



**CITY OF BURTON**  
**BURTON CITY COUNCIL MEETING**  
**JUNE 23, 2016**  
**AGENDA**

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**Council Chambers**

**Demo Hearing**

**5:00 PM**

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**4303 S. CENTER ROAD**  
**BURTON, MI 48519**

**A. CALL TO ORDER**

**B. STAFF PRESENT**

**C. AUDIENCE PARTICIPATION**

Now is the time set-aside for members of the audience to address the Burton City Council. I would ask each individual to give their name and address for the record and to limit their comments to three (3) minutes and to speak on the topics germane to City business.

**D. PRESENTATION: MR. WORTHING WILL GIVE HIS PRESENTATION ON EACH PROPERTY AS THEY COME UP.**

**E. COUNCIL ACTION**

1. THIS IS THE TIME FIXED FOR HEARING AND CONSIDERING ANY COMMENTS TO THE DEMOLITION UNDER CONSIDERATION, TO-WIT: 1431 Gram St., Parcel ID #59-31-576-067.

RESOLUTION: APPROVE AND AUTHORIZE the Standard Resolution for Step V of the Burton City Demolition Procedure, determining said premises at 1431 Gram Street, Parcel #59-31-576-067 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.



**SCHEDULED**

**AGENDA ITEM (ID # 2455)**

DOC ID: 2455

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**ATTACHMENTS:**

- 1431 Gram (PDF)

# Demolition Packet

1431 Gram

June 23, 2016

At

5:00 p.m.

Attachment: 1431 Gram (2455 : 1431 Gram St.)



PAULA K. ZELENKO  
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

September 3, 2015

Owner: Michael L. & Jacqueline Allen  
1424 Brady Ave.  
Burton, MI 48529

Reference Property: 1431 Gram St., Parcel ID of 59-31-576-067

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 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 **September 17, 2015** 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,

Stuart Worthing,  
Building Official

Equal Opportunity Employer  
Michigan Municipal League Member

7015 0640 0005 9527 9075

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .79

Total Postage and Fees \$ 6.74

Sent To  
 Street 59-31-576-067  
ALLEN, MICHAEL L & JACQUEL  
 City, St 1424 BRADY AVE MI 48529  
BURTON

Postmark  
 SEP 11 2015  
 BURTON SOUTHEAST MI  
 USPS 48519-9998

Instructions

**SENDER: COMPLETE THIS SECTION**

■ 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.

1. Article Addressed to:  
59-31-576-067  
ALLEN, MICHAEL L & JACQUEL  
1424 BRADY AVE MI 48529  
BURTON

2. 7015 0640 0005 9527 9075

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Michael L Allen

C. Date of Delivery SEP 11 2015

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

PS Form 3811, April 2015 PSN 7530-02-000-9053

Attachment: 1431 Gram (2455 : 1431 Gram St.)

**REQUEST FOR INVESTIGATION  
NUISANCE OR HAZARDOUS CONDITION OF PREMISES**

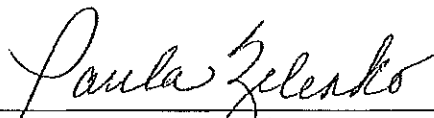
TO: Building Division, Department of Public Works

RE: Premises located at: 1431 Gram St. 59-31-576-067  
City of Burton, Genesee County, Michigan, legally  
described as:

LOTS 188 AND 189 GREATER FLINT SUBDIVISION

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: November 18, 2015



Paula Zelenko, Mayor

Attachment: 1431 Gram (2455 : 1431 Gram St.)

INSPECTION REPORT FOR: 1431 Gram 59-31-576-067

DATE OF INSPECTION: April 12, 2016

The following violations were in evidence:

Exterior wood is rotted

Water damage

Broken windows

Windows are rotted

Soffits and fascia are exposed to inclement weather

Interior as viewed from the windows is dilapidated

Yard is not being kept up

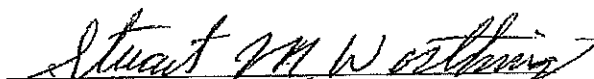
Principal residence status has been removed since 2009

House tagged by the building department May 2007

Water is off

No access to the interior

2011 Breaking and entering – forced complaint

  
Stuart Worthing, Building Inspector

Attachment: 1431 Gram (2455 : 1431 Gram St.)



# INVOICE

Invoice Date: May 4, 2016

Additional Info: Owners Side Only

File Number: 25-16472526-SGP

Property Address: 1431 Gram St, Burton  
RE:

**To:**

City of Burton Dept of Public Works  
4093 Manor Drive  
Burton, MI 48519  
Attn: Stuart Worthing

**From:**

Greco Title Agency  
36800 Gratiot Avenue  
Clinton Township, MI 48035  
Ph:(586) 463-7200 Fax:(586) 463-6114

| Description                                        | Amount   |
|----------------------------------------------------|----------|
| Search - Title Information Rep / 2300 - MI - Basic | \$250.00 |

**Total Premium: \$250.00**

Please Remit To and/or For Closing Information, Please Contact:

Greco Title Agency  
36800 Gratiot Avenue  
Clinton Township, MI 48035  
Ph:(586) 463-7200 Fax:(586) 463-6114

Thank you!

Attachment: 1431 Gram (2455 : 1431 Gram St.)



**Commitment for Title Insurance  
Schedule A**

File No : 25-16472526-SGP

**Commonly Known As:** 1431 Gram St, Burton, MI 48529

1. Effective Date: **April 13, 2016, at 8:00 am**

2. Policy or policies to be issued: AMOUNT

(a) OWNERS POLICY TBD  
Proposed Insured:  
**INFORMATIONAL**

(b) LOAN POLICY  
Proposed Insured:

3. The estate or interest in the land described or referred to in this Commitment and covered herein is **Fee Simple** and title thereto is at the effective date hereof vested in:

**Michael L. Allen and Jacqueline E. Allen, his wife**

4. The land referred to in this commitment is situated in the City of Burton, County of Genesee, State of Michigan, as follows:

**Lots 188 and 189, Greater Flint Subdivision, according to the plat thereof as recorded in Liber 15, Page 4 through 7, both inclusive of Plats, Genesee County Records.**

COUNTERSIGNED:  
GRECO TITLE AGENCY

Steven M. Greco  
AUTHORIZED SIGNATORY

Greco Title Agency  
36800 Gratiot Avenue  
Clinton Township, MI 48035  
Ph:(586) 463-7200 Fax:(586) 463-6114

Agent for: CHICAGO TITLE INSURANCE COMPANY

This commitment valid and binding for a period of 90 days from the date hereof. Thereafter it is void and of no effect.  
SCHEDULE A of this commitment--Page 1

Attachment: 1431 Gram (2455 : 1431 Gram St.)

**Schedule B-I  
(REQUIREMENTS)**

File No: 25-16472526-SGP

The following requirements to be complied with:

1. Standard requirements as set forth in jacket.

NOTE: In the event the Commitment Jacket is not attached hereto, all of the terms, conditions and provisions contained in said Jacket are incorporated herein. The Commitment Jacket is available for inspection at any Company office.

2. Instruments necessary to create the estate or interest to be insured must be executed by, delivered and duly filed for record.
3. You must tell us in writing the name of anyone not referred to in this commitment who will get an interest in the Land or who will make a loan on the Land. We may make additional requirements or exceptions relating to the interest or the loan.
4. Pay the agreed amounts for the Title and/or the mortgage to be insured.
5. Pay us the premiums, fees and charges for the policy.
6. PAYMENT OF TAXES: Not Examined Tax Parcel No.: 59-31-576-067

Attachment: 1431 Gram (2455 : 1431 Gram St.)

Greco Title Agency  
36800 Gratiot Avenue  
Clinton Township, MI 48035  
Ph:(586) 463-7200 Fax:(586) 463-6114

Agent for: CHICAGO TITLE INSURANCE COMPANY

This commitment is invalid unless the insuring Provisions and Schedules A and B-II are attached.  
SCHEDULE B-I of this commitment--Page 2

**Schedule B-II  
(EXCEPTIONS)**

File No.: 25-16472526-SGP

**Schedule B of the policy or policies to be issued will contain exceptions to the following matters unless the same are disposed of to the satisfaction of the Company.**

1. Rights or claims of parties in possession not shown by the Public Records.
2. Any facts, rights, interests or claims not shown by the Public Records but that could be ascertained by an accurate survey inspection of the Land or by making inquiry of persons in possession thereof of the Land.
3. Easements, claim of easements or encumbrances that are not shown in the Public Records and existing water, mineral, oil and exploration rights.
4. Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title including discrepancies, conflicts in boundary lines, shortage in area, or any other facts that would be disclosed by an accurate and complete land survey of the Land, and that are not shown in the Public Records.
5. Any lien or right to lien for services, labor or material theretofore or hereafter furnished, imposed by law and not shown by the Public Records.
6. The lien, if any, of real estate taxes, assessments, and/or water and sewer charges, not yet due and payable or that are not shown as existing liens in the records of any taxing authority that levies taxes or assessments on real property or in the Public Records; including the lien for taxes, assessments, and/or water and sewer charges, which may be added to the tax rolls or tax bill after the effective date. The Company assumes no liability for the tax increases occasioned by the retroactive revaluation or changes in the Land usage or loss of any homestead exemption status for the insured premises.
7. Defects, liens, encumbrances, adverse claims or other matters, if any created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the Proposed Insured acquires for value of record the estate or interest or mortgage thereon covered by this commitment.
8. Terms, conditions, and provisions recited in Certificate of Forfeiture of Real Property, for non-payment of property taxes, recorded in Instrument Number 201603030019119, Genesee County Records.
9. Building set back line over subject property as recorded in Liber 656, Page 387, Genesee County Records.
10. Easements over subject property as shown on the recorded plat.
11. Covenants, conditions and restrictions and other provisions but omitting restrictions, if any, based on race, color, religion, sex, handicap, familial status or national origin as contained in instrument recorded in Liber 656, Page 387, Genesee County Records.

NOTE: This commitment is issued for informational purposes only. Compliance with the requirements set forth herein will not result in the issuance of a final policy. Accordingly, said information is furnished at a reduced rate, and the Company's liability shall in no event exceed the amount paid for said information.

Greco Title Agency  
36800 Gratiot Avenue  
Clinton Township, MI 48035  
Ph:(586) 463-7200 Fax:(586) 463-6114

Agent for: CHICAGO TITLE INSURANCE COMPANY

This commitment is invalid unless the insuring Provisions and Schedules A and B-II are attached.  
SCHEDULE B-II of this commitment--Page 3

Attachment: 1431 Gram (2455 : 1431 Gram St.)



## **PRIVACY POLICY NOTICE**

Greco Title Agency and its family of affiliated companies, respect the privacy of our customers' personal information. This Notice explains the ways in which we may collect and use personal information under the Greco Title Agency Privacy Policy.

Greco Title Agency as an agent for Chicago Title Insurance Company provides title insurance products and other settlement and escrow services to customers. The Greco Title Agency Privacy Policy applies to all Greco Title Agency customers, former customers and applicants.

***What kinds of information we collect:*** Depending on the services you use, the types of information we may collect from you, your lender, attorney, real estate broker, public records or from other sources include:

- information from forms and applications for services, such as your name, address and telephone number
- information about your transaction, including information about the real property you bought, sold or financed such as address, cost, existing liens, easements, other title information and deeds
- with closing, escrow, settlement or mortgage lending services or mortgage loan servicing, we may also collect your social security number as well as information from third parties including property appraisals, credit reports, loan applications, land surveys, real estate tax information, escrow account balances, and sometimes bank account numbers or credit card account numbers to facilitate the transaction, and
- information about your transactions and experiences as a customer of ours or our affiliated companies, such as products or services purchased and payments made.

***How we use and disclose this information:*** We use your information to provide you with the services, products and insurance that you, your lender, attorney, or real estate brokers have requested. We disclose information to our affiliates and unrelated companies as needed to carry out and service your transaction, to protect against fraud or unauthorized transactions, for institutional risk control, to provide information to government and law enforcement agencies and as otherwise permitted by law. As required to facilitate a transaction, our title affiliates record documents that are part of your transaction in the public records as a legal requirement for real property notice purposes.

We do not share any nonpublic personal information we collect from you with unrelated companies for their own use.

We do not share any information regarding your transaction that we obtain from third parties (including credit report information) except as needed to enable your transaction as permitted by law.

We may also disclose your name, address and property information to other companies who perform marketing services such as letter production and mailing on our behalf, or to other financial service companies (such as insurance companies, banks, mortgage brokers, credit companies) with whom we have joint marketing arrangements.

***How we protect your information:*** We maintain administrative, physical, electronic and procedural safeguards to guard your nonpublic personal information. We reinforce our privacy policy with our employees and our contractors. Joint marketers and third parties service providers who have access to nonpublic personal information to provide marketing or services on our behalf are required by contract to follow appropriate standards of security and confidentiality.

If you have any questions about this privacy statement or our practices at Greco Title Agency, please write us at: **Greco Title Agency c/o 31440 Northwestern Highway, Ste. 100, Farmington Hills, Michigan 48334. Attn: Legal Resources.**



Chicago Title Insurance Company

Commitment No. 25-16472526-SGP

# COMMITMENT FOR TITLE INSURANCE

Issued by  
Chicago Title Insurance Company

Chicago Title Insurance Company, a Nebraska corporation ("Company"), for a valuable consideration, commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges and compliance with the Requirements; all subject to the provisions of Schedules A and B and to the Conditions of this Commitment.

This Commitment shall be effective only when the identity of the Proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A by the Company.

All liability and obligation under this Commitment shall cease and terminate 90 days after the Effective Date or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue the policy or policies is not the fault of the Company.

The Company will provide a sample of the policy form upon request.

IN WITNESS WHEREOF, Chicago Title Insurance Company has caused its corporate name and seal to be affixed by its duly authorized officers on the date shown in Schedule A.

COUNTERSIGNED:  
**GRECO TITLE AGENCY**  
36800 Gratiot Avenue  
Clinton Township, MI 48035  
Ph:(586) 463-7200 Fax:(586) 463-6114

Steven M. Greco  
Authorized Signature

CHICAGO TITLE INSURANCE COMPANY

By:



*[Signature]*  
ATTEST *[Signature]*  
President Secretary

Attachment: 1431 Gram (2455 : 1431 Gram St.)

**CONDITIONS**

1. The term mortgage, when used herein, shall include deed of trust, trust deed, or other security instrument.
2. If the proposed Insured has or acquired actual knowledge of any defect, lien, encumbrance, adverse claim or other matter affecting the estate or interest or mortgage thereon covered by this Commitment other than those shown in Schedule B hereof, and shall fail to disclose such knowledge to the Company in writing, the Company shall be relieved from liability for any loss or damage resulting from any act of reliance hereon to the extent the Company is prejudiced by failure to so disclose such knowledge. If the proposed Insured shall disclose such knowledge to the Company, or if the Company otherwise acquires actual knowledge of any such defect, lien, encumbrance, adverse claim or other matter, the Company at its option may amend Schedule B of this Commitment accordingly, but such amendment shall not relieve the Company from liability previously incurred pursuant to paragraph 3 of these Conditions.
3. Liability of the Company under this Commitment shall be only to the named proposed Insured and such parties included under the definition of Insured in the form of policy or policies committed for and only for actual loss incurred in reliance hereon in undertaking in good faith (a) to comply with the requirements hereof, or (b) to eliminate exceptions shown in Schedule B, or (c) to acquire or create the estate or interest or mortgage thereon covered by this Commitment. In no event shall such liability exceed the amount stated in Schedule A for the policy or policies committed for and such liability is subject to the insuring provisions and Conditions and the Exclusions from Coverage of the form of policy or policies committed for in favor of the proposed Insured which are hereby incorporated by reference and are made a part of this Commitment except as expressly modified herein.
4. This Commitment is a contract to issue one or more title insurance policies and is not an abstract of title or a report of the condition of title. Any action or actions or rights of action that the proposed Insured may have or may bring against the Company arising out of the status of the title to the estate or interest or the status of the mortgage thereon covered by this Commitment must be based on and are subject to the provisions of this Commitment.
5. *The policy to be issued contains an arbitration clause. All arbitrable matters when the Amount of Insurance is \$2,000,000 or less shall be arbitrated at the option of either the Company or the Insured as the exclusive remedy of the parties. You may review a copy of the arbitration rules at <<http://www.alta.org/>>.*

Attachment: 1431 Gram (2455 : 1431 Gram St.)

Branch :ATU,User :AE58

Order: 25-16472526-SGP Title Officer: EM Comment:

Station Id :S4F6

201106130051558\_1 of 3

201106130051558 06/13/2011  
P:1 of 3 F:\$20.00 11:55AM  
Rosalyn Bogardus T20110615127  
Genesee County Register MARCH

GEN CO REGISTER OF DEEDS  
RECEIVED

2011 JUN 13 A 11:55

## WARRANTY DEED

Know All Men By These Presents: That MICHAEL MARTIN, PERSONAL REPRESENTATIVE of THE ESTATE of CHARLES AUGUSTUS MARTIN, JR., whose Death Certificate is hereto attached.

whose address is: 4353 N. IRISH RD., DAVISON, MI 48423

Conveys and Warrants to: MICHAEL L. ALLEN & JACQUELINE E. ALLEN, his wife

whose address is: 1424 BRADY AVENUE, BURTON, MI 48529

the following described premises situated in the CITY of BURTON, County of GENESEE and State of Michigan, to wit:

Lots 188 and 189 of GREATER FLINT SUBDIVISION  
Commonly known as: 1431 GRAM ST., BURTON, MI 48529  
TAX I.D. NO.: 59-31-576-067

also

Lot 186 of GREATER FLINT SUBDIVISION  
Commonly known as: Vacant Lot on GRAM ST., BURTON, MI 48529  
TAX I.D. NO.: 59-31-576-065

also

Lot 187 of GREATER FLINT SUBDIVISION  
Commonly known as: Vacant Lot on GRAM ST., BURTON, MI 48529  
TAX I.D. NO.: 59-31-576-066

also

Lot 365 WEBBER PLACE SUBDIVISION  
Commonly known as: Vacant Lot on MORRISON ST., BURTON, MI 48529  
TAX I.D. NO.: 59-31-527-228

for the sum of: Seven thousand, eight hundred and 00/100 ----- (\$7,800.00)

This deed is made subject to all building restrictions, easements and servitudes in the chain of title, or of record, or which would show on examination of the premises. This property may be located within the vicinity of farmland or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected by the Michigan right to farm act.

Dated: JUNE 1, 2011

*Michael Martin*  
MICHAEL MARTIN, PERSONAL REPRESENTATIVE  
of THE ESTATE of CHARLES AUGUSTUS  
MARTIN, JR.

Signed, Sealed and Delivered in Presence of:



MICHIGAN REAL ESTATE TRANSFER TAX  
DEPT OF TAXATION - GENESEE COUNTY

6/2/2011

Stamp # 52784  
Rep# 58640

County \$ 2.00  
State \$ 60.00

STATE OF MICHIGAN ) ss.  
COUNTY OF GENESEE ) ss.

On this 1st day of JUNE, A.D. 2011, before me personally appeared  
MICHAEL MARTIN

to me known to be the person(s) described in and who executed and acknowledged the foregoing instrument and that he executed the same as his free act and deed.

My Commission Expires:  
MARCH 12, 2015

Drafted By: under the direction of:

MICHAEL MARTIN  
4353 N. IRISH RD.  
DAVISON, MI 48423

*Joseph S. Richvalsky*  
Notary Public, GENESEE County, Michigan  
JOSEPH S. RICHVALSKY

Return to: MR. & MRS. MICHAEL L. ALLEN  
1424 BRADY AVENUE  
BURTON, MI 48529

2000 2011  
RICHVALSKY REALTY  
64387 S SAGINAW ST  
BURTON MI 48529-2068

3/1

Attachment: 1431 Gram (2455 : 1431 Gram St.)

Branch :ATU,User :AE58

Order: 25-16472526-SGP Title Officer: EM Comment:

Station Id :S4F6

201106130051558\_2 of 3

| THE FACE OF THIS DOCUMENT HAS A                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       | MULTICOLORED BACKGROUND ON WHITE PAPER                                                                                                                                                                    |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF MICHIGAN<br>DEPARTMENT OF COMMUNITY HEALTH<br>CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                      | STATE FILE NUMBER<br><b>3020488</b>                                                                                                                                                   |                                                                                                                                                                                                           |                                                                                                                                         |
| 1. DECEDENT'S NAME (Last, first, middle)<br><b>Charles Augustus Martin, Jr.</b>                                                                                                                                                                                                                                                                                                                                                                  | 2. DATE OF BIRTH (Month, Day, Year)<br><b>February 12, 1933</b>                                                                                                                       | 3. SEX<br><b>Male</b>                                                                                                                                                                                     | 4. DATE OF DEATH (Month, Day, Year)<br><b>January 2, 2009</b>                                                                           |
| 5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Do not include initials)<br><b>Charles Augustus Martin, Jr.</b>                                                                                                                                                                                                                                                                                                                       | 6a. AGE (Year, Month, Day)<br><b>75</b>                                                                                                                                               | 6b. UNDER 1 YEAR<br>MONTHS: <b>0</b> DAYS: <b>0</b>                                                                                                                                                       | 6c. UNDER 1 DAY<br>HOURS: <b>0</b> MINUTES: <b>0</b>                                                                                    |
| 7a. LOCATION OF DEATH (Enter place officially reported dead in, to, or from)<br><b>Genesys Regional Medical Center</b>                                                                                                                                                                                                                                                                                                                           | 7b. CITY, VILLAGE, OR TOWNSHIP<br><b>Grand Blanc Township</b>                                                                                                                         | 7c. COUNTY OF DEATH<br><b>Genesee</b>                                                                                                                                                                     |                                                                                                                                         |
| 8a. CURRENT RESIDENCE - STATE<br><b>Michigan</b>                                                                                                                                                                                                                                                                                                                                                                                                 | 8b. COUNTY<br><b>Genesee</b>                                                                                                                                                          | 8c. LOCALITY (Check the box that describes the locality)<br><input checked="" type="checkbox"/> Suburban <input type="checkbox"/> Township <input type="checkbox"/> Unincorporated Place<br><b>Burton</b> | 8d. STREET AND NUMBER (Do not include Apt. No. if applicable)<br><b>G-1431 Gram Street</b>                                              |
| 9a. ZIP CODE<br><b>48529</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | 9b. BIRTHPLACE (City and State or Country)<br><b>Burton, Michigan</b>                                                                                                                 | 10. SOCIAL SECURITY NUMBER<br><b>985-32-5171</b>                                                                                                                                                          | 11. DECEDENT'S EDUCATION (When is the highest degree or level of school completed at the time of death?)<br><b>High School Graduate</b> |
| 12. RACE (American Indian, White, Black, etc. If Asian, state nationality. If Chinese, Filipino, Asian Indian, etc.) (Enter all that apply)<br><b>White</b>                                                                                                                                                                                                                                                                                      | 13a. ANCESTRY - Mexican, Czech, Irish, African, English, French, Dutch, etc. (Enter all that apply) If African, indicate race, enter principal race<br><b>American Indian/English</b> | 13b. HISPANIC ORIGIN (Yes or No)<br><b>No</b>                                                                                                                                                             | 14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No)<br><b>Yes</b>                                                               |
| 15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not give retired)<br><b>Repair Technician</b>                                                                                                                                                                                                                                                                                                                       | 16. KIND OF BUSINESS OR INDUSTRY<br><b>Heating and Cooling</b>                                                                                                                        | 17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Never Married</b>                                                                                                          | 18. NAME OF SURVIVING SPOUSE (If wife, give name before first marriage)<br><b>Thelma Smith</b>                                          |
| 19. FATHER'S NAME (Last, first, middle)<br><b>Charles A. Martin</b>                                                                                                                                                                                                                                                                                                                                                                              | 20. MOTHER'S NAME BEFORE FIRST MARRIED (Last, first, middle)<br><b>Thelma Smith</b>                                                                                                   |                                                                                                                                                                                                           |                                                                                                                                         |
| 21a. INFORMANT'S NAME (Type/print)<br><b>Alan Martin</b>                                                                                                                                                                                                                                                                                                                                                                                         | 21b. RELATIONSHIP TO DECEDENT<br><b>Nephew</b>                                                                                                                                        | 21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)<br><b>4010 Waterland Dr., Metamora, Michigan 48435</b>                                                   |                                                                                                                                         |
| 22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Natural, Other) (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                                                                   | 23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location)<br><b>Evergreen Cemetery</b>                                                                               | 23b. LOCATION - City or Village, State<br><b>Grand Blanc, Michigan</b>                                                                                                                                    |                                                                                                                                         |
| 24. SIGNATURE OF AUTHORIZED SIGNER (Type/print)<br><b>Timothy D. Schirrefford</b>                                                                                                                                                                                                                                                                                                                                                                | 25. LICENSE NUMBER (If Licensed)<br><b>401471</b>                                                                                                                                     | 26. NAME AND ADDRESS OF FUNERAL FACILITY<br><b>Hill Funeral Home<br/>11723 S. Saginaw St., Grand Blanc, Michigan 48439</b>                                                                                |                                                                                                                                         |
| 27a. SIGNATURE (Check only one)<br><input checked="" type="checkbox"/> Certified Physician - To the best of my knowledge, death occurred due to the (cause) and (manner) stated.<br><input type="checkbox"/> Medical Examiner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the (cause) and (manner) stated.<br>Signature and Title: <b>Ronald Rommance, M.D.</b> | 27b. DATE SIGNED (Month, Day, Year)<br><b>1/5/09</b>                                                                                                                                  | 27c. LICENSE NUMBER<br><b>139876</b>                                                                                                                                                                      | 28a. ACTUAL OR PRESUMED TIME OF DEATH<br><b>10:08 AM</b>                                                                                |
| 28b. TIME OF DEATH<br><b>10:08 AM</b>                                                                                                                                                                                                                                                                                                                                                                                                            | 28c. DATE OF DEATH<br><b>January 2, 2009</b>                                                                                                                                          | 28d. TIME PRONOUNCED DEAD ON<br><b>10:08 AM</b>                                                                                                                                                           | 29. MEDICAL EXAMINER CONTACTED? (Yes or No)<br><b>No</b>                                                                                |
| 30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospital, Ambulance, etc.) (Specify)<br><b>Hospital</b>                                                                                                                                                                                                                                                                                                                                        | 31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, etc. (Specify)<br><b>Inpatient</b>                                                                                            | 32. MEDICAL EXAMINER'S CASE NUMBER (If applicable)<br><b>3709 L. COURT ST. AGENT, M.S. 48506</b>                                                                                                          |                                                                                                                                         |
| 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>Michael J. Rommance, M.D.</b>                                                                                                                                                                                                                                                                                                                                      | 34. DATE FILED (Month, Day, Year)<br><b>JANUARY 8, 2009</b>                                                                                                                           |                                                                                                                                                                                                           |                                                                                                                                         |
| 35. PART I. Enter the cause of death - diseases, injuries, or complications - first directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. Enter only last cause on a line.<br><b>RESPIRATORY FAILURE</b>                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                         |
| 36. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.<br><b>RENAL FAILURE</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                         |
| 37. MANNER OF DEATH - Accidents, Suicide, Homicide, Natural, Indeterminate of Homicide (Specify)<br><b>Natural</b>                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                         |
| 38. WAS AN AUTOPSY PERFORMED? (Yes or No)<br><b>No</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                         |
| 39. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)<br><b>No</b>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                         |
| 40a. DATE OF INJURY (Month, Day, Year)<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                               | 40b. TIME OF INJURY<br><b>M</b>                                                                                                                                                       | 40c. DESCRIBE HOW INJURY OCCURRED<br><b>M</b>                                                                                                                                                             |                                                                                                                                         |
| 41a. INJURY AT WORK? (Yes or No)<br><b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                    | 41b. PLACE OF INJURY - At home, car, street, construction site, wooded area, etc. (Specify)<br><b>M</b>                                                                               | 41c. IF TRANSPORTATION INJURY - Driver, Passenger, Pedestrian, etc. (Specify)<br><b>M</b>                                                                                                                 | 41d. LOCATION - Street or RFD No., City, Village or Town, State<br><b>M</b>                                                             |

Attachment: 1431 Gram (2455 : 1431 Gram St.)

Station Id :S4F6

201106130051558\_3 of 3

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

55

County of Genesee

I, MICHAEL L. GARR, Deputy 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,

JAN 08 2009

Michael J. Con

MICHAEL J. CARR, County Clerk

Attachment: 1431 Gram (2455 : 1431 Gram St.)

Branch :ATU,User :AB58

Order: 25-16472526-SGP Title Officer: EM Comment:

Station Id :S4F6

201603030019119  
3/3/2016  
P:1  
\$10.00

John J. Gleason  
Genesee County Register of Deeds

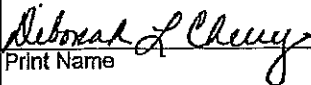
Michigan Department of Treasury  
3626 (Rev. 03-04)

This form is issued under the authority  
of MCL 211.78g.

### CERTIFICATE OF FORFEITURE OF REAL PROPERTY

On March 1, 20 16 the following real property was forfeited to the Genesee  
County Treasurer for NON PAYMENT OF PROPERTY TAXES for the year 2014

This property will be titled absolutely in the name of the foreclosing governmental unit if not redeemed by March 31 after entry of a judgment of foreclosure pursuant to MCL 211.78k. After this date parties of interest in this property will have NO FURTHER RIGHT TO REDEEM.

|                                                                                                    |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Property ID No.:<br>5931576067                                                                     |                                                                                                                                                          |
| Owner according to tax record<br>ALLEN, MICHAEL L & JACQUELINE                                     |                                                                                                                                                          |
| Property Address<br>1431 GRAM ST BURTON MI 48529                                                   | Amount for which property forfeited<br>\$ 1,235.40                                                                                                       |
| Property Description:<br>LOTS 188 AND 189 GREATER FLINT SUBDIVISION                                |                                                                                                                                                          |
| Prepared by:<br>Deborah L. Cherry<br>Genesee County Treasurer<br>1101 Beach St.<br>Flint, MI 48502 | Signature of County Treasurer<br><br>Print Name<br>Deborah L. Cherry |

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

May 24, 2016

Legal Publication  
Burton View & Grand Blanc View Newspapers  
Attn: Stacey Hulber  
Email: [legals@mihomepaper.com](mailto:legals@mihomepaper.com)

Re: Notice of Demolition Hearings

Dear Ms. Hulber,

I am enclosing with this email a copy of notices of Demolition Public Hearings of the City of Burton. Please arrange for publication of these notices on Thursday, May 26, 2016 in the Burton View and the Grand Blanc View. There will be a total of 27 notices to print. Please inform me that you have received the email and that the date is appropriate.

Please send Proof of Publication and invoices to Ms. Brenda Moulton, Purchasing Agent at:  
City of Burton  
4303 S. Center Rd.  
Burton, MI 48519

If you have any questions please contact my office at 810-742-9230 ext. 3109.

Attached is the notice of publication.

Thank you,  
Stuart Worthing,  
Building Official

Attachment: 1431 Gram (2455 : 1431 Gram St.)

**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 18th day of April, 2016, relative to the premises owned or occupied by you located at: 1431 Gram St., City of Burton, Genesee County, Michigan, legally described as:

Lots 188 and 189 Greater Flint Subdivision

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 5:00 p.m. on Thursday, June 23, 2016, 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.

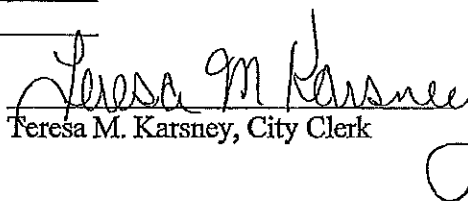
Owner/Taxpayer of Record – Title Search:

Name: Michael L. Allen and Jacqueline E. Allen

Address: 1424 Brady Avenue

City/State/Zip: Burton, MI 48529

Dated: May 11, 2016

  
Teresa M. Karsney, City Clerk

City Seal

Attachment: 1431 Gram (2455 : 1431 Gram St.)

7016 0910 0000 4608 3287

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**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
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|---------------------------------------------------------------|---------|
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| \$ 3.30                                                       |         |
| Extra Services & Fees (check box, add fees as appropriate)    |         |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) | \$ 2.70 |
| <input type="checkbox"/> Return Receipt (electronic)          | \$      |
| <input type="checkbox"/> Certified Mail Restricted Delivery   | \$      |
| <input type="checkbox"/> Adult Signature Required             | \$      |
| <input type="checkbox"/> Adult Signature Restricted Delivery  | \$      |
| Postage                                                       |         |
| \$ 1.47                                                       |         |
| Total Postage and Fees                                        |         |
| \$ 6.47                                                       |         |

Stamps: **BURTON SOUTHEAST MI**  
**MAY 25 2016**  
**Postmark**  
**USPS 48519-9998**

St  
 St Michael & Jacqueline Allen  
 Ct 1424 Brady Ave.  
 Zip Burton, MI 48529

for Instructions

Attachment: 1431 Gram (2455 : 1431 Gram St.)



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Attachment: 1431 Gram (2455 : 1431 Gram St.)



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