
Waldemar O. Weiss.

Donald R. Moench
Donald R. Moench, Notary Public
COUNTY OF Genesee, STATE OF Michigan
My Commission Expires August 24, 2002

This instrument prepared by J. Kaiser
When recorded return to: Guaranty Title Company
1303 S. Linden Road Suite F
Flint, MI 48532

GUARANTY TITLE COMPANY

9/22/99

GT 58744

83107

Attachment: Demolition Packet (5493 : 3518 Laurel)



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
0941510

1 DECEASED NAME (First, Middle, Last) Irma L. Weiss		2 SEX Female		3 DATE OF BIRTH (Month, Day, Year) January 25, 1905	
41 AGE - Last Birthday (Month, Day, Year) 67		42 UNDER 1 YEAR MONTHS _____ DAYS _____		43 UNDER 1 DAY HOURS _____ MINUTES _____	
5 DATE OF BIRTH (Month, Day, Year) March 8, 1927		6 COUNTY OF DEATH Saginaw			
7a LOCATION OF DEATH (Name of place with city, township, and range, Twp., Sec., Range, or other institution - Name of institution, give street and number) 8695 W. Tuscola		7b IF HOSP. OR INST. (Name of Hosp. or Inst., Room, DOA (Specify))		7c CITY, VILLAGE, OR TOWNSHIP OF DEATH TWP. of Frankenmuth	
8 SOCIAL SECURITY NUMBER 377-26-7595		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired) Farming		9b KIND OF BUSINESS OR INDUSTRY Agriculture	
10a CURRENT RESIDENCE - State Michigan		10b COUNTY Saginaw		10c LOCALITY (Check one box and specify) ☐ HOME CITY OR VILLAGE ☒ TWP. OF Frankenmuth	
10d ZIP CODE 48734		11 BIRTHPLACE (City and State or Foreign Country) Frankenmuth Michigan		12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
13 SPOUSING SPOUSE (If wife, give name before last married) Waldemar O. Weiss		14 WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No			
15 ANCESTRY - American, Puerto Rican, Cuban, Central or South American, Chinese, other Hispanic, Mexican, Arab, English, French, Irish, (Specify below) German		16 RACE - American Indian, Black, White, etc. (If Black, give nationality, if Chinese, Japanese, Asian Indian, etc. (Specify below)) White		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) _____ College (14 or 16) _____	
18 FATHER'S NAME (First, Middle, Last) Herman Schiefer		19 MOTHER'S NAME (First, Middle, Last) Laura List			
20a DECEASED'S NAME (First, Middle, Last) Waldemar O. Weiss		20b ADDRESS (Street and Number or Post Office Number, City or Village, State, ZIP Code) 8695 W. Tuscola, Frankenmuth, MI 48734			
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Entombment		22a PLACE OF DISPOSITION (Name of Cemetery, Churchyard, or other place) East Lawn Memorial Gardens Mausoleum		22b LOCATION - City or Village, State Saginaw, Michigan	
23 SIGNATURE OF FUNERAL SERVICE AGENCY <i>[Signature]</i>		24 LICENSE NUMBER (If Licensee) 5413		25 NAME AND ADDRESS OF FACILITY Caderberg Funeral Home of Frankenmuth 525 W. Tuscola Frankenmuth, MI 48734	
26 PART I Enter the diseases, injuries, or conditions that caused the death. Do NOT enter the mode of dying such as cancer or respiratory arrest, shock, or heart failure (all are the result of the cause of death). Specify cause of death - (Specify) Resulting in death Cancer metastasizing hemangioma DUE TO (OR AS A CONSEQUENCE OF) Carcinoma Esophagus - Metastatic DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		27a WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No	
28 ACTUAL PLACE OF DEATH (Name, Number, Street, City, State, ZIP Code) Home		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No		30a ☐ Check one only ☐ The case reviewed and determined not to be a medical examiner's case ☐ On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the causes and manner stated (Signature and Title) 1/27/95	
30b To the best of my knowledge and belief, the time, date and place and due to the causes stated 1/27/95		30c - MANNER OF DEATH 2:15 M		31a DATE SIGNED (Mo., Day, Yr.) 1/27/95	
31b SIGNATURE OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 29b (First or Initial) G. J. LUGANO AND WILLIAMS REESE		31c LICENSE NUMBER 04883		31d DATE FACED (Month, Day, Year) January 30, 1995	
32a ACC. SOURCE HOW, NATURAL OR PENDING INQUEST (Specify)		32b DATE OF MURDER (Mo., Day, Yr.)		32c TIME OF MURDER M	
32d PLACE OF MURDER - At home, farm, street (Specify), office building, etc. (Specify)		32e LOCATION (Street or R.T.D. No., City, Village or Town, State)		32f DATE FACED (Month, Day, Year) January 30, 1995	
33a PLAINTEXT SIGNATURE <i>[Signature]</i>		33b DATE FACED (Month, Day, Year) January 30, 1995			

STATE OF MICHIGAN }
COUNTY OF SAGINAW } ss

I, ROLAND G. NIEDERSTADT, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent record of the Saginaw County Clerk's Office.

WITNESSED the Seal of said Court and County on this date; **LAWYERS TITLE**
JAN 30 1995, A.D. **8359 Office Park Dr**
Ann Arbor, MI 48436

JAN 30 1995

A.D.

SAGINAW COUNTY CLERK

RETURN TO:
LAWYERS TITLE
3359 Office Park Dr
Grand Blanc, MI 484

14.

SEAL

Instr: 20060420044708 04/29/2005
 P: 1 of 1 F: \$14.00
 Malvin Phillip McGraw T20060313590
 Genesee County Registrar TC -1631



STATE OF MICHIGAN
 DEPARTMENT OF COMMUNITY HEALTH
 CERTIFICATE OF DEATH

STATE FIRM NUMBER
 2396690

1. DECEDENT'S NAME (Print, include last) Waldemar Otto Weiss		2. DATE OF BIRTH (month, day, year) Jan. 25, 1924		3. SEX Male		4. DATE OF DEATH (month, day, year) Aug. 9, 2004	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include first if any) Waldemar Otto Weiss		6a. AGE - Last Birthday (years) 80		6b. LUNGE YEAR MONTHS 80 DAYS 80 HOURS 80 MINUTES 80		6c. LUNGE YEAR MONTHS 80 DAYS 80 HOURS 80 MINUTES 80	
7a. LOCATION OF DEATH (Place where actually pronounced dead, i.e., in home, hospital, or other institution. Name of institution, street, city, state, and zip code) The Lutheran Home of Frankenmuth		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH City of Frankenmuth		7c. COUNTY OF DEATH Saginaw			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Saginaw		8c. LOCALITY (Check the box that applies to the locality) ☐ City or Village ☒ Township ☐ Unincorporated Area Frankenmuth		8d. STREET AND NUMBER (Include apt. no. if applicable) 8695 W. Tuscola	
9a. ZIP CODE 48734		9b. PLACE (City and State or Country) Frankenmuth, Michigan		10. SOCIAL SECURITY NUMBER 370-28-0736		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed in the type of work? 8 th	
12. RACE - American Indian, White, Black, etc. (If more than one race, list all) White		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (List all that apply. If American Indian, list race and principal tribe) German		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 record) Firefighter		16. KIND OF BUSINESS OR INDUSTRY Auto Manufacturing		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first marriage) Lydia Kueffner	
19. FATHER'S NAME (Print, include last) George H. Weiss		20. MOTHER'S NAME BEFORE FIRST MARRIAGE (Print, include last) Lydia Kueffner					
21a. INFORMANT'S NAME (Print) Pam Smith		21b. RELATIONSHIP TO DECEDENT Niece		21c. MAILING ADDRESS (Street and number or Rural Route, Box, City or Village, State, Zip Code) 4995 Oberlin Rd. Gladwin MI, 48624			
22. METHOD OF DISPOSITION Entombment		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other facility) Eastlawn Memorial Gardens		23b. LOCATION - City or Village, State Saginaw, MI			
24. SIGNATURE OF DECEDENT (If known) <i>[Signature]</i>		24a. LICENSE NUMBER (If known) 7112		24b. NAME AND ADDRESS OF FUNERAL FACILITY Cederberg Funeral Home of Frankenmuth 590 N. Franklin St., Frankenmuth, MI 48734			
25a. CERTIFYING PHYSICIAN - To the best of his knowledge, the decedent died as a result of the disease and condition stated. Medical Examiner - On the basis of his examination, he certifies that the cause and manner of death were as stated.		25b. ACTUAL OR PRESUMED TIME OF DEATH (Month, day, year, time) 7:30 A M Aug. 9, 2004		25c. TIME FROM ONSET OF DEATH TO TIME OF DEATH (Month, day, year, time) 7:30 A M			
26. MEDICAL EXAMINER - (If the decedent died as a result of a disease and condition stated, the medical examiner must sign this statement.) Signature and Title		27. DATE SIGNED (month, day, year) 8-26-04		27a. LICENSE NUMBER GG 024073		28. MEDICAL EXAMINER'S CASE NUMBER (If applicable) 10	
29. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Print or Print) George J. GUGLIEMO MD 1941 GATES REESE MI		30. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		31. DATE FILED (month, day, year) AUGUST 26, 2004			
32. PART I. Enter the chain of events - disease, 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 preceding event which led to the death. Renal Failure Nephrosclerosis ASCVD & Aortic Stenosis - Ventricular dysph. and		33. DATE OF DEATH (month, day, year) 2 mo		34. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant		35. RETURN TO: LAWYERS TITLE 8359 Office Park Dr. Grand Blanc, MI 48439	
36. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. Concussion Head Trauma - Anemia		37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No		38. WERE AUTOPSY FINDINGS AVAILABLE FOR THE COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ Probably ☒ No			
39. MANNER OF DEATH - Accidental, Suicide, Homicide, Natural, Indeterminate or Pending (Specify): NATURAL		40. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ Probably ☒ No		41. WERE AUTOPSY FINDINGS AVAILABLE FOR THE COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ Probably ☒ No			
41a. DATE OF INJURY (month, day, year) 11/11/03		41b. TIME OF INJURY (month, day, year) 11/11/03		41c. DESCRIBE HOW INJURY OCCURRED 11/11/03			
42. INJURY AT WORK (Yes or No) No		43. PLACE OF INJURY - At home, Auto, Street, Construction site, Worked area, etc. (Specify) At home		44. IF TRANSPORTATION INJURY - Give Operator, Passenger, Pedestrian, etc. (Specify) At home		45. LOCATION - Street or RFD No. City, Village, State, Zip Code 14	

STATE OF MICHIGAN
 COUNTY OF SAGINAW

I, **Sharon H. Hentrich**, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it appears in the permanent record of the Saginaw County Clerk's Office.

WITNESSED the Seal of said Court and County on this date:

AUG 26 2004

[Signature]
 SAGINAW COUNTY CLERK



202204120025338 Pages: 1
 Recorded: 04/12/2022 03:17 PM
 Fees: \$30.00 Rcpt: 22-22982
 John J. Gleason, Register of Deeds
 Genesee County, MI RFILING

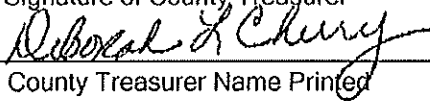
Michigan Department of Treasury, LPS
 3826 (Rev. 02-21)

This form is issued under the authority
 of MCL 211.78g

CERTIFICATE OF FORFEITURE OF REAL PROPERTY

On March 1, 2022 the following real property was forfeited to the **GENESEE**
County Treasurer for NON PAYMENT OF PROPERTY TAXES for the
year(s) 2020

If the 2020 taxes are not paid by March 31, 2023, absolute title to the property and any equity associated with an interest in the property will vest in the foreclosing governmental unit, as provided by MCL 211.78k. If the property is foreclosed and sold or transferred, MCL 211.78t provides that a party with an interest in the property at the time of a judgment of foreclosure may claim interest in any remaining proceeds following the sale or transfer.

Property ID No. 59-29-576-020	
Owner According to Tax Record SORRELL, DEBBIE	
Property Address 3518 LAUREL AVE BURTON MI	Amount for Which Property Forfeited \$ 1,566.09
Property Description LOT 165 ATHERTON HOMESTEAD NO 1	
Prepared by DEBORAH L. CHERRY 1101 BEACH STREET FLINT MI 48502-1475 HOURS M-F 8:00AM - 4:30PM	Signature of County Treasurer  County Treasurer Name Printed DEBORAH L. CHERRY

For County Treasurer's certification for electronic instrument transfer, see instrument 201011230078715.

Attachment: Demolition Packet (5493 : 3518 Laurel)

**NOTICE TO PROPERTY OWNER / TAXPAYER OR OCCUPANT
PUBLIC HEARING
TO ABATE A NUISANCE OR HAZARDOUS CONDITION**

NOTICE IS HEREBY GIVEN:

1. That the City Council of the City of Burton, Genesee County, Michigan, has received a report of an investigation from the Building Division of the Department of Public Works on the 18th day of July, 2022, relative to the premises owned or occupied by you located at: 3518 Laurel Ave., City of Burton, Genesee County, Michigan, legally described as:

LOT 165 ATHERTON HOMESTEAD NO 1

2. That because of age or dilapidation, the accumulation of refuse or debris, or other condition or happening has become a nuisance or hazard dangerous to the public health, safety or welfare of the inhabitants of the City or of those residing on the premises or habitually going near such premises. The conditions causing the public hazard or nuisance are specifically as follows:

See Building Report on file with Building Dept. - 4093 Manor Drive; Burton, MI 48519, between the hours of 8:00 a.m. - 4:00 p.m.; Monday through Friday.

3. That the City Council will meet in City Hall at 5:45 p.m. on Tuesday, September 20, 2022, for a Special City Council meeting, to hear and consider any objection or favorable comments by you or any interested party with respect to the nuisance or hazardous condition relative to an order to alter, repair, tear down, abate, or removal of said premises.
4. The City Council may order the work required to correct such nuisance or hazardous condition to be done by the City of Burton itself or by contract or hire. All costs incurred for the work, title search, or appraisal thereof will be assessed against the real property.

Owner/Taxpayer of Record – Title Search:

Name: Waldemar O. Weiss & Irma L. Wiess Revocable Trust
Address: P.O. Box 7403
City/State/Zip: Flint, MI 48507

Name: Donna Rittenbury
Address: 1024 North Rd.
City/State/Zip: Fenton MI 48430

Name: Debbie Sorrell
Address: 3822 Clairmont St.
City/State/Zip: Flint, MI 48532

Name: John C. Hoover & Linda Hoover
Address: 1416 Bradford
City/State/Zip: Grand Rapids, MI 49503

Dated: 8/16/22


Racheal Boggs, City Clerk

City Seal

Attachment: Demolition Packet (5493 : 3518 Laurel)

7019 1640 0000 4657 6527

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Certified Mail Fee \$ 3.25

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 4.05

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$.57

Total Postage and Fees
 \$ 1.82

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Debbie Sorrell
 3822 Clairmont St.
 Flint, MI 48532

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
 AUG 17 2022
 SOUTHEAST

Attachment: Demolition Packet (5493 : 3518 Laurel)

City of Burton
DEPARTMENT OF PUBLIC WORKS
4093 MANOR DRIVE
BURTON, MICHIGAN 48519



CERTIFIED MAIL



7019 1640 0000 4657 6534

RECEIVED BY 4800

17 AUG 2022 11:11



US POSTAGE **PAID**
ZIP 48519 \$007.82⁰
02 4W
0000382035 AUG 17 2022

Waldemar O. Weiss & Irma Weiss
Revocable Trust
P.O. Box 7403
Flint MI 48507

48519-1463

4850730403 B0005

NIXIE 482 FE 1 0008/23/22
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 48519146393 *0890-00241-23-16

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Certified Mail Fee \$ 3.25
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$ 4.00
☐ Return Receipt (electronic) \$ 0.00
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ 0.00
☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 4.57
Total Postage and Fees \$ 7.82

Sent To Waldemar O. Weiss & Irma L. Weiss
Street and Apt. No., or PO Box Revocable Trust
City, State, ZIP+4® P.O. Box 7403
Flint MI 48507

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

48519 2594 0000 0491 6102

City of Burton
DEPARTMENT OF PUBLIC WORKS
4093 MANOR DRIVE
BURTON, MICHIGAN 48519



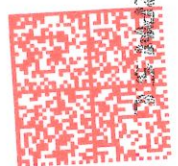
CERTIFIED MAIL
Attachment: Demolition Packet (5493 : 3518 Laurel)



7019 1640 0000 4657 6503

RECEIVED BY EX MI 480

17 AUG 2022 PM 3:00



US POSTAGE
ZIP 48519 \$007.82⁰
02 4W
0000382035 AUG 17, 2022

Handwritten: 15/1/17

John C. Hoover & Linda Hoover
1416 Bradford
Grand Rapids, MI 49503

49503-1921-465

NIXIE 482 DE 1 0008/20/22
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD
*2853-00764-17-42

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Certified Mail Fee

\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ 4.00
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$.57

Total Postage and Fees

\$ 7.82

Sent To

Street and Apt. No., or PO

John C. Hoover & Linda Hoover

1416 Bradford

Grand Rapids, MI 49503

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

E059 2594 0000 049T 6T02

Attachment: Demolition Packet (5493 : 3518 laurel)

City of Burton

DEPARTMENT OF PUBLIC WORKS
4093 MANOR DRIVE
BURTON, MICHIGAN 48430



CERTIFIED MAIL®



7019 1640 0000 4657 6510

RETURN TO SENDER
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

US POSTAGE
ZIP 48519 \$007.82⁰
02 4W
0000382035 AUG 17 2022

Donna Rittenbury
1024 North Rd.
Fenton MI 48430

48430-1534-7033
IA

NIXIE 482 DE 1 0008/25/22
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

BC: 48519146393 *2853-00378-17-42

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CERTIFIED MAIL® RECEIPT**

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OFFICIAL USE

Certified Mail Fee	\$ 3.25
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$ 4.88
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$ 1.57
Total Postage and Fees	\$ 7.82
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	



7019 1640 0000 4657 6510

Donna Rittenbury
1024 North Rd.
Fenton MI 48430

PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions



08/31/2022 09:53



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Emergency Response
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www.belforusa.com

08/31/2022 09:49



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• Emergency Board Up • Water Extraction/Clean Up • Content Restoration
• Total Reconstruction Services • Paper Reclamation
• General Contracting Services • Electric Restoration
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08/31/2022 09:49



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Remediation Services
BELFOR
24/7
Emergency Response
1-800-421-4141
www.belfor.com

08/31/2022 09:49



08/31/2022 09:50



The City of Burton has deemed this Unit Vacant
Unoccupiable
Contact the Housing Department at
810-742-9230
Prior to any occupancy of this Unit

NOTICE OF UNOCCUPIABLE UNIT
The City of Burton has deemed this unit vacant and unoccupiable. No person shall occupy this unit until the City of Burton has been notified in writing by the owner or the owner's agent that the unit is ready for occupancy. The City of Burton will not be responsible for any damage to the unit or the contents of the unit if the unit is occupied without the City's approval. The City of Burton will not be responsible for any damage to the unit or the contents of the unit if the unit is occupied without the City's approval. The City of Burton will not be responsible for any damage to the unit or the contents of the unit if the unit is occupied without the City's approval.

The Worldwide L
Restoration Se
BELFOR
24/7
Emergency R
1-800-421-4
• Structural Dehumidif
• Emergency Board Up
• Water Extraction / Clean Up
• Total Reconstruction Services
• General Contracting Services
www.belforusa.com

08/31/2022 09:52

Attachment: Demolition Packet (5493 - 3518 Laurel)



08/31/2022 09:52



08/31/2022 09:52

INSPECTION REPORT FOR: 3518 Laurel

DATE OF INSPECTION: 9/1/2022

The following violations were in evidence:

1. 9/18/2014 House was tagged
2. Total Loss due to fire
3. Main Structure has extensive fire damage



Dave Martinez, Building Inspector