

01267



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
2754847

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Franklin Z. Adell		2. DATE OF BIRTH (Month, Day, Year) December 16, 1927		3. SEX Male		4. DATE OF DEATH (Month, Day, Year) August 13, 2006	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include ALIAS if any)				6a. AGE - Last Birthday (Years) 78		6b. UNDER 1 YEAR MONTHS: _____ DAYS: _____ HOURS: _____ MINUTES: _____	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) William Beaumont Hospital				7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Royal Oak		7c. COUNTY OF DEATH Oakland	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Oakland		8c. LOCALITY (Check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (Include block if) Bloomfield Hills		8d. STREET AND NUMBER (Include Apt. No. if applicable) 71 Kingsley Manor Drive	
9a. ZIP CODE 48304		9b. BIRTHPLACE (City and State or Country) Detroit, Michigan		10. SOCIAL SECURITY NUMBER 374-24-2636		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed in the life of decedent? High School Graduate	
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality: Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe Austrian/Russian/American		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) No	
15. USUAL OCCUPATION Give that of last 10 years during most of working life. Do not use retired. Chairman/Founder		16. KIND OF BUSINESS OR INDUSTRY Broadcasting		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) Charlotte Webster	
19. FATHER'S NAME (First, Middle, Last) Lawrence Adell				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Charlotte Webster			
21a. INFORMANT'S NAME (Type/Print) Kevin Adell		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 459 Martell, Bloomfield Hills, Michigan 48302			
22. METHOD OF DISPOSITION Burial, Cremation, Donation, Removal, Storage (Specify) Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Clover Hill Park Cemetery		23b. LOCATION - City or Village, State Birmingham, Michigan			
24. SIGNATURE OF MORTUARY LICENSEE 		25. LICENSE NUMBER (of Licensee) 6747		26. NAME AND ADDRESS OF FUNERAL FACILITY The IFA Kaufman Chapel, Inc. 18325 W 9 Mile Rd, Southfield, Michigan 48075			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner: On basis of investigation and/or investigation, if any, of the cause of death, date, and place, and time of death, and manner stated. NO		27b. DATE SIGNED (Month, Day, Year) August 14, 2006		27c. LICENSE NUMBER 064302		28. ACTUAL OR PRESUMED TIME OF DEATH 10:40 PM	
29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospice, Ambulance) (Specify) Hospital		31. IF HOSPITAL, hospital, Outpatient, Emergency Room, DOA (Specify) Inpatient		32. MEDICAL EXAMINER'S CASE NUMBER (If applicable) 1695 612 nls	
33a. REGISTRAR'S SIGNATURE 				33b. DATE FILED (Month, Day, Year) AUG 17 2006			
34. PART I. Enter the cause of death - disease, injury, or complication - 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 a line. a. Right heart failure / Hypotension b. End stage renal disease c. 3 months d. 3 months e. 3 months							
35. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. 36. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant in time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within past year							
39. DATE OF INJURY (Month, Day, Year) M		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No		41. DESCRIBE HOW INJURY OCCURRED 41a. INJURY AT WORK (Yes or No) 41b. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify) 41c. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify) 41d. LOCATION - Street or RFD No., City, Village or Twp., State	

Mary Ellen Graver, Clerk of the City of Royal Oak, Oakland County, Michigan, do hereby certify that the foregoing is a true copy of the record now remaining in my office.

172922

Mary Ellen Graver, City Clerk
City of Royal Oak, Michigan

This copy is not valid unless displaying embossed seal and registrar signature.
WARNING! It is illegal to duplicate this copy by Photostat or Photograph. VALID ONLY WITH EMBOSSED SEAL.

In the Matter of:

the Franklin Z. Adell Trust under Agreement
dated July 17, 2002, as Amended and/or Restated

ACCEPTANCE OF TRUST

As a result of my appointment as successor Trustee of the Franklin Z. Adell Trust under Agreement dated July 17, 2002, as amended and/or restated, I, Kevin Adell, hereby accept the nomination as successor Trustee according to the appointment and agree to perform all duties required of the Trustee under the terms of the trust instrument and applicable law.

Dated: August 14, 2006


KEVIN ADELL

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