## Ann Arbor Farmers Market Transfer of Seniority Application

Name of Vendor Receiving Seniority Marie Plant P
an immediate family member under Market Rule VII.1.A or B, please put that family member's name.)
Contact Information:  Business Name  Person's Name  Address  City Manuface Boach State MT Zip 49253  Home Phone Work Phone Cell Phone 517, 403, 2336
Name of Vendor Transferring Seniority Melal Parker (Please put the Vendor Name of the person or business that currently holds seniority.)
Contact Information:  Business Name Person's Name Address City Manton Boach State Mt. Zip 49253 Home Phone Work Phone Cell Phone 5/7, 403, 2336
All transfer of seniority applications must comply with the Public Market Operating Rules, including, but not limited to, Section VII, Transfer of Seniority (attached).
Select either (A), (B), or (C) for the type of seniority transfer you are requesting:
(A) Seniority transfer upon the death of an Annual Vendor to an immediate family member.
Application must be signed by new vendor. Application must be accompanied by evidence of eligibility for transfer of seniority consistent with Section VII.1.A of Public Market Operating Rules, including proof of date of death of existing vendor and of new vendor's relationship to existing vendor.
Relationship of new vendor to original vendor
(B) Seniority transfer upon the retirement of an Annual Vendor from the Market to an immediate family member.
Application must be signed by both new and existing vendors. Application must be accompanied by evidence of eligibility for transfer of seniority consistent with Section VII.1.B of Public Market Operating Rules, including number of years new vendor has actively participated with existing vendor at market, and proof of new vendor's relationship to existing vendor.
Relationship of new vendor to original vendor  Date of retirement of vendor seniority is being transferred from:

New Vendor's Affidavit			
<ul> <li>I/We Marvin L. Paules certify that I/ we am/are eligible to transfer seniority consistent with the City of Ann Arbor Public Market Operating Rules.</li> <li>I/We further swear that all information provided to the City of Ann Arbor in or along with this Transfer of Seniority Application by me/us on my/our behalf is complete and correct.</li> <li>If signing for a business or cooperative, the individual(s) signing this application has/have the requisite authority to do so.</li> </ul> Signature(s) of Applicant (s)			
Or Authorized Agent for Applicant(s)			
Existing Vendor's Affidavit			
<ul> <li>I/We certify that I/ we am/are eligible to transfer seniority consistent with the City of Ann Arbor Public Market Operating Rules.</li> <li>I/We further swear that all information provided to the City of Ann Arbor in or along with this Transfer of Seniority Application by me/us on my/our behalf is complete and correct.</li> <li>If signing for a business or cooperative, the individual(s) signing this application have the requisite authority to do so.</li> </ul>			
Signature(s) of Applicant (s)			
Or Authorized Agent for Applicant(s)			
FOR INTERNAL USE ONLY			
Date App. Received: Date App. Approved / Denied: (circle one)			
Received by:			
Signature:			

\_\_\_(C) Seniority transfer upon the sale or transfer of a vendor business.

Application must be signed by both new and existing vendors. Please attach appropriate documentation to show that all criteria of Section VII.1.C of Public Market Operating Rules are

## COUNTY OF WASHTENAW

STATE OF MICHIGAN.

## CERTIFICATE OF BIRTH MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics State File No. FULL NAME OF CHILD Local File No. of birth Twin or triplet If so, boy 1st, 2d, 36 No. mos. of PLACE OF BIRTH: pregnancy. USUAL RESIDENCE OF MOTHER: County Township Township Village or city Village or city Name of hospital Mailing address (If not in spital give street addre FATHER MOTHER Full Full maiden Color Birthpla Birthpl Occupation (and indust No. of other children of this mother, now living. No. of other children born alive, now dead I hereby certify that I attended the birth of this child, who w AS REQUIRED BY LAW: Have eyes of child been treated with one per cent solution of silver nitrate? Signatur YES NO Was mother's blood tested for syphilis during this pregnancy?

OF VIC

YES

I. LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document of file in my office.

(See reverse side)

DATED: DEC 0 6 2010

NO

LAWRENCE KESTENBAUM WASHTENAW COUNTY CLERK/REGISTER COURT OF

A374250

MARKA SA

Registrar

TYPE/PRINT IN PERMANENT BLACK INK	LF STATE OF MICHIGAN  CC DEPARTMENT OF COMMUNITY HEALTH	HE durie		
	CERTIFICATE OF DEATH	3697198		
DECEDENT	Mildred P. Parker July 22,1915 female Sc	PATE OF DEATH (Month, Day, Year)		
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's If amy)  Mildred P. Myers  6a. AGE - Last Birthday (Years)  MONTHS DA	YS HOURS MINUTES		
in falls	7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code)  7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH	7c. COUNTY OF DEATH		
	7168 Walnut Hill Road Woodstock Township	Lenawee		
8a. CURRENT RESIDENCE - 8b. COUNTY   8c. LOCALITY (check the box that describes the location)   8d. STREET AND NUMBER (Include Apt. No. if app. STATE   UNINCORPORATED PLACE   TOWNSHIP   UNINCORPORATED PLACE   UNINCORPORATED PLACE				
and the state of t	Woodstock 7168 Walnut			
itution	49253 Polymore Object	"S EDUCATION - What is the highest of school completed at the time of death?		
NT or insti	12. RACE - American Indian, White, Black, etc. (If Asian, give nationality,  13a, ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc.  13b, HISPANIC ORIGORAL	grade graduate IN 14. WAS DECEDENT EVER IN		
NAME OF DECEDENT For use by physician or institution	White White	THE U.S. ARMED FORCES?		
se by I	Never Married, Widowed, Divorced in first married)	G SPOUSE (if wife, give name hefore		
NAM For u	Dietician cook Public school system Widowed None	and residual.		
PARENTS	Joe Myers	record		
INFORMANT	21a. INFORMANT'S NAME (Type/Print)  21b. RELATIONSHIP TO DECEDENT  21c. MAILING ADDRESS (Street and Number, or Rural Route Number, City or Village)	e, State, Zip Code).		
	Marvin L. Parker Son 15857 Lelah Lane Addison, MTch			
DISPOSITION Cremation Entombment, Donation, Removal, Storage (Specify)  Tri—County Crematory  Ypsilanti, Michical Crematory  Ypsilanti, Michical Crematory				
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE  25. LICENSE NUMBER  26. NAME AND ADDRESS OF FUNERAL FACILITY  Cover Funeral Home, Inc. 297. Tecumseh St Dundee, Michiga	n 48131		
	27a. CERTIFIER (Check only one)  Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  28a. ACTUAL OR PRESUMED TIME OF DEATH  1:01 P.  September 1, 2013 1:01 P.  We dical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  28a. ACTUAL OR PRESUMED TIME OF DEATH  1:01 P.  29 MEDICAL EXAMINER CONTACTED? (Yes or No) Nursing Home, Hospital, Ambulance) (Specify)  September 1, 2013 1:01 P.  29 MEDICAL EXAMINER CONTACTED? (Yes or No)			
CERTIFICATION Signature and Title / WV no home hospice				
~	27b. DATE SIGNED (Mo., Day, Yr.)?  27c. LICENSE NUMBER  32. MEDICAL EXAMINER'S CASE NUMBER  (If applicable)  33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
, in	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)  Dr Tatiana Masyk 901 Klimole Lane Adrian, Michigan 49221			
Part (				
101	Tophanip a Hallow	3. 20-13		
	36 PART 1. Enter the chain of events - diseases, injuries or complications - that directly, fused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on a line.	Approximate Interval Between Onset and Death		
34x . – xxx	If diabetes was an immediate, underlying or contributing a. Myccardial Interction diabetes inclined a part to record diabetes inclined a part to the p	4 weeks		
CAUSE OF DEATH	of the cause of death section, as appropriate.			
- 4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)			
asi Fase	Sequentially list conditions,  IFANY, leading to the cause  DUE TO (OR AS A CONSEQUENCE OF)  Isted on line a. Enter the	40 1000		
	UNDERLYING CAUSE (disease or injury that imitated the events resulting in death)  LAST  37. DID TOBACCO USE  38. IF FEMA	of the second		
1000	PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.	at within past year		
e per	HPN, ASHO	time of denth		
200	39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify).  40a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF Not pregnate the performed programmed by the performed programmed progr	nt, but pregnant within 42 days of death		
nikm nih u	natural no DEALHY (Recor No)			
- al.	41a. DATE OF INJURY (Mo. Day, Yr.)  41b. TIME OF INJURY 41c. DESCRIBE HOW INJURY OCCURRED	*		
MEDICAL	MS MS	* **		
EXAMINER	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, wooded area, etc. (Specify) 41g. LOCATION - Street or RFD No. City, Village or Tw	p. State		
- "	assunger, i destrian, etc. (specify)	dle di-se		

I, Roxann Holloway, Clerk of the County of Lenawee, do hereby certify that the above is an exact copy of the record which is on file in the office of the Lenawee County Clerk, State Michigan, Adrian, Michigan.

DCH-0483 (Rev 9/15/09)

Roxann Holloway, Clerk