

**Ann Arbor Farmers Market**  
**Transfer of Seniority Application**

**Name of Vendor Receiving Seniority** Marvin Parker  
(Please put the name of the person or business that will receive and hold the seniority. If the transfer is to 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 Marvin Parker  
Address 7168 Walnut Hill Road  
City Manitou Beach State MT Zip 49253  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone 517.403.2336

**Name of Vendor Transferring Seniority** Mildred Parker  
(Please put the Vendor Name of the person or business that currently holds seniority.)

Contact Information:

Business Name \_\_\_\_\_  
Person's Name Mildred Parker  
Address 7168 Walnut Hill Road  
City Manitou Beach State MT Zip 49253  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone 517.403.2336

**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 son  
Date of death of vendor seniority is being transferred from: 09/01/2013

**(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: \_\_\_\_\_

(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 met.

**New Vendor's Affidavit**

- I/We Marvin L. Parker certify that I/ we am/are eligible to transfer seniority consistent with the City of Ann Arbor Public Market Operating Rules.
- 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.
- If signing for a business or cooperative, the individual(s) signing this application has/have the requisite authority to do so.

Marvin L. Parker  
Signature(s) of Applicant (s)

Or Authorized Agent for Applicant(s)

**Existing Vendor's Affidavit**

- I/We \_\_\_\_\_ certify that I/ we am/are eligible to transfer seniority consistent with the City of Ann Arbor Public Market Operating Rules.
- 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.
- If signing for a business or cooperative, the individual(s) signing this application have the requisite authority to do so.

\_\_\_\_\_  
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: \_\_\_\_\_



**COUNTY OF WASHTENAW  
STATE OF MICHIGAN.**

**CERTIFICATE OF BIRTH  
MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics**

State File No.  
**3975**

**FULL NAME OF CHILD** Marvin Lee Parker Local File No. 1414

Sex Male Is mother married? Yes Date of birth December 15 19 48

Twin or triplet \_\_\_\_\_ If so, born 1st, 2d, 3d \_\_\_\_\_ No. mos. of pregnancy 9 Weight at Birth 6 lbs. 14 ozs.

**PLACE OF BIRTH:**  
County Washtenaw  
Township \_\_\_\_\_  
Village or city Ann Arbor  
Name of hospital or institution S. Joseph's Mercy  
(If not in hospital, give street address)

**USUAL RESIDENCE OF MOTHER:**  
State Michigan County Monroe  
Township \_\_\_\_\_  
Village or city Milan  
Mailing address 15174 Sherman Rd. Zone

**FATHER**  
Full name Merle C. Parker

**MOTHER**  
Full maiden name Mildred Myers

Color W Age at time of this birth 38

Color W Age at time of this birth 33

Birthplace Milan, Mich.

Birthplace Bellmore, Ohio

Occupation (and industry) Construction worker.

Occupation (and industry) Housewife

No. of other children of this mother, now living 1 No. of other children, born alive, now dead 0 No. born dead 0

I hereby certify that I attended the birth of this child, who was born alive on above date at 11:30 P. M.  
(Born alive or stillborn)

**AS REQUIRED BY LAW:**  
Have eyes of child been treated with one per cent solution of silver nitrate?  
YES  NO   
Was mother's blood tested for syphilis during this pregnancy?  
YES  NO

Signature M.R. Hammum  
Dated Dec. 24, 19 48 Physician  
(Attending physician, midwife, father, etc.)  
Address Milan, Mich.  
Filed 12-27, 19 48 John R. Warrington  
Registrar

(See reverse side)

TYPE OR PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

A374250

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.

DATED: DEC 06 2010

Lawrence Kestenbaum  
LAWRENCE KESTENBAUM  
WASHTENAW COUNTY CLERK/REGISTER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 3697198

Form with sections: DECEDENT, PARENTS, INFORMANT, DISPOSITION, CERTIFICATION, CAUSE OF DEATH, MEDICAL EXAMINER. Includes fields for name, date of birth, sex, date of death, race, education, occupation, and cause of death.

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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court this 3rd day of September, 2013 A.D.

Roxann Holloway, Clerk