

**Minde B. Lux, County Clerk**  
Shelly Nelson, Chief Deputy  
Carol Anderson, Deputy Clerk  
Kim Fussman, Deputy Clerk  
Leann Ellis, Deputy Clerk  
Amber Smith, Court Clerk

**Ext. 205**  
Ext. 260  
Ext. 262  
Ext. 259  
Ext. 259  
Ext. 346



200 North Main Street  
Mt. Pleasant, MI 48858  
Phone (989) 772-0911  
Fax (989) 772-6347  
[www.isabellacounty.org](http://www.isabellacounty.org)  
[clerk@isabellacounty.org](mailto:clerk@isabellacounty.org)

May 24<sup>th</sup>, 2024

Isabella County Planning Commission  
510 West Pickard  
Mt Pleasant, MI 48858

**RECEIVED**

**MAY 24 2024**

**INSPECTION DEPT.**

**RE: Laura L. House Farmland Agreement**

Attached please find copies of the **LAURA L. HOUSE FARMLAND AGREEMENT APPLICATION**. Please present these applications to the Planning Commission Board for review. The Board has 30 days to review and comment on the application and provide feedback. After 30 days the application will be presented to the Isabella County Board of Commissioners for their approval/rejection.

If you have any further questions, please do not hesitate to contact me at 317-4070, ext. 1205.

Sincerely,

A handwritten signature in black ink that reads "Minde B. Lux". The signature is fluid and cursive, with the first name "Minde" being the most prominent.

Minde B. Lux  
Isabella County Clerk



# FARMLAND AND OPEN SPACE PRESERVATION PROGRAM

## Application for Farmland Development Rights Agreement

Part 361 of the Natural Resources and Environmental Protection Act, 1994 Act 451 as amended, more commonly known as PA 116. Please print or type. Attach additional sheets as needed. **Refer to the Eligibility and Instructions document before filling out this form.**

OFFICIAL USE ONLY	
Local Governing Body:	MBL- 5/24/24 County Clerk
Date Received	5/11/24
Application No:	
State:	
Date Received	
Application No:	
Approved:	Rejected

ALL APPLICATIONS MUST BE APPROVED BY LOCAL GOVERNING BODY  
ON OR BEFORE NOVEMBER 1 TO BE EFFECTIVE FOR THE CURRENT TAX YEAR

### I. Personal Information:

1. Name(s) of Applicant: House Laura L.  
Last First Initial

(If more than two see #15)

2. Mailing Address: 103 E. Stevenson LK Rd, Farwell MI 48622  
Street City State Zip Code

3. Phone Number: (Area Code) ( )

4. Alternative Telephone Number (cell, work, etc.): (Area Code) (989) 915-2471

5. E-mail address: laurahouse4@gmail.com

### II. Property Location (Can be taken from the Deed/Land Contract)

6. County: Isabella 7. Township, City or Village: Denver

8. Section No. 8 Town No. T15N Range No. R3W

Parcel # (Tax ID): 06-008-40-005-06

### III. Legal Information:

9. Attach a clear copy of the deed, land contract or memorandum of land contract. (See #14)

10. Attach a clear copy of the most recent tax assessment or tax bill with complete tax description of property.

11. Is there a tax lien against the land described above? ☐ Yes ☒ No

If "Yes", please explain circumstances:

12. Does the applicant own the mineral rights? ☒ Yes ☐ No

If owned by the applicant, are the mineral rights leased? ☐ Yes ☒ No

Indicate who owns or is leasing rights if other than the applicant:

Name the types of mineral(s) involved:

13. Is land cited in the application subject to a lease agreement (other than for mineral rights) permitting a use for something other than agricultural purposes: ☐ Yes ☒ No If "Yes", indicate to whom, for what purpose and the number of acres involved:

14. Is land being purchased under land contract ☐ Yes ☒ No: If "Yes", indicate vendor(seller(s):

Name:

Address:

Street City State Zip Code

14a. Part 361 of the Natural Resources and Environmental Protection Act, 1994 Act 451 as amended, states that the vendor (seller(s) must agree to allow the land cited in the application to be enrolled in the program. Please have the land contract sellers sign below. (All sellers must sign).

Land Contract Vendor(s): I, the undersigned, understand and agree to permit the land cited in this application into the Farmland and Open Space Preservation Program.

Date

Signature of Land Contract Vendor(s) (Seller)

15. If the applicant is one of the following, please check the appropriate box and complete the following information (if the applicant is not one of the following – please leave blank):

<input type="checkbox"/> 2 or more persons having a joint or common interest in the land	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association
<input type="checkbox"/> Estate		

If applicable, list the following: Individual Names if more than 2 Persons; or President, Vice President, Secretary, Treasurer; or Trustee(s); or Members; or Partners; or Estate Representative(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Additional names may be attached on a separate sheet.)

- IV. Land Eligibility Qualifications: Check one and fill out correct section(s)  
This application is for:

☐ a. 40 acres or more → complete only Section 16 (a thru g);  
☒ b. 5 acres or more but less than 40 acres → complete only Sections 16 and 17; or  
☐ c. a specialty farm → complete only Sections 16 and 18.

16. a. Type of agricultural enterprise (e.g. livestock, cash crops, fruit, etc):

CASH CROPS

b. Total number of acres on this farm: 18.41  
c. Total number of acres being applied for (if different than above): \_\_\_\_\_  
d. Acreage in cultivation: 18.41  
e. Acreage in cleared, fenced, improved pasture, or harvested grassland: \_\_\_\_\_  
f. All other acres (swamp, woods, etc.): \_\_\_\_\_  
g. Indicate any structures on the property: (If more than one building, indicate the number of buildings):

No. of Buildings \_\_\_\_\_ Residence: \_\_\_\_\_ Barn: \_\_\_\_\_ Tool Shed: \_\_\_\_\_  
Silo: \_\_\_\_\_ Grain Storage Facility: \_\_\_\_\_ Grain Drying Facility: \_\_\_\_\_  
Poultry House: \_\_\_\_\_ Milking Parlor: \_\_\_\_\_ Milk House: \_\_\_\_\_  
Other: (Indicate) \_\_\_\_\_

17. To qualify as agricultural land of 5 acres or more but less than 40 acres, the land must produce a minimum average gross annual income of \$200.00 per acre from the sale of agricultural products.

Please provide the average gross annual income per acre of cleared and tillable land during 2 of the last 3 years immediately preceding this application from the sale of agricultural products (not from rental income):

\$ 15,000 / 18.41 = \$ 815.00 (per acre)  
total income total acres of tillable land

18. To qualify as a specialty farm, the land must be designated by MDARD, be 15 acres or more in size, and produce a gross annual income from an agricultural use of \$2,000.00 or more. If a specialty farm, indicate average gross annual income during 2 of the last 3 years immediately preceding application from the sale of agricultural products: \$ \_\_\_\_\_

Please note: specialty farm designation may require an on-the-farm site visit by an MDARD staff person.

19. What is the number of years you wish the agreement to run? (Minimum 10 years, maximum 90 years); 20 years

V. Signature(s):

20. The undersigned declare that this application, including any accompanying informational material, has been examined by them and to the best of their knowledge and belief is true and correct.

Laura Horne

(Signature of Applicant)

(Co-owner, If Applicable)

5-2-24

(Date)

(Corporate Name, If Applicable)

(Signature of Corporate Officer)

(Title)

**ALL APPLICATIONS MUST BE APPROVED BY LOCAL GOVERNING BODY  
ON OR BEFORE NOVEMBER 1 IN ORDER TO BE EFFECTIVE FOR THE CURRENT TAX YEAR.**

**RESERVED FOR LOCAL GOVERNMENT USE: CLERK PLEASE COMPLETE SECTIONS I & II**

I. Date Application Received: \_\_\_\_\_ (Note: Local Governing Body has 45 days to take action)

Action by Local Governing Body: Jurisdiction: \_\_\_\_\_

☐ County ☐ Township ☐ City ☐ Village

This application is ☐ approved, ☐ rejected

Date of approval or rejection: \_\_\_\_\_

(If rejected, please attach statement from Local Governing Body indicating reason(s) for rejection.)

Clerk's Signature: \_\_\_\_\_

Property Appraisal: \$ \_\_\_\_\_ is the current fair market value of the real property in this application.

Parcel Number (Tax ID): \_\_\_\_\_

II. Please verify the following:

WBL Upon filing an application, clerk issues receipt to the landowner indicating date received.

WBL Clerk notifies reviewing agencies by forwarding a copy of the application and attachments

\_\_\_\_\_ If rejected, applicant is notified in writing within 10 days stating reason for rejection and the original application, attachments, etc. are returned to the applicant. Applicant then has 30 days to appeal to State Agency.

\_\_\_\_\_ If approved, applicant is notified and the original application, all supportive materials/attachments, and letters of review/comment from reviewing agencies (if provided) are sent to:

**MDARD-Farmland and Open Space Preservation Program, P.O. Box 30449, Lansing, MI 48909**

**\*Please do not send multiple copies of applications and/or send additional attachments in separate mailings without first contacting the Farmland Preservation office.**

Please verify the following regarding Reviewing Agencies (Sending a copy to reviewing agencies is required):

**COPY SENT TO:**

- ☒ County or Regional Planning Commission  
☒ Conservation District  
☒ Township (if county has zoning authority)

Denver

**Before forwarding to State Agency,  
FINAL APPLICATION SHOULD INCLUDE:**

- \_\_\_\_ Copy of Deed or Land Contract (most recent showing current ownership)  
\_\_\_\_ Copy of most recent Tax Bill (must include tax description of property)  
\_\_\_\_ Map of Farm  
\_\_\_\_ Copy of most recent appraisal record  
\_\_\_\_ Copy of letters from review agencies (if available)  
\_\_\_\_ Any other applicable documents

**Questions? Please call Farmland Preservation at 517-284-5663**

<b>DENVER TWP TREASURER</b> Treasurer's PH: 989-433-5891 ISABELLA COUNTY, Michigan Parcel #: 06-008-40-005-06 Property Assessed To: O'DONNELL KATHERINE M C/O HOUSE LAURA 103 E STEVENSON LAKE RD FARWELL, MI 48622  Property Address: E ROSEBUSH RD 7000 MI MOUNT PLEASANT MI 48858  <b>Acreage:</b> 18.41 <b>Property Class:</b> 102 AGRICULTURAL-VACANT <b>School District:</b> 37010 MT PLEASANT CITY SCHOOL  Qualified Ag Exemption Has Reduced This Bill By: \$467.01  1 mill equals \$1.00 per \$1000 of Taxable Value.		<table border="1"> <thead> <tr> <th>TAX DESCRIPTION</th> <th>MILLAGE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td>CO-I-RIDE TRANS</td><td>0.86200</td><td>22.36</td></tr> <tr><td>CO-MED CARE FAC</td><td>1.00000</td><td>25.94</td></tr> <tr><td>CO-COM ON AGING</td><td>1.00000</td><td>25.94</td></tr> <tr><td>CO-PARKS &amp; REC</td><td>0.35000</td><td>9.08</td></tr> <tr><td>06 TWP OPER</td><td>0.98890</td><td>25.65</td></tr> <tr><td>MT PL SCH OPER</td><td>18.00000</td><td>EXEMPT</td></tr> <tr><td>MT PL DEBT 16-1</td><td>1.76000</td><td>45.66</td></tr> <tr><td>MT PL DEBT 16-2</td><td>0.70000</td><td>18.16</td></tr> <tr><td>MT PL DEBT 22</td><td>1.52000</td><td>39.43</td></tr> <tr><td>GR/IS RESD OPER</td><td>0.26400</td><td>6.84</td></tr> <tr><td>GR/IS RESD SP ED</td><td>4.20000</td><td>108.96</td></tr> <tr><td>GR/IS RESD V ED</td><td>1.00000</td><td>25.94</td></tr> <tr><td>MID MICH COM COL</td><td>1.21830</td><td>31.60</td></tr> <tr><td>CHIP LIBRARY</td><td>1.75000</td><td>45.40</td></tr> <tr><td>D489 MCKAY DR</td><td></td><td>36.29</td></tr> <tr><td colspan="2">Total Mills/Tax</td><td>34.61320</td></tr> <tr><td colspan="2">Administration Fee</td><td>0.00</td></tr> <tr><td colspan="2"><b>TOTAL AMOUNT DUE</b></td><td><b>467.25</b></td></tr> </tbody> </table>	TAX DESCRIPTION	MILLAGE	AMOUNT	CO-I-RIDE TRANS	0.86200	22.36	CO-MED CARE FAC	1.00000	25.94	CO-COM ON AGING	1.00000	25.94	CO-PARKS & REC	0.35000	9.08	06 TWP OPER	0.98890	25.65	MT PL SCH OPER	18.00000	EXEMPT	MT PL DEBT 16-1	1.76000	45.66	MT PL DEBT 16-2	0.70000	18.16	MT PL DEBT 22	1.52000	39.43	GR/IS RESD OPER	0.26400	6.84	GR/IS RESD SP ED	4.20000	108.96	GR/IS RESD V ED	1.00000	25.94	MID MICH COM COL	1.21830	31.60	CHIP LIBRARY	1.75000	45.40	D489 MCKAY DR		36.29	Total Mills/Tax		34.61320	Administration Fee		0.00	<b>TOTAL AMOUNT DUE</b>		<b>467.25</b>
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FOR ASSESSOR QUESTIONS PLEASE CONTACT: EQUITY ASSESSMENTS INC. DENISE HALL - ASSESSOR 5887 SCHAFIN DR WEIDMAN MI 48893 PH: 989-644-3413 OR E-MAIL AT: DENISE_EQUITYA@YAHOO.COM	DUE AND PAYABLE 12/01/2023 THROUGH 2/29/2024 WITHOUT PENALTY AS OF MARCH 1, 2024 PAYABLE TO ISABELLA COUNTY TREASURER WITH A 4% ADMIN FEE AND 1% INTEREST PER MONTH UNTIL PAID. CONTACT ISABELLA COUNTY TREASURER FOR DELINQUENT PAYOFF AMOUNTS.  POSTMARKS ARE NOT ACCEPTED BY THE TOWNSHIP OR COUNTY TREASURER. -- DOG LICENSES MAY ALSO BE PURCHASED AT THIS TIME. --																																																										

\*\*\*Additional information about PRE's, ESCROW ACCOUNTS, TAX DEFERMENT and more on reverse side\*\*\*

Document # 202300032645 QUIT C DEED  
Isabella County, Michigan  
Karen Jackson, Register of Deeds  
Recorded: 03/16/2023 12:46 PM  
OR LIBER 1899 PAGE 5454

## QUIT CLAIM DEED

Katherine M. O'Donnell, by Laura House, Conservator, Letters of Conservatorship for which are being recorded simultaneously with this instrument, pursuant to Clare County Probate Court Order dated January 18, 2023, which is being recorded simultaneously with this instrument, of 2532 W. Cadillac Drive, Farwell, Michigan 48622, conveys to Katherine M. O'Donnell, of 2532 W. Cadillac Drive, Farwell, Michigan 48622, for her lifetime, the property described below, coupled with an unrestricted power to convey the property during her lifetime. This power to convey includes the power to sell, gift, encumber, lease, convey back to herself or otherwise dispose of the property in fee simple and keep the proceeds from any conveyance, without joinder by the remaindermen. If Katherine M. O'Donnell has not previously conveyed the property prior to her death, the property is conveyed to Laura House, of 103 E. Stevenson Lake Road, Farwell, Michigan 48622. The property is located in Denver Township, Isabella County, Michigan and is described on attached Exhibit A.

The consideration is less than One Hundred Dollars. This transfer is exempt from tax under MCL 207.526(a) and MCL 207.505(a).

Grantor grants to grantee the right to make all remaining divisions permitted under the Michigan Land Division Act of MCL 560.108 and MCL 560.109.

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: January 31, 2023

*Katherine M. O'Donnell, by Laura House, Conservator*  
Katherine M. O'Donnell, by Laura House, Conservator

Acknowledged before me in Ingham County, Michigan, on January 31, 2023, by Laura House, Conservator for Katherine M. O'Donnell.

*Josie Alberta*  
Josie Alberta, Notary Public  
Ionia County, Michigan  
My commission expires: 06/10/2026  
Acting in Ingham County, Michigan

Drafted without title examination by &  
when recorded return to:  
Rosemary H. Buhl  
Buhl, Little, Lynwood & Harris, PLC  
271 Woodland Pass, Suite 115  
East Lansing, MI 48823  
(517) 853-6900

Send Subsequent Tax Bills To:  
Katherine M. O'Donnell  
c/o Laura House, Conservator  
103 E. Stevenson Lake Road  
Farwell, MI 48622

Tax Parcel #06-008-10-001-00, 06-008-30-004-13, Recording Fee: \$30 Transfer Tax: \$0.00  
06-008-30-004-05, 06-008-30-004-06, 06-008-30-004-10  
06-008-30-004-11, 06-008-40-005-06, & 06-018-10-003-00

## EXHIBIT A

### Parcel 1:

The Northeast 1/4 of the Northwest 1/4 of Section 8, T15N, R3W, Denver Township, Isabella County, Michigan.

### Parcel 2:

Part of the West 1/2 of the Southwest 1/4 of Section 8, T15N, R3W, Denver Township, Isabella County, Michigan, described as beginning 1635.46 feet North of the Southwest corner of said Section, thence North 329 feet, thence East 1324.92 feet, thence South 329 feet, thence West 1324.92 feet to the point of beginning.

### Parcel 3:

Part of the West 1/2 of the Southwest 1/4 of Section 8, T15N, R3W, Denver Township, Isabella County, Michigan, described as Beginning at the Southwest corner of said Section 8; thence North 00°16'56" West, along the West line of said Section 8, 1636.46 feet; thence North 90°00'00" East, parallel with the South line of said Section 8, 1324.92 feet to a point on the West, North-South 1/8 line of said Section 8; thence South 00°19'23" East, along said West, North-South 1/8 line, 1236.72 feet; thence South 90°00'00" West, parallel with said South Section line, 1059.16 feet; thence South 02°02'20" West, 400.00 feet to a point on said South Section line; thence North 90°00'00" West, along said South section line, 250.45 feet; to the Point of Beginning.

### Parcel 4:

Part of the Southwest 1/4 of the Southwest 1/4 Section 8, T15N, R3W, Denver Township, Isabella County, Michigan described as beginning 250.45 feet East of the Southwest corner of said Section 8, T15N, R3W, thence North 400 feet; thence East 195 feet; thence South 400 feet; thence West 195 feet to the Point of Beginning.

### Parcel 5:

Part of the West 1/2 of the Southwest 1/4 of Section 8, T15N, R3W, Denver Township, Isabella County, Michigan, more particularly described as beginning at a point on the South line of said Section 8 which is North 90°00'00" East, along said South section line, 935.79 feet from the Southwest corner of said Section 8; thence continuing North 90°00'00" East, along said South Section line, 195.14 feet; thence North 00°13'59" West, 399.75 feet; thence South 90°00'00" West, parallel with said South section line, 194.52 feet; thence South 00°08'34" East, 399.75 feet to the Point of Beginning.

### Parcel 6:

Part of the Southwest 1/4 of the Southwest 1/4 of Section 8, T15N, R3W, Denver Township, Isabella County, Michigan, described as beginning on the South Section line, 1130.93 feet East of the Southwest corner of said Section 8, thence East along the South Section line, 195.15 feet to the West, North-South 1/8 line, thence N 00° 19' 23" W, along said West, North-South 1/8 line, 399.75 feet, thence West parallel with the South Section line, 194.52 feet, thence S 00° 13' 59" E, 399.75 feet to the point of beginning.

### Parcel 7:

The West 1/2 of the Southeast 1/4 of the Southeast 1/4 of Section 8, T15N, R3W, Denver Township, Isabella County, Michigan, EXCEPT a parcel of land being part of the West 1/2 of the Southeast 1/4 of the Southeast 1/4 of Section 8, T15N, R3W, Denver Township, Isabella County, Michigan, beginning at the Southwest corner of the West 1/2 of the Southeast 1/4 of the Southeast 1/4 of Section 8, thence North along the East 1/8th line 267.5 feet, thence East 260+ feet to a point 400.00 feet West of the East line of the West 1/2 of the Southeast 1/4 of the Southeast 1/4, thence South 267.5 feet to the point on the South line of Section 8 that is 400.00 feet West of the Southeast corner of the West 1/2 of the Southeast 1/4 of the Southeast 1/4, thence West along the South Section line, 260+ feet to the Point of Beginning.

### Parcel 8:

The South 1/2 of the Northwest 1/4 of Section 18, T15N, R3W, Denver Township, Isabella County, Michigan.

Subject to all easements and restrictions of record.

LF \_\_\_\_\_  
CF 011 \_\_\_\_\_



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
000638

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Katherine M. O'Donnell		2. DATE OF BIRTH February 21, 1932		3. SEX Female		4. DATE OF DEATH January 04, 2024			
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Katherine M. Holp			6a. AGE- Last Birthday (Years) 91		6b. UNDER 1 YEAR MONTHS _____ DAYS _____		6c. UNDER 1 DAY HOURS _____ MINUTES _____		
	7a. LOCATION OF DEATH North Woods Nursing Center			7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Farwell			7c. COUNTY OF DEATH Clare			
	8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Isabella		8c. LOCALITY Vernon Twp		8d. STREET AND NUMBER 103 East Stevenson Lake Road			
DISPOSITION	8e. ZIP CODE 48622		9. BIRTH PLACE Mount Pleasant, Michigan		10. SOCIAL SECURITY NUMBER 365-32-0962		11. DECEDENT'S EDUCATION High school graduate			
	12. RACE White		13a. ANCESTRY German, Scottish			13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No		
	15. USUAL OCCUPATION Clerical		16. KIND OF BUSINESS OR INDUSTRY County Government		17. MARITAL STATUS Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)			
	19. FATHER'S NAME (First, Middle, Last) Adam Holp			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Eva Bender						
INFORMANT	21a. INFORMANT'S NAME Laura House		21b. RELATIONSHIP TO DECEDENT Daughter		21c. MAILING ADDRESS 103 E. Stevenson Lake Rd., Farwell, Michigan 48622					
	22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Denver Township Cemetery		23b. LOCATION - City or Village, State Denver Twp, Michigan					
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Sarah J. Graham		25. LICENSE NUMBER 4501007077		26. NAME AND ADDRESS OF FUNERAL FACILITY Clark Family Funeral Chapel, 114 S. Bradley Street, Mount Pleasant, Michigan 48858					
	27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause(s)) and manner stated. <input checked="" type="checkbox"/> Medical 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. Andrew Colman, DO Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 10:20 PM		28b. PRONOUNCED DEAD ON January 04, 2024		28c. TIME PRONOUNCED DEAD 10:20 PM			
CERTIFICATION	29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Nursing Home		31. IF HOSPITAL					
	27b. DATE SIGNED January 08, 2024		27c. LICENSE NUMBER 7561		32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Andrew Colman, DO, 6149 Wayne Rd., Westland, Michigan 48185						35a. REGISTRAR'S SIGNATURE <i>Sari Matt</i>		35b. DATE FILED January 08, 2024	
	16. PART I. 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 ventricular fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as: IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequitally list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting LAST) a. Alzheimer's Disease DUE TO (OR AS A CONSEQUENCE OF) b. Chronic Diastolic Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF) c. Hypertension 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 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown 38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death									
MEDICAL EXAMINER	39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable					
	41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED					
	41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION			
	SP05058856									

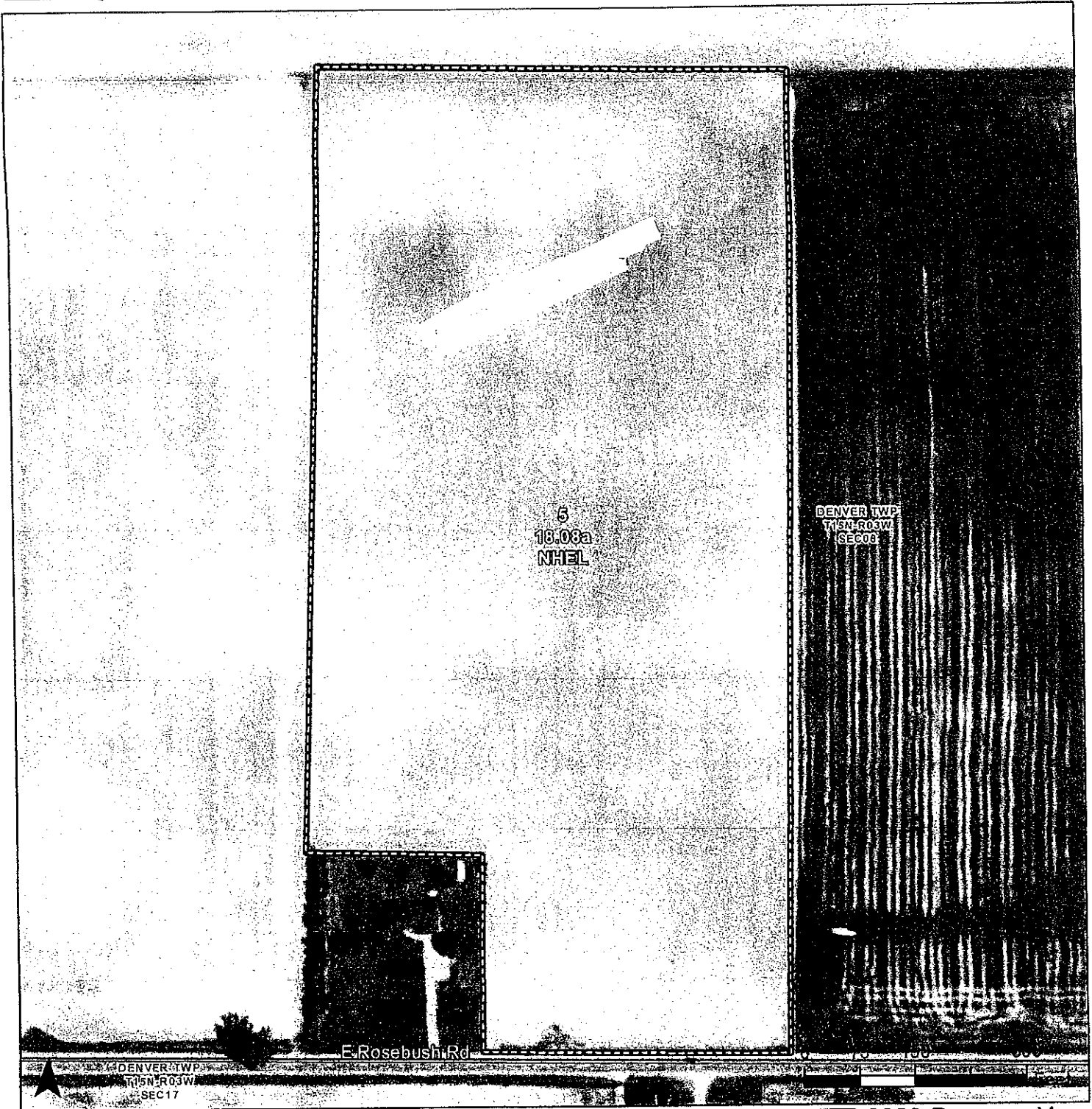
VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.



United States  
Department of  
Agriculture

## Isabella County, Michigan

Name: \_\_\_\_\_ Share: \_\_\_\_\_  
Name: \_\_\_\_\_ Share: \_\_\_\_\_  
Name: \_\_\_\_\_ Share: \_\_\_\_\_



### Common Land Unit

Common Land Unit\*

☐ CRP CLU

☐ Tract Boundary

☐ Section Lines

☐ Cropland vs Noncropland

### Wetland Determination Identifiers

☐ Restricted Use

☐ Limited Restrictions

☐ Exempt from Conservation  
Compliance Provisions

☐ Areas of Concern  
as of 3/14/22

This box is applicable ONLY for certification maps.  
Options only valid if checked.

☐ Shares - 100% OP

☐ Certified Organic

☐ CORN - YEL/GR

☐ SOYS - COM/GR

☐ DRY BEANS - DE

☐ All Crops - Non-Irrigated

☐ WHEAT - GR (SRW or SWW)

☐ ALFALFA - FG or GZ

☐ MIXFG - FG or GZ

2022 Program Year

CLU Date: April 8, 2022

2020 NAIP Imagery

Farm 7851  
Tract 13850

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**CHIPPEWA TOWNSHIP (SEE PAGE 8)**

**Animal Health Associates, P.C.**

**Alex P. Imlay, DVM**  
**Linda Rousseau, DVM**  
**Alana Wenban, DVM**

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Mt. Pleasant, MI 48858**

**(989) 773-3434**

**NOTES:**