This Instrument Prepared By:

ALAN C. RUDZEWICZ, Esquire
Powers, Chapman, DeAgostino,
Meyers & Milia, P.C.
3001 West Big Beaver Road #704
Troy, Michigan 48084
(313) 643-6500

FROM: Irene V. Veraldi, Survivor of herself and her deceased husband, Lewis C. Veraldi, whose death certificate is attached

TO: Irene V. Veraldi, Trustee of the Irene V. Veraldi Trust Dated February 15, 1991.

QUIT CLAIM DEED

| Address New Owner: | Send Tax Bills To: | Map-Parcel Nos. |
|---|---|---|
| Irene V. Veraldi Trust<br>550 Arlington<br>Birmingham, MI 48009 | Irene V. Veraldi Trust<br>550 Arlington<br>Birmingham, MI 48009 | 160-11-0-A 116 |

4172 06 17 0101 03CHECK 9.00

STATE OF MICHIGAN
COUNTY OF OAKLAND

I hereby swear or affirm that the actual consideration or true value of this transfer whichever is greater is NONE.

Irene V. Veraldi
(Affiant) Irene V. Veraldi

Subscribed and sworn to before me this 14th day of June 1991.

Alan C. Rudzewicz, Notary Public
Oakland County, State of Michigan
My Commission Expires: 7/13/93

ALAN C. RUDZEWICZ
NOTARY PUBLIC, OAKLAND COUNTY, MI
MY COMMISSION EXPIRES JULY 13, 1993

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FOR AND IN CONSIDERATION of love and affection and no monetary consideration, IRENE V. VERALDI, by these presents do hereby quit claim and convey unto the IRENE V. VERALDI TRUST DATED FEBRUARY 15, 1991, its heirs, successors and assigns, all of her right, title and interest in certain real property located in Davidson County, Tennessee, and described as follows, to-wit:

Lot No. 116 on the Plat of Hemmingwood, Phase 4, of record in Book 6900, page 574, Register's Office, Davidson County, Tennessee.

Being part of the same property conveyed to Homes by Heritage, Inc. from Joyce C. Rybolt, Trustee for 1975 Jefferson C. Pennington Trust and 1975 Thomas Guv Pennington Trust, Jefferson C. Pennington, Jr., and Thomas Guv Pennington by Deed recorded in Book 6608, page 982, and recorded in Book 6611, page 371, Register's Office, Davidson County, Tennessee.

I hereby state that there has been no change in the above described legal description from the previous legal description by which the undersigned took conveyance of the above described property, that being Warranty Deed dated May 21, 1990, recorded in Book 8114, Page 692 and 693, Register's Office, Davidson County, Tennessee.

There is hereby conferred upon the Grantee the power and authority either to protect, conserve and to sell, or to lease or to encumber, or otherwise manage and dispose of all of the real property described in this instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date appearing herein next to my signature.

Irene V. Veraldi 5/14/91
IRENE V. VERALDI Date

STATE OF MICHIGAN
COUNTY OF OAKLAND

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, IRENE V. VERALDI, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purpose therein contained.

Witness my hand and official seal this 14th day of May, 1991.

Alan C. Rudzewicz, Notary Public
Oakland County, State of Michigan

My Commission Expires: 7/13/93

ALAN C. RUDZEWICZ
NOTARY PUBLIC, OAKLAND COUNTY, MI
MY COMMISSION EXPIRES JULY 13, 1993

When Recorded Return To:

Alan C. Rudzewicz, Esquire
Powers, Chapman, DeAgostino,
Meyers & Milia, P.C.
3001 West Big Beaver Road #704
Troy, Michigan 48084
(313) 643-6500

22531

Jun 17 3 25 PM '91

BOOK 8375 PAGE 302

LF 1254

CF

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

# CERTIFICATE OF DEATH

STATE FILE NUMBER
416361

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

**DECEDENT**

| 1 DECEDENT'S NAME (First, Middle, Last) | | | 2 SEX | 3 DATE OF DEATH (Month, Day, Year) |
|---|---|---|---|---|
| LEWIS | C. | VERALDI | MALE | OCTOBER 13, 1990 |

| 4a AGE - Last Birthday (Years) | 4b UNDER 1 YEAR MONTHS | 4b UNDER 1 YEAR DAYS | 4c UNDER 1 DAY HOURS | 4c UNDER 1 DAY MINUTES | 5 DATE OF BIRTH (Month, Day, Year) | 6 COUNTY OF DEATH |
|---|---|---|---|---|---|---|
| 60 | | | | | JULY 16, 1930 | OAKLAND |

| 7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) | 7b IF HOSP OR INST Inpatient, Op /Emer Room, DOA (Specify) | 7c CITY, VILLAGE, OR TOWNSHIP OF DEATH |
|---|---|---|
| WILLIAM BEAUMONT HOSPITAL | INPATIENT | ROYAL OAK |

| 8 SOCIAL SECURITY NUMBER | 9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 9b KIND OF BUSINESS OR INDUSTRY |
|---|---|---|
| [redacted]-3259 | VICE PRESIDENT | AUTOMOTIVE |

| 10a CURRENT RESIDENCE - STATE | 10b COUNTY | 10c LOCALITY (Check one box and specify) | 10d STREET AND NUMBER |
|---|---|---|---|
| MICHIGAN | OAKLAND | ☒ INSIDE CITY OR VILLAGE OF ☐ TWP OF BIRMINGHAM | 550 ARLINGTON |

| 10e ZIP CODE | 11 BIRTHPLACE (City and State or Foreign Country) | 12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 13 SURVIVING SPOUSE (If wife, give name before first married) | 14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) |
|---|---|---|---|---|
| 48009 | DETROIT MICHIGAN | MARRIED | IRENE KUCIEMBA | YES |

| 15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc (Specify below) | 16 RACE - American Indian, Black, White, etc If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc (Specify below) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|
| | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| ITALIAN | WHITE | | 4 |

**PARENTS**

| 18 FATHER'S NAME (First, Middle, Last) | 19 MOTHER'S NAME (First, Middle, Surname before first married) |
|---|---|
| LUIGI VERALDI | CARMELLA BILOTTA |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) |
|---|---|
| IRENE VERALDI | 550 ARLINGTON, BIRMINGHAM, MICHIGAN 48009 |

**DISPOSITION**

| 21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) | 22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) | 22b LOCATION - City or Village, State |
|---|---|---|
| CREMATION | WHITE CHAPEL CEMETERY | TROY, MICHIGAN |

| 23 SIGNATURE OF FUNERAL SERVICE LICENSEE | 24 LICENSE NUMBER (of Licensee) | 25 NAME AND ADDRESS OF FACILITY |
|---|---|---|
| Clarence J. Eva | 05511 | Wm. R. HAMILTON COMPANY 820 E. MAPLE, BIRMINGHAM, MI 48009 |

**CAUSE OF DEATH**

26 PART I Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a | Cardiogenic Shock | 48 hrs |
| DUE TO (OR AS A CONSEQUENCE OF) | | |
| Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b | Ischemic Cardiomyopathy | 72 hrs |
| DUE TO (OR AS A CONSEQUENCE OF) | | |
| c | | |
| DUE TO (OR AS A CONSEQUENCE OF) | | |
| d | | |

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

| 27a WAS AN AUTOPSY PERFORMED? (Yes or No) | 27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) |
|---|---|
| NO | |

**CERTIFIER**

| 28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) | 29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) |
|---|---|
| HOSPITAL | NO |

CERTIFYING PHYSICIAN

30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title) ▶ Well W O'Neill

| 30b DATE SIGNED (Mo., Day, Yr.) | 30c TIME OF DEATH |
|---|---|
| October 15, 1990 | 10:14 PM |

30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

**MEDICAL EXAMINER**

31a (Check one only) ☐ The case reviewed and determined not to be a medical examiner's case
☐ On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated

(Signature and Title) ▶

| 31b DATE SIGNED (Mo., Day, Yr.) | 31c CASE NUMBER |
|---|---|
| | |

| 31d PRONOUNCED DEAD (Mo., Day, Yr.) | 31e TIME OF DEATH |
|---|---|
| ON | M |

32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) 48073
William W. O'Neill, M.D., 3601 W. Thirteen Mile, Royal Oak, MI

32b LICENSE NUMBER: 039889

**MEDICAL EXAMINER**

| 33a ACC SUICIDE HOM. NATURAL OR PENDING INVEST (Specify) | 33b DATE OF INJURY (Mo., Day, Yr.) | 33c TIME OF INJURY - M | 33d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| | | | |

| 33e INJURY AT WORK (Specify Yes or No) | 33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | 33g LOCATION - Street or R.F.D. No. | City, Village or Twp. | State |
|---|---|---|---|---|
| | | | | |

34a REGISTRAR'S SIGNATURE ▶ Mary C. Richards

34b DATE FILED (Month, Day, Year) OCT 16 1990

90

I hereby certify that this is a true copy of a record on file in the Office of the City Clerk, Royal Oak, Michigan as attested to by the seal of the City of Royal Oak, embossed hereon.

OCT 16 1990
Date

ROYAL OAK
1921

Juliet Azzouz
Deputy Registrar

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