



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

Council Chambers

Special Meeting

6:30 PM

4303 S. CENTER ROAD
BURTON, MI 48519

This meeting was opened by President Steven Heffner at 6:30 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

William Wilson of 3491 Atherton Road in Burton stated he is in the process of remodeling the home and has permits for electrical and plumbing. The outside is complete and we have all the materials for the inside of the house. We are waiting on the inspection to proceed.

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

Mr. Martinez stated this home had a fire in what I believe to be a laundry room. Damage was minimal, mostly smoke damage. This is what prompted us to do the inspection on the home on 4/13/22. We were in contact with the owner right away. He responded right back with his intentions. The foundation and structure is very sound. I was in the home today to check on it and the yard is clean and very nice. The home is water tight, fully sided with new windows. Trade inspections have to be done and the permits appear to have been pulled today. There is a lot of insulation and dry wall staged in the home. I did inform them not to proceed prior to an inspection. I recommend option #2 of the demolition procedure with a short time frame so we can come in to make sure it is going properly.

E. COUNCIL ACTION

1. Motion to alter by repair the structure at 3491 Atherton to Burton City Code with a Building Permit within 120 days.

Mr. Martinbianco asked, he already has a building permit, does he not?

Mrs. Abbey said, yes. The reason he is here tonight is because there was a building permit pulled with absolutely no work done until we scheduled the demolition hearing. Now, he has very much proceeded. The permit is still good.

Mr. Martinbianco asked if option #2 would be acceptable.

Mrs. Abbey said, yes.

Mr. Fenner asked if the building permits provided were for the trades Mr. Martinez discussed. Are there other trade inspections needed?

Mr. Martinez stated he has presented the electrical and plumbing permits. He will still need a mechanical permit for the heat source.

Mr. Fenner stated you listed your home address as the property address. Do you intend to move back in after completion?

Mr. Wilson said, yes.

Mr. Heffner asked the administration for a recommendation on a suitable time frame.

Mrs. Abbey said, we started with 90 days. Also, I would like his current address to mail him the results of this notice hearing.

Mr. Wilson stated my current address is 29266 Guy Street. Southfield, MI 48076.

Mr. Martinbianco recommends the owner get the mechanical permit as soon as possible. He recommends allowing him 120 days to complete the work.

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

Meeting was adjourned at 6:39 PM.



ADOPTED

AGENDA ITEM (ID # 5496)

DOC ID: 5496

**THIS IS THE TIME FIXED FOR HEARING AND CONSIDERING
ANY COMMENTS TO THE DEMOLITION UNDER
CONSIDERATION, TO-WIT: 3491 Atherton Rd, Parcel ID # 59-
21-578-004 at 6:30 p.m.**

RESOLUTION: APPROVE AND AUTHORIZE the Standard Resolution for Step V of the Burton City Demolition Procedure, determining said premises at 3491 Atherton Rd, Parcel #59-21-578-004 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:

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E.1

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Mr. Heffner asked the administration for a recommendation on a suitable time frame.

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Mr. Wilson stated my current address is 29266 Guy Street. Southfield, MI 48076.

Mr. Martinbianco recommends the owner get the mechanical permit as soon as possible. He recommends allowing him 120 days to complete the work.

ATTACHMENTS:

- Demolition Packet (PDF)

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

Demolition Packet

3491 Atherton Rd.

September 20, 2022

At

6:30 p.m.

Attachment: Demolition Packet (5496 : 3491 Atherton)



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

CHARLES ABBEY
DPW Director
Certified Mail
With return receipt AMBER ABBEY
Deputy DPW Director

July 13, 2021

Owner: Wilson, William
3491 E. Atherton Rd.
Burton MI 48529

Reference Property: 3491 E. Atherton Rd. Burton, Parcel ID of 59-21-578-004

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 July 23, 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,

Amber Abbey,
Deputy DPW Director

Equal Opportunity Employer
Michigan Municipal League Member

REQUEST FOR INVESTIGATION
NUISANCE OR HAZARDOUS CONDITION OF PREMISES

TO: Building Division, Department of Public Works

RE: Premises located at: 3491 Atherton Rd. 59-21-578-004
City of Burton, Genesee County, Michigan, legally
described as:

W 46 FT OF LOT 56 SUPERVISORS PLAT NO 12 (14) FROM 59-14-578-004

SPLIT/COMBINED ON 09/20/2013 FROM 59-14-578-004;

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 (5496 : 3491 Atherton)



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 (5496 : 3491 Atherton)



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: 22-56249
Invoice date: June 27, 2022
Please pay before: September 25, 2022
Our file number: 22-56249

Property:

3491 Atherton Road
Burton, MI 48529
Genesee County

Brief legal: The West 46 feet of Lot 56 of
SUPERVISOR'S PLAT NO. 12

DESCRIPTION	AMOUNT
Title Search	200.00
59-21-578-004	
Invoice total amount due:	\$ 200.00

PO # 23-0778
8-11-22
AA

Attachment: Demolition Packet (5496 : 3491 Atherton)

22-56249 / 20

Printed on 08/03/22 at 2:51:52PM by hadden.shelly
Page 1 of 1

Leandra A. Swayne

From: Shelly Hadden <Shelly@sargentstitle.com>
Sent: Wednesday, August 3, 2022 2:52 PM
To: Leandra A. Swayne
Subject: Deed Search 22-56249-3491 Atherton Road
Attachments: Invoice & Title Search pkg.pdf

Hi Leandre

Parcel 59-21-578-004

The Last deed goes to William Wilson

Have a Great Day!

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

Attachment: Demolition Packet (5496 : 3491 Atherton)

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

TITLE SEARCH

File No.: 22-56249
 Address: 3491 Atherton Road, Burton, MI 48529
 Parcel No.: 59-21-578-004

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

The West 46 feet of Lot 56 of SUPERVISOR'S PLAT NO. 12, according to the recorded plat thereof as recorded in Plat Book 12, Page(s) 17-18, Genesee County Records.

WE have examined the records of the Register of Deeds Office for Genesee County, State of Michigan, from August 8, 2004 to June 27, 2022 and find the following affecting the above described property:

Warranty Deed recorded in Document Number 200408190088018
 Death Certificate recorded in Document Number 201707270051875
 Death Certificate recorded in Document Number 201707270051876
 Letters of Authority recorded in Document Number 201707270051877
 Quit Claim Deed recorded in Document Number 201710200067178

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: _____

Attachment: Demolition Packet (5496 : 3491 Atherton)

WARRANTY DEED-681
THE RICARD PAPER, INC., FLINT, MICHIGAN

(State Bar of Michigan Form)

The Grantor(s) Kevin A. Snider and Bonnie M. Snider, his wife,
1466 Alcona Dr. Burton, Michigan 48509, whose address is
convey(s) and warrant(s) to William A. Snider and Marian M. Snider,
his wife
whose address is 3491 E. Atherton Rd. Burton, Michigan 48529

the following described premises situated in the City
of Burton, County of Genesee
and State of Michigan:

The West 46 feet of Lot 56 of SUPERVISOR, PLAT NO. 12,
according to the recorded plat thereof, as recorded in
plat Liber 12, pages 17 and 18, Genesee County Records,

Instr: 200400100080918 08/19/2004
P: 1 of 1 F: \$14.00 4:00PM
Melvin Phillip McGree T20040020913
Genesee County Registrar MPMARIAN S

for the sum of \$24,000.00

subject to easements and building and use restrictions of record and further subject to a right of way to the
Genesee County Water System as contained in Deed Liber 1833, pages 187 and 188,
Genesee County Records.

Dated this 5th day of August

X18X 2004

Signed in presence of:

Signed by:

*
8-19-04 Sep
* I certify, based upon the records in my
office, that there are no tax liens or taxes held by the state
against the individual, against the within description, and
all taxes due thereon have been paid for the
next preceding the date of this instrument.

* Kevin A. Snider
* Bonnie M. Snider

STATE OF MICHIGAN, }
COUNTY OF Gladwin } ss.

The foregoing instrument was acknowledged before me this 8th day of August 2004
19, by Kevin A Snider and Bonnie M Snider Husband and Wife

JESSICA M. KIRKTON m
Notary Public, Gladwin County, MI
My Commission Expires Mar. 8, 2008

* Jessica M Kirkton
Notary Public, Gladwin County,
Michigan
My commission expires: March 8, 2008

County Treasurer's Certificate

City Treasurer's Certificate

When Recorded Return To:

MAR 14 2005
(Name)
2977 Waco Rd
(Street Address)
St Helen MI 48656
(City and State)

Send Subsequent Tax Bills To:

Drafted By: Kevin A Snider

Business Address:
1466 Alcona Dr.
Burton MI 48509

Tax Parcel # 5914528 004

Recording Fee _____ Transfer Tax _____

* TYPE OR PRINT NAMES UNDER SIGNATURES.

MICHIGAN REAL ESTATE TRANSFER TAX
DEPT of TAXATION - GENESSEE COUNTY
08/19/2004 Countys 26.40
State \$ 180.00
Stamp# 142428 Reg# 458591



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER
3950733

E.1.a

1. DECEASED'S NAME (Last, First, Middle Initial) Marian Marie Snider		2. DATE OF BIRTH (Month, Day, Year) October 29, 1936		3. SEX Female		4. DATE OF DEATH (Month, Day, Year) October 23, 2016	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL, BUSINESS, OR OTHER PURPOSE (Last, First, Middle Initial) Marian Marie Johnson				6a. AGE - Last Birthday (Years) 79		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in, for the first time, if in a hospital or other institution - Name (if not in either, give street and number and zip code)) 2332 South Genesee Road 48519 City of Burton Genesee				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH City of Burton		7c. COUNTY OF DEATH Genesee	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Roscommon		8c. LOCALITY (If not in either, give street and number and zip code) St Helen 2977 Waco Road		8d. STREET AND NUMBER (If not in either, give street and number and zip code)	
9a. ZIP CODE 48656		9b. BIRTHPLACE (City and State or Country) Flint, Michigan		10. SOCIAL SECURITY NUMBER -5728		11. DECEASED'S EDUCATION - What is the highest degree or level of school completed at the time of death? 12th Grade	
12. RACE - (American Indian, White, Black, etc. (If other, give name)) White		13a. ANCESTRY - (List all ancestries, e.g., Swedish, French Canadian, etc. (If other, give name)) Swedish, French Canadian		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEASED EVER IN THE U.S. ARMED FORCES? (Yes or No) No	
15. USUAL OCCUPATION (The kind of work done during most of working life. (If other, give name)) Assembly		16. KIND OF BUSINESS OR INDUSTRY Automotive		17. MARITAL STATUS - (Married, Never Married, Widowed, Divorced, etc.) Married		18. NAME OF SURVIVING SPOUSE (If living, give name and last name) William Snider	
19. FATHER'S NAME (Last, First, Middle Initial) Oscar Lemuel Johnson				20. MOTHER'S NAME BEFORE FIRST MARRIAGE (Last, First, Middle Initial) Nettie Mae Pike			
21a. INFORMANT'S NAME (Type in print) William Snider		21b. RELATIONSHIP TO DECEASED Husband		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 2332 S. Genesee Road, Burton, Michigan 48519			
22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, etc.) Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Crestwood Cemetery		23b. LOCATION - City or Village, State Grand Blanc, Michigan			
24. SIGNATURE OF MORTUARY SCIENTIST (Type in print) Rick R. Lamb		25. LICENSE NUMBER (If Licensed) 400256		26. NAME AND ADDRESS OF FUNERAL FACILITY Swartz Funeral Home, Inc. 1225 West Hill Road Flint, Michigan 48507			
27a. CERTIFYING PHYSICIAN - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Signature and Title		27b. DATE (Month, Day, Year) 10-23-16		27c. LICENSE NUMBER ME0003362		28a. ACTUAL OR PRESUMED TIME OF DEATH 3:49 a	
28b. PRONOUNCED DEAD ON (Month, Day, Year) October 23, 2016		28c. TIME PRONOUNCED DEAD 3:49 a		29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospice, etc.) Home/Hospice	
31. IF HOSPITAL, Incident, Discharge, Emergency Room, DSA (Yes or No) No		32. MEDICAL EXAMINER'S CASE NUMBER (If applicable) 10090 E. Lippincott		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type in print) DAVID N. WILSON			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type in print) MARIA COLLEBA MD 10090 E. Lippincott		35a. REGISTRAR'S SIGNATURE John J. Gleason		35b. DATE FILED (Month, Day, Year) OCT 28 2016		36. PART I. Enter the chain of events - disease, injuries, or other conditions - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or cerebral death. (If other, give name and address of the physician who caused the death. Enter only one cause on a line.) 201707270051875 P:2 F:538.00 Received: 7/25/2017 1:52 PM Recorded: 7/27/2017 4:19 PM John J. Gleason T20170035113 Genesee County Register TTL	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ The pregnant was pregnant within 42 days of death ☐ Not pregnant but pregnant at death or 1 year before death ☐ Unknown if pregnant within the past year		39. MANNER OF DEATH - (Accident, Suicide, Homicide, Natural, Indeterminate, or Pending Inquiry) 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) No		41a. DATE OF INJURY (Month, Day, Year) 7/25/2017			
41b. TIME OF INJURY (Month, Day, Year) 1:52 PM		41c. DESCRIBE HOW INJURY OCCURRED Automotive		41d. INJURY AT WORK (Yes or No) No			
41e. PLACE OF INJURY - (Home, farm, street, construction site, wooded area, etc. (Specify)) Home		41f. IF TRANSPORTATION INJURY - (Driver, Operator, Passenger, Pedestrian, etc. (Specify)) Driver		41g. LOCATION - Street or RFD No., City, Village or Twp., State St Helen, Michigan 48519			

VOID WITHOUT HEAT SENSITIVE INK UNDER COUNTY CLERK'S NAME

Attachment: Demolition Packet (5496 : 3491 Atherton)

VOID WITHOUT RAISED SEAL
 A BLACK AND WHITE COPY OF THIS IS NOT OFFICIAL
 VOID WITHOUT HEAT SENSITIVE INK UNDER COUNTY CLERK'S NAME

State of Michigan }
 County of Genesee } SS.

I, JOHN J. GLEASON, County Clerk for the County of Genesee, Clerk of the Seventh Circuit Court thereof, the same being a Court of Record, and having a seal, do hereby certify that the foregoing is an exact reproduction of the original certificate as it now appears in the permanent records now remaining in my office.

In testimony whereof, I have hereunto set my hand and affixed the seal of said Circuit Court

this day, OCT 28 2016 A.D.

John J. Gleason
 JOHN J. GLEASON, County Clerk

17-231674 After Recording,
 Return to Sargent's Title Company

↑\$30.00

Attachment: Demolition Packet (5496 : 3491 Atherton)

TYPE/PRINT
IN
PERMANENT
BLACK INK

LF 0668

THE FACE OF THIS DOCUMENT IS A

STATE OF MICHIGAN ON WHITE PAPER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATHSTATE FILE NUMBER
3999518NAME OF DECEDENT
For use by physician or institutionFATHERS
INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF
DEATHMEDICAL
EXAMINER

1. DECEDENT'S NAME (Print or Type Last)		2. DATE OF BIRTH (Month, Day, Year)		3. SEX		4. DATE OF DEATH (Month, Day, Year)	
William Arthur Snider		December 29, 1936		Male		June 7, 2017	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include AKAs if used)				6a. AGE - Last Birthday (Years)		6b. UNDER 1 YEAR MONTHS DAYS	
				80			
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 1a, 2b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not in office, give street and number and zip code)				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH		7c. COUNTY OF DEATH	
Genesys Regional Medical Center				Grand Blanc Township		Genesee	
8a. CURRENT RESIDENCE - STATE		8b. COUNTY		8c. LOCALITY (If not the bar code then give the street and number) ☒ CITY VILLAGE ☐ TOWNSHIP ☐ UNINCORPORATED PLAZA		8d. STREET AND NUMBER (Include Apt. No. if applicable)	
Michigan		Genesee		Burton		2332 South Genesee Road	
8e. ZIP CODE		9. BIRTHPLACE (City and State or Country)		10. SOCIAL SECURITY NUMBER		11. DECEDENT'S EDUCATION - What is the highest degree or level of education completed within the last 5 years?	
48519		Flint, Michigan		-0955		12th Grade	
12a. RACE - Nigerian Indian, White, Black, etc. (If Asian, give nationality) (Enter all that apply) (If American Indian race, enter principal tribe)				12b. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) (If American Indian race, enter principal tribe)		13b. HISPANIC ORIGIN (Yes or No)	
White				English, German		No	
15. USUAL OCCUPATION (Give kind of work done during last 12 months) Checker				16. KIND OF BUSINESS OR INDUSTRY Automotive		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced Widowed	
19. FATHER'S NAME (Print or Type Last)				20. MOTHER'S NAME BEFORE FIRST MARRIAGE (Print or Type Last)			
Wilburn Snider				Florence Fisher			
21a. INFORMANT'S NAME (Type or Print)		21b. RELATIONSHIP TO DECEDENT		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)			
Kenda Gerow		Daughter		2332 South Genesee Road, Burton, MI 48519			
22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Reburial, Home, etc.)		23a. PLACE OF DISPOSITION (Name of Cemetery, Church, or other location)		23b. LOCATION - City or Village, State			
Burial		Crestwood Cemetery		Grand Blanc, Michigan			
24. SIGNATURE OF MORTUARY LICENSEE		25. LICENSE NUMBER		26. NAME AND ADDRESS OF FUNERAL FACILITY			
J.M. Kerr		5574		Swartz Funeral Home, Inc. 1225 West Hill Road, Flint, Michigan 48507			
27a. CERTIFIER (If any, only one) Certifying Physician - To the best of my knowledge, death occurred due to the expected and medical processes. On the basis of examination and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				27b. ACTUAL OR PRESUMED TIME OF DEATH		27c. PRONOUNCED DEAD ON (Month, Day, Year)	
Signature and Title: <i>John J. Gleason MD</i>				11:28 A M		June 7, 2017	
27d. DATE (Month, Day, Year)				27e. LICENSE NUMBER		27f. TIME PRONOUNCED DEAD	
June 7, 2017				4301062937		11:28 A	
28. MEDICAL EXAMINER'S CONTACTED? (Yes or No)				29. PLACE OF DEATH (Home, Hotel, Nursing Home, Hospital, Ambulance, etc.)		30. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, UIC (Yes or No)	
No				Hospital		Inpatient	
31. MEDICAL EXAMINER'S CASE NUMBER (If available)				32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
				Dr. J. Minasian MD 8288 South Saginaw Street, Grand Blanc, Michigan 48439			
33a. PHYSICIAN'S SIGNATURE				33b. DATE FILLED (Month, Day, Year)			
<i>John J. Gleason</i>				JUN 16 2017			
34. PART 1. 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 ventilator failure without showing the etiology. Enter only one cause on a line.							
Myocardial infarction							
Ischemic cardiopathy & Atrial fibrillation							
IMMEDIATE CAUSE (Final direct or immediate result in death)							
201707270051876 P:2 F:530.00							
Received: 7/25/2017 1:52 PM							
Recorded: 7/27/2017 4:19 PM							
John J. Gleason T20170035113							
Genesee County Register TTL							
35. MANNER OF DEATH - Accident, Suicide, Homicide, Naturally Indeterminate, or Pending (Specify)							
Natural							
36. WAS AN ALLIANCE PERFORMED? (Yes or No)							
No							
37. DID TOBACCO USE CONTRIBUTE TO DEATH? (Yes or No)							
No							
38. 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 within the past year)							
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 within the past year							
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
		M					
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	

DC11-0487 (Rev 05/2016)

VOID WITHOUT HEAT SENSITIVE INK UNDER COUNTY CLERK'S NAME

Attachment: Demolition Packet (5496 : 3491 Atherton)

VOID WITHOUT RAISED SEAL
A BLACK AND WHITE COPY OF THIS IS NOT OFFICIAL
VOID WITHOUT HEAT SENSITIVE INK UNDER COUNTY CLERK'S NAME

State of Michigan

} SS.

County of Genesee

I, JOHN J. GLEASON, County Clerk for the County of Genesee, Clerk of the Seventh Circuit Court thereof, the same being a Court of Record, and having a seal, do hereby certify that the foregoing is an exact reproduction of the original certificate as it now appears in the permanent records now remaining in my office.

In testimony whereof, I have hereunto set my hand and affixed the seal of said Circuit Court

JUN 16 2017

this day, _____

A.D.

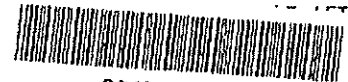
John J. Gleason
JOHN J. GLEASON, County Clerk

17-231679 After Recording,
Return to Sargent's Title Company

T \$30.00

Attachment: Demolition Packet (5496 : 3491 Atherton)

Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF GENESEELETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVE

2017207670DE

Estate of William A. Snider

TO:

Name and address

Kenda Gerow
2332 S. Genesee Rd
Burton MI 48519

Telephone no.

810 730-7031You have been appointed and qualified as personal representative of the estate on 6-29-17. You are authorized to perform all acts authorized by law unless exceptions are specified below.☐ Your authority is limited in the following way:

- ☐ You have no authority over the estate's real estate or ownership interests in a business entity that you identified on your acceptance of appointment.
- ☐ Other restrictions or limitations are:

201707270051877 P:1 F:\$30.00
Received: 7/25/2017 1:52 PM
Recorded: 7/27/2017 4:19 PM
John J. Gleason T20170035113
Genesee County Register TTL☐ These letters expire:

Date

N/A

Date

6-29-17Delicia Martin
Judge (formal proceedings)/Register (informal proceedings)P30406
Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

Date

6-29-17Delicia Martin
Deputy register

Do not write below this line - For court use only

M-231075 After Recording,
Return to Sargent's Title Company**↑\$30.00**

2017 JUN 29 PM 1 57

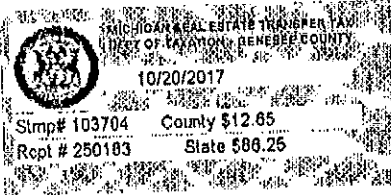
GENESEE COUNTY
PROBATE COURT

PC 572 (2/13) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

MCL 700.3103, MCL 700.3307, MCL 700.3414,
MCL 700.3504, MCL 700.3601,
MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

Attachment: Demolition Packet (5496 : 3491 Atherton)

20171020067178 P:2 F:\$30.00
 Received: 10/20/2017 1:17 PM
 Recorded: 10/20/2017 1:19 PM
 John J. Gleason T20170048619
 Genesee County Register MAIL



QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

Kenda M. Gerow, married woman, of 2332 South Genesee Road, Burton, Michigan 48519, Personal Representative of the Estate of William A Snider, (the "Grantor"), conveys, as well as quitclaim, unto William Wilson, of 29266 Guy Street, Southfield, Michigan 48076, (the "Grantee"). The following described premises situated in the County of Genesee and State of Michigan:

The West 46 feet of Lot 56 of supervisors Plat no. 12, According to the Recorded Plat Thereof, as recorded in Plat Liber 17, Pages 17 and 18, Genesee County

Records: 3491 E. ATHERTON Rd, BURTON MI 48529

This deed conveys all the right, title, interest and claim which the Grantor has in and to the described parcel of land, subject to any easements and building and use restriction of record for the sum of \$11,500.00, the receipt of which is hereby acknowledged.

Date this 9/20/17

Rashonda Walker
 LE SHAWNDA WALKER
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF GENESEE
 MY COMMISSION EXPIRES MAY 30, 2021
 ACTING IN COUNTY OF *Genesee*

Signed in the presents of:

Kenda M. Gerow
 Kenda M Gerow

William Wilson
 WILLIAM WILSON

Shelly Hadden

Acting in the County of Genesee.

Grantor Acknowledgement

STATE OF MICHIGAN

COUNTY OF GENESEE

I LeShawnda Walker, a Notary Public in and for said County and State, do hereby certify that on this 20th day of September, 2017, before me appeared Kenda M Gerow, personally known to me, (or proved to me on the basis of satisfactory evidence), to be the person described in and who executed the foregoing instrument, and being by me duly sworn, acknowledged to me that as a free and voluntary act and deed, the Grantor executed said instrument, for the uses and purposes set forth within this Quitclaim Deed.

LeShawnda Walker
Notary Public, the State of Michigan

LE SHAWNDA WALKER
NOTARY PUBLIC, STATE OF MI
COUNTY OF GENESEE
MY COMMISSION EXPIRES MAY 30, 2021
ACTING IN COUNTY OF Genesee

My commission expires May 30, 2021

Acting in the County of Genesee, State of Michigan

When Recorded Return To:
William Wilson, 29266 Guy
St.
Southfield, Michigan 48076

Tax Parcel #:
59-21-578-004

Send Subsequent Tax Bills to:
William Wilson, 29266 Guy
St.
Southfield, Michigan 48076

Recording Fee:
\$ _____

Drafted By:
Patrick Gerow, 3201 Christner
St.
Burton, Michigan, 48529.

Transfer Tax:
\$ _____

↑\$30.00

Attachment: Demolition Packet (5496 : 3491 Atherton)

**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: 3491 Atherton Rd., City of Burton, Genesee County, Michigan, legally described as:

W 46 FT OF LOT 56 SUPERVISORS PLAT NO 12 (14) FROM 59-14-578-004

SPLIT/COMBINED ON 09/20/2013 FROM 59-14-578-004;

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.

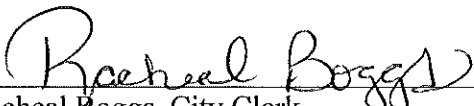
3. That the City Council will meet in City Hall at **6:30 p.m.** on Tuesday, **September 20, 2022** for a Special City Council meeting, to hear and consider any objection or favorable comments by you or any interested party with respect to the nuisance or hazardous condition relative to an order to alter, 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: William Wilson
Address: 29266 Guy St.
City/State/Zip: Southfield MI 48076

Name: Patrick Gerrow
Address: 3201 Christner St.
City/State/Zip: Burton MI 48529

Dated: 8/16/22


Racheal Boggs, City Clerk

City Seal

Attachment: Demolition Packet (5496 : 3491 Atherton)

CERTIFIED MAIL®

City of Burton
DEPARTMENT OF PUBLIC WORKS
4093 MANOR DRIVE
BURTON, MICHIGAN 48511



7019 1640 0000 4657 6428

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William Wilson
29266 Guy St.
Southfield MI 48076

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US POSTAGE McPITNEY BOWES

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ 3.25

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

☒ Return Receipt (hardcopy)	\$ <u>4.00</u>
☐ 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 Box

City, State, ZIP+4®

William Wilson
29266 Guy St.
Southfield MI 48076

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

See Reverse for Instructio

Attachment: Demolition Packet (5496 : 3491 Atherton)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ <i>Patrick Gerrow</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Patrick Gerrow 3201 Christner St. Burton MI 48529		B. Received by (Printed Name) <i>Patrick Gerrow</i>	C. Date of Delivery <i>8-22-22</i>
2. Article Number (Transfer from service label) 7019 1640 0000 4657 6442		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery		BURTON MICHIGAN POST OFFICE AUG 22 2022 48509-9915	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7019 1640 0000 4657 6442

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ <i>3.25</i> Extra Services & Fees (check box, add fees as appropriate) ☐ Return Receipt (hardcopy) \$ <i>4.80</i> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____ Postage \$ <i>5.71</i> Total Postage and Fees \$ <i>7.82</i>	Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____ Patrick Gerrow 3201 Christner St. Burton MI 48529
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Attachment: Demolition Packet (5496 : 3491 Atherton)



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

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W 46 FT OF LOT 56 SUPERVISORS PLAT NO 12 (14) FROM 59-14-578-004
SPLIT COMBINED OR 09202013 FROM 59-14-578-004.

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:
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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, site search, or appraisal thereof will be assessed against the real property.

Owner/Taxpayer of Record - Title Search:
Name: William Wilson
Address: 2956 Oak St.
City/State/Zip: Southfield MI 48076
Date: 8/16/22

Name: Patrick Gormon
Address: 3201 Christian St.
City/State/Zip: Burton MI 48420
Rachael Boggs
Rachael Boggs, City Clerk
City Seal

08/31/2022 10:26



08/31/2022 10:24



08/31/2022 10:24



08/31/2022 10:24





08/31/2022 10:25



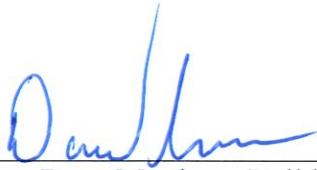
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INSPECTION REPORT FOR: 3491 Atherton Rd.

DATE OF INSPECTION: 9/1/2022

The following violations were in evidence:

1. Initial Inspection 4/13/2022
2. Rehab Permit Pulled 4/20/2022
3. Exterior rehab of home is completed and water tight
4. Structure is in good sound condition
5. Foundation/Basement is clean and dry, in good condition
6. Rehab Permit Expires 1/23/2023
7. I do not recommend demolition because of the progress being made



Dave Martinez, Building Inspector