

# MEMORANDUM

**To:** File  
**From:** R. Bradley Lambert, Esq.  
**Date:** February 17, 2017  
**Subject:** Web Site Additions  
**Legal Forms**

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PERSONAL AND CONFIDENTIAL  
Subject to Attorney-Client Privilege

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## **Married with Minor Children Estate Planning Checklist**

**From:** Lambert & Lambert PLC

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PERSONAL AND CONFIDENTIAL  
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The following is a checklist of information and items that will be needed to plan your Estate and prepare your Estate Plan documents.

1. A copy of your latest Will or Trust (if you have either)
2. Your name as it should appear on the documents (e.g., middle name or no)
  - A. Your SS # and DOB
  - B. Your Driver's license #
3. Beneficiaries
  - A. Primary
  - B. Any successor beneficiaries
  - C. Any charitable beneficiaries, with amount or formula
4. Trustees
  - A. You will be the first Trustee for your Trust
  - B. You must name the Successor Trustee(s) who takes charge upon your death
    - i. You may name more than one to serve as co-Trustees
  - C. My advice is to name a second Successor Trustee (not required)
5. Personal Representatives - Will
  - A. You must name your Personal Representative(s)
    - i. You may name more than one Personal Representative
  - B. You should name at least one successor Personal Representatives
  - C. We will need addresses for all Trustees and Personal Representatives

6. Guardians
  - A. Appoint Primary and Contingent Guardians
  - B. Designate any special needs
  
7. Real estate holdings
  - A. Provide copy of deeds
  - B. In the alternative, provide addresses or property descriptions
  
8. Bank and Investment Accounts
  - A. Provide the last statement of each account
  - B. In the alternative, provide identifying information for each account
  - C. Do you own any property or accounts outside MI?
  
9. Special Will designations
  - A. Any special organ or body part donations
    - i. For science or donation only?
  - B. Any particular requests with respect to funeral, cremation, other
  
10. Patient Advocate form
  - A. Name Patient Advocate
  - B. Name successor or successors
  - C. Do you have any special instructions?
  - D. General instructions for life support
  - E. Do you spend significant time in other states?  
(May need similar form for those states)

11. Durable Power of Attorney
  - A. Designate Attorney-in-Fact
  - B. Designate Successor Attorney-in-Fact (recommended)
  
12. Other Special Planning Needs

This Checklist covers only basic information and is not designed to be comprehensive. Your particular concerns will be addressed in consultation with the Estate Planner. Once you have completed this form, contact the professionals at Lambert & Lambert PLC to prepare your Estate Plan.

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## **Estate Planning Checklist** **Married with Adult Children**

**From:** Lambert & Lambert PLC

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PERSONAL AND CONFIDENTIAL  
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The following is a checklist of information and items that will be needed to plan your Estate and prepare your Estate Plan documents.

1. A copy of your latest Will or Trust (if you have either)
2. Personal Information
  - A. Your names as they should appear on the documents (e.g., middle name or no)
  - B. Your address
  - C. Your SS # and DOB
  - D. Your Driver's license #
3. Beneficiaries
  - A. Primary
  - B. Any successor beneficiaries (include multiple levels of priority)
  - C. Any charitable beneficiaries, with amount or formula
4. Trustees
  - A. You will be the first Trustee for your Trust
  - B. First Successor Trustee (normally your spouse)
  - C. Second Successor Trustee (recommended)
  - D. You may name more than one Trustee at any level of successorship
  - E. Please provide address (at least City and State) for all Trustees

5. Personal Representatives - Will
  - A. Your Personal Representative – normally your Spouse
  - B. You should name at least one successor Personal Representative
    - i. You may name multiple successor Personal Representatives
  - C. Provide address (at least City/State) for all successor Personal Representatives
  
6. Real estate holdings
  - A. Provide copy of deeds
  - B. In the alternative, provide addresses or property descriptions
  - C. Do you own real estate outside of Michigan?
  
7. Bank and Investment Accounts
  - A. You may provide either of the following:
    - i. The last statement of each account; or
    - ii. Identifying information for each account
  - B. If you do not want help funding your Trust, this information is not necessary
  
8. Identify any pension or employee retirement benefits

9. Special Will designations
  - A. Any special organ or body part donations
    - i. For science or donation only?
  - B. Any personal requests for funeral, cremation, burial, other
  - C. Do you want a clause prohibiting Will contests?
  
10. Patient Advocate form
  - A. Name Patient Advocate
  - B. Name successor or successors
  - C. Do you have any special instructions?
  - D. General instructions for life support
  - E. Do you spend significant time in other states?  
(May need similar form for those states)
  - F. Provide addresses (at least City/State)
  
11. Durable Power of Attorney
  - A. Designate Attorney-in-Fact
  - B. Designate Successor Attorney-in-Fact (recommended)
  - C. Provide addresses (at least City/State)
  
12. Any other Planning needs or interests you would like to identify at this time

This Checklist covers only basic information and is not designed to be comprehensive. Your particular concerns will be addressed in consultation with the Estate Planner. Once you have completed this form, contact the professionals at Lambert & Lambert PLC to prepare your Estate Plan.

## **Estate Planning Checklist** **Single Estate Planner**

**From:** Lambert & Lambert PLC

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PERSONAL AND CONFIDENTIAL  
Subject to Attorney-Client Privilege

The following is a checklist of information and items that will be needed to plan your Estate and prepare your Estate Plan documents.

1. A copy of your latest Will or Trust (if you have either)
2. Personal Information
  - A. Your name as it should appear on the documents (e.g., middle name or no)
  - B. Your address
  - C. Your SS # and DOB
  - D. Your Driver's license #
3. Beneficiaries
  - A. Primary
  - B. Any successor beneficiaries (include multiple levels of priority)
  - C. Any charitable beneficiaries, with amount or formula
4. Trustees
  - A. You will be the first Trustee for your Trust
  - B. First Successor Trustee
  - C. Second Successor Trustee (not required)
  - D. You may name more than one Trustee at any level of successorship
  - E. Please provide address (at least City and State) for all Successor Trustees



5. Personal Representatives - Will
  - A. Your Personal Representative
  - B. You should name at least one successor Personal Representative
    - i. You may name multiple successor Personal Representatives
  - C. Provide address (at least City/State) for all successor Personal Representatives
  
6. Real estate holdings
  - A. Provide copy of deeds
  - B. In the alternative, provide addresses or property descriptions
  
7. Bank and Investment Accounts
  - A. Provide the last statement of each account
  - B. In the alternative, provide identifying information for each account
  - C. Do you own any property or accounts outside MI?
  
8. Identify any pension or employee retirement benefits
  
  
9. Special Will designations
  - A. Any special organ or body part donations
    - i. For science or donation only?
  - B. Any personal requests for funeral, cremation, burial, other
  - C. Do you want a clause prohibiting Will contests?

10. Patient Advocate form
  - A. Name Patient Advocate
  - B. Name successor or successors
  - C. Do you have any special instructions?
  - D. General instructions for life support
  - E. Do you spend significant time in other states?  
(May need similar form for those states)
  - F. Provide addresses (at least City/State)
  
11. Durable Power of Attorney
  - A. Designate Attorney-in-Fact
  - B. Designate Successor Attorney-in-Fact (recommended)
  - C. Provide addresses (at least City/State)
  
12. Any other Planning needs or interests you would like to identify at this time

This Checklist covers only basic information and is not designed to be comprehensive. Your particular concerns will be addressed in consultation with the Estate Planner. Once you have completed this form, contact the professionals at Lambert & Lambert PLC to prepare your Estate Plan.

# **ADDENDUM TO ARTICLES OF ORGANIZATION – SINGLE MEMBER**

## **ARTICLE VI INDEMNITY AND LIABILITY**

To the extent consistent with applicable law, a Member of the Company shall not be personally liable to the Company or its Members for monetary damages for any acts or decisions made or undertaken in the course of his or her duties, except for any of the following:

1. Receipt of a financial benefit to which the Member is not entitled.
2. Liability under MCL 450.4308. A Member shall have no liability, however, for any such distributions voted upon, ratified or approved by a majority of Members.
3. A knowing violation of law.
4. An act or omission occurring before the date when this provision becomes effective.

Repeal or modification of this Article by the Members of the Company shall not adversely affect any right or protection of any Member existing at the time of, or for or with respect to, any acts or omissions occurring before such repeal or modification.

## **ARTICLE VII RESTRICTIONS ON SALE OF SHARING RATIOS**

A Member may not sell, assign, grant a security interest in, mortgage, or otherwise transfer all or any portion of his or her Sharing Ratio in the Company without strict compliance with provisions restricting transfer contained in the Company's Operating Agreement. A person or entity receiving all or any portion of a Sharing Ratio transfer will have no right to vote that Sharing Ratio on any Company matters, absent compliance with the procedures for admission to the Company, stated in the Company's Operating Agreement.

## **ARTICLE VIII MEMBER'S AUTHORITY**

As and when formed, the Company is a Single Member Limited Liability Company. The Single Member has full unfettered authority to make and implement decisions pertaining to the Company's day-to-day activities and all major decisions, such as acquiring or selling real estate, purchasing or selling equipment, obtaining secured loans, mergers with other entities, and dissolving the Company.

## **Business Start-up Checklist**

This checklist helps new business owners by providing a list of the most common start-up steps. Additional steps may be necessary for your particular business.

1. Incorporate your business or form your LLC through the required filing with the State of Michigan.
2. Prepare a business plan.
3. Select an accountant and attorney. The attorneys at Lambert & Lambert PLC can assist you with those choices.
4. Acquire a federal tax identification number for your business from the Internal Revenue Service (IRS).
5. Obtain the state tax identification number from the State of Michigan.
6. Open a business bank account. This critical step enables you to keep your business and personal finances separate.
7. Develop a marketing plan for your products and services.
8. Obtain funding. This can be from bank loans, personal accounts, on-line funding sites, and other sources.
9. Obtain the necessary (if any) business licenses and/or permits from the applicable local or state authorities (sometimes Federal).
10. Contact your insurance agent to acquire appropriate business insurance.
11. Investigate other insurance and government requirements, such as OSHA regulations, sales taxes, use tax, and self-employment tax.
12. Do you or will you have employees? If so, investigate your obligations for:
  - Unemployment insurance
  - Workers' compensation
  - Federal, state and local taxes
  - Payroll tax requirements
13. Lease or purchase your business' location.
14. Research the local zoning requirements for your business location.
15. Create business materials: business logo, business cards, and stationery.
16. Establish an on-line presence for your business.

**This list is a helpful summary of some of the most important steps you will take to start your business. We leave the details to you. Or, you can contact us for further assistance on some or all of these matters.**

## **LLC Formation Checklist – Legal Only**

1. Confirm the availability of your chosen LLC name.
2. Fill out and file the LLC's Articles of Organization.
3. Acquire a federal tax identification number from the Internal Revenue Service (IRS).
4. Obtain the state tax identification number from the State of Michigan, if required.
5. Prepare and sign an Operating Agreement. While this is not required for a single owner LLC, it is still a good idea.
6. Obtain all necessary business or professional licenses and permits.
7. Investigate other legal requirements applicable to your business, including tax requirements, zoning, and OSHA regulations.

“Legal Only” means this is a list of legal requirements, and does not include other helpful start-up procedures. You can review our Business Start-up Checklist for that.

## **Corporation Formation Checklist – Legal Only**

1. Confirm the availability of your chosen Corporation name.
2. Fill out and file the Corporation's Articles of Incorporation.
3. Acquire a federal tax identification number from the Internal Revenue Service (IRS).
4. Obtain the state tax identification number from the State of Michigan.
5. Prepare and sign Bylaws.
6. If you are forming a "Subchapter S" Corporation, it is necessary to file the required IRS form to make that election.
7. Obtain all necessary business or professional licenses and permits.
8. Investigate other legal requirements applicable to your business, including tax requirements, zoning, and OSHA regulations.

"Legal Only" means this is a list of legal requirements, and does not include other helpful start-up procedures. You can review our Business Start-up Checklist for that.

**QUIT CLAIM DEED**

The Grantor, \_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_, quitclaims to the Grantee, \_\_\_\_\_ whose address is \_\_\_\_\_  
\_\_\_\_\_, the following described premises situated in the City of \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ County, Michigan:

[Legal Description]

Tax Parcel ID #

together with all buildings, improvements, appurtenances, rights of way, easements, and rights pertaining thereto, and subject to all easements and restrictions of record, and any unpaid taxes and assessments which constitute a lien. For \$ \_\_\_\_\_ and other good and valuable consideration.

Dated: \_\_\_\_\_, 20\_\_\_\_

BY: \_\_\_\_\_

**STATE OF MICHIGAN )**  
**COUNTY OF ) SS**  
**)**

**ON THIS** \_\_\_\_\_ day of [Month], 20\_\_\_\_, before me, the subscriber, a Notary Public in and for said County, personally appeared [Grantor], known to me to be the persons described in and who executed this Quitclaim Deed, and acknowledged the execution thereof to be his/her free act and deed.

My Commission expires:

\_\_\_\_\_  
Notary Public  
County, MI

Drafted by and when recorded return to:

Send Subsequent Tax Bills to: Grantee



**RELEASE OF CLAIM OF LIEN**

The Lienor, \_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_, does hereby certify that the lien claimed by Lienor at Liber \_\_\_\_\_, Page \_\_\_\_\_,  
County Records, is fully paid, satisfied and discharged as to the following described premises situated in the City of \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ County, Michigan:

[Legal Description]

Tax Parcel ID # \_\_\_\_\_

In Witness Whereof the undersigned executed and delivered this instrument on the date indicated below.

Dated: \_\_\_\_\_, 20\_\_\_\_

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_

**STATE OF MICHIGAN )**  
                                                ) **SS**  
**COUNTY OF                     )**

**ON THIS** \_\_\_\_ day of [Month], 20\_, before me, the subscriber, a Notary Public in and for said County, personally appeared [Lienor], known to me to be the persons described in and who executed this Release of Lien, and acknowledged the execution thereof to be his/her free act and deed.

\_\_\_\_\_  
Notary Public  
County, MI

My Commission expires:

County Treasurer's Certificate

City Treasurer's Certificate

Drafted by and when recorded return to:

Send Subsequent Tax Bills to: Grantee

**SELLER'S DISCLOSURE STATEMENT (MCL 565.957(1))**

**Property Address:** [Street], [City / Village / Township], Michigan

**Purpose of Statement:** This statement is a disclosure of the condition of the property in compliance with the seller disclosure act. This statement is a disclosure of the condition and information concerning the property, known by the seller. Unless otherwise advised, the seller does not possess any expertise in construction, architecture, engineering, or any other specific area related to the construction or condition of the improvements on the property or the land. Also, unless otherwise advised, the seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. This statement is not a warranty of any kind by the seller or by any agent representing the seller in this transaction, and is not a substitute for any inspections or warranties the buyer may wish to obtain.

**Seller's Disclosure:** The seller discloses the following information with the knowledge that even though this is not a warranty, the seller specifically makes the following representations based on the seller's knowledge at the signing of this document. Upon receiving this statement from the seller, the seller's agent is required to provide a copy to the buyer or the agent of the buyer. The seller authorizes its agent(s) to provide a copy of this statement to any prospective buyer in connection with any actual or anticipated sale of property. The following are representations made solely by the seller and are not the representations of the seller's agent(s), if any. **THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER.**

**Instructions to the Seller:** (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is required. (4) Complete this form yourself. (5) If some items do not apply to your property, check NOT AVAILABLE. If you do not know the facts, check UNKNOWN. FAILURE TO PROVIDE A PURCHASER WITH A SIGNED DISCLOSURE STATEMENT WILL ENABLE A PURCHASER TO TERMINATE AN OTHERWISE BINDING PURCHASE AGREEMENT.

**Appliances/Systems/Services:** The items below are in working order (the items below are included in the sale of the property only if the purchase agreement so provides):

	Yes	No	Unknown	Not Available
Range/Oven	_____	_____	_____	_____
Dishwasher	_____	_____	_____	_____
Refrigerator	_____	_____	_____	_____
Hood/fan	_____	_____	_____	_____
Disposal	_____	_____	_____	_____
TV antenna, TV rotor & controls	_____	_____	_____	_____
Electrical system	_____	_____	_____	_____
Garage door opener & remote control	_____	_____	_____	_____

	Yes	No	Unknown	Not Available
Alarm system	_____	_____	_____	_____
Intercom	_____	_____	_____	_____
Central vacuum	_____	_____	_____	_____
Attic fan	_____	_____	_____	_____
Pool heater, wall liner & equipment	_____	_____	_____	_____
Microwave	_____	_____	_____	_____
Trash compactor	_____	_____	_____	_____
Ceiling fan	_____	_____	_____	_____
Sauna/hot tub	_____	_____	_____	_____
Washer	_____	_____	_____	_____
Dryer	_____	_____	_____	_____
Lawn sprinkler system	_____	_____	_____	_____
Water heater	_____	_____	_____	_____
Plumbing system	_____	_____	_____	_____
Water softener/conditioner	_____	_____	_____	_____
Well & pump	_____	_____	_____	_____
Septic tank & drain field	_____	_____	_____	_____
Sump pump	_____	_____	_____	_____
City Water System	_____	_____	_____	_____
City Sewer System	_____	_____	_____	_____
Central air conditioning	_____	_____	_____	_____
Central heating system	_____	_____	_____	_____
Wall furnace	_____	_____	_____	_____
Humidifier	_____	_____	_____	_____
Electronic air filter	_____	_____	_____	_____
Solar heating system	_____	_____	_____	_____
Fireplace & chimney	_____	_____	_____	_____
Wood burning system	_____	_____	_____	_____

Explanations (attach additional sheets if necessary):

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UNLESS OTHERWISE AGREED, ALL HOUSEHOLD APPLIANCES ARE SOLD IN WORKING ORDER EXCEPT AS NOTED, WITHOUT WARRANTY BEYOND DATE OF CLOSING.

**Property conditions, improvements & additional information:**

1. **Basement/crawl space:** Has there been evidence of water? yes \_\_\_\_ no \_\_\_\_ If yes, please explain: \_\_\_\_\_

2. **Insulation:** Describe, if known

Urea Formaldehyde Foam Insulation (UFFI) is installed?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

3. **Roof:** Leaks? yes \_\_\_\_ no \_\_\_\_

Approximate age if known \_\_\_\_\_

4. **Well:** Type of well (depth/diameter, age, and repair history, if known)

\_\_\_\_\_

Has the water been tested? yes \_\_\_\_ no \_\_\_\_

If yes, date of last report/results: \_\_\_\_\_

5. **Septic tanks/drain fields:** Condition, if known: \_\_\_\_\_

6. **Heating System:** Type/approximate age: \_\_\_\_\_

7. **Plumbing system:** Type: copper \_\_\_\_ galvanized \_\_\_\_ other \_\_\_\_ Any known problems? \_\_\_\_\_

8. **Electrical system:** Any known problems? \_\_\_\_\_

9. **History of infestation, if any:** (termites, carpenter ants, etc.) \_\_\_\_\_

10. **Environmental Problems:** Are you aware of any substances, materials, or products that may be an environmental hazard such as, but not limited to, asbestos, radon gas, formaldehyde, lead-based paint, fuel, or chemical storage tanks and contaminated soil on the property.

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

If yes, please explain: \_\_\_\_\_

11. **Flood insurance:** Do you have flood insurance on the property?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

12. **Mineral rights:** Do you own the mineral rights?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

**Other Items:** Are you aware of any of the following:

1. Features of the property shared in common with the adjoining landowners, such as walls, fences, roads, and driveways, or other features whose use or responsibility for maintenance may have an effect on the property?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

2. Any encroachments, easements, zoning violations, or nonconforming uses?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

3. Any “common areas” (facilities like pools, tennis courts, walkways, or other areas co-owned with others), or a homeowners’ association that has any authority over the property?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

4. Structural modifications, alterations, or repairs made without necessary permits or licensed contractors?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

5. Settling, flooding, drainage, structural, or grading problems?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

6. Major damage to the property from fire, wind, floods, or landslides?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

7. Any underground storage tanks?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

8. Farm or farm operation in the vicinity; or proximity to a landfill, airport, shooting range, etc.?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

9. Any outstanding utility assessments or fees, including any natural gas main extension surcharge?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

10. Any outstanding municipal assessments or fees?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

11. Any pending litigation that could affect the property or the seller's right to convey the property?

unknown \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

If the answer to any of these questions is yes, please explain. Attach additional sheets, if necessary:

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The seller has lived in the residence on the property from [date] to [date]. The seller has owned the property since [date]. The seller has indicated above the condition of all the items based on information known to the seller. If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of closing, seller will immediately disclose the changes to buyer. In no event shall the parties hold the broker liable for any representations not directly made by the broker or broker's agent.

Seller certifies that the information in this statement is true and correct to the best of seller's knowledge as of the date of seller's signature.

**BUYER SHOULD OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO MORE FULLY DETERMINE THE CONDITION OF THE PROPERTY. THESE INSPECTIONS SHOULD TAKE INDOOR AIR AND WATER QUALITY INTO ACCOUNT, AS WELL AS ANY EVIDENCE OF UNUSUALLY HIGH LEVELS OF POTENTIAL ALLERGENS, INCLUDING, BUT NOT LIMITED TO, HOUSEHOLD MOLD, MILDEW, AND BACTERIA.**

**BUYERS ARE ADVISED THAT CERTAIN INFORMATION COMPILED PURSUANT TO THE SEX OFFENDERS REGISTRATION ACT, 1994 PA 295, MCL 28.721 TO 28.732, IS AVAILABLE TO THE PUBLIC. BUYERS SEEKING THAT INFORMATION SHOULD CONTACT THE APPROPRIATE LOCAL LAW ENFORCEMENT AGENCY OR SHERIFF'S DEPARTMENT DIRECTLY.**

**BUYER IS ADVISED THAT THE STATE EQUALIZED VALUE OF THE PROPERTY, PRINCIPAL RESIDENCE EXEMPTION INFORMATION, AND OTHER REAL PROPERTY TAX INFORMATION IS AVAILABLE FROM THE APPROPRIATE LOCAL ASSESSOR'S OFFICE. BUYER SHOULD NOT ASSUME THAT BUYER'S FUTURE TAX BILLS ON THE PROPERTY WILL BE THE SAME AS THE SELLER'S PRESENT TAX BILLS. UNDER MICHIGAN LAW, REAL PROPERTY TAX OBLIGATIONS CAN CHANGE SIGNIFICANTLY WHEN PROPERTY IS TRANSFERRED.**

Seller \_\_\_\_\_

Date \_\_\_\_\_

Seller \_\_\_\_\_

Date \_\_\_\_\_

Buyer has read and acknowledges receipt of this statement.

Buyer \_\_\_\_\_

Date \_\_\_\_\_

Time: \_\_\_\_\_

Buyer \_\_\_\_\_

Date \_\_\_\_\_

Time: \_\_\_\_\_

## Notice of Commencement

[This Warning is required for residential improvements]

### **WARNING TO HOMEOWNER**

**Michigan law requires that you do the following:**

- 1. Complete and return this form to the person who asked for it within 10 days after the date of the postmark on the request.**
- 2. If you do not complete and return this form within the 10 days, you may have to pay the expenses incurred in getting the information.**
- 3. If you do not live at the site of the improvement, you must post a copy of this form in a conspicuous place at that site.**

You are not required to but should do the following:

1. Complete and post a copy of this form at the place where the improvement is being made, even if you live there.
2. Make and keep a copy of this form for your own records.

\_\_\_\_\_, being sworn, states:

To lien claimants and subsequent purchasers:

Take notice that work is about to commence on an improvement to the real property described in this instrument. A person claiming a construction lien may preserve the lien by providing a notice of furnishing to the designee identified above and the general contractor, if any, and by timely recording a claim of lien, in accordance with law.

A person having a construction lien arising by virtue of work performed on this improvement should refer to the name of the owner or lessee and the legal description appearing in this notice. A person subsequently acquiring an interest in the land described is not required to be named in a claim of lien.

A copy of this notice with an attached form for notice of furnishing may be obtained upon making a written request by certified mail to the above named owner or lessee; the designee; or the person with whom you have contracted.

The legal description of the real property on which the improvement is to be made is

[legal description].



The name, address, and capacity of the owner or lessee of the real property contracting for the improvement is

Name \_\_\_\_\_

Address \_\_\_\_\_

Capacity \_\_\_\_\_

The name and address of the fee owner of the real property, if the person contracting for the improvement is a land contract vendee or lessee, is

Name \_\_\_\_\_

Address \_\_\_\_\_

The name and address of the owner's or lessee's designee is

Name \_\_\_\_\_

Address \_\_\_\_\_

The name and address of the general contractor, if any, is

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
[Typed name and address]  
Affiant

STATE OF MICHIGAN)  
\_\_\_\_\_ COUNTY)

[Insert Notary Block here]

Drafted by and when recorded return to:  
[Name and address of drafting attorney]

**Full Unconditional Waiver**

**[I / we]** have a contract with **[contracting party]** to provide **[work or material to be provided]** for the improvement to the property described as **[reference to site or project]**, and by signing this waiver waive **[my / our]** construction lien up to the amount of \$ \_\_\_\_\_, for labor and materials provided through \_\_\_\_\_, 20\_\_\_\_.

This waiver, together with all previous waivers, if any, does cover all amounts due to **[me / us]** for contract improvement provided through the date shown above.

If the improvement is provided to property that is a residential structure. If the owner or lessee of the property or the owner's or lessee's designee has received a notice of furnishing from the signatory designated below, or if the signatory is not required to provide one, and the owner, lessee, or designee has not received this waiver directly from the signatory, the owner, lessee, or designee may not rely on it without contacting the signatory in writing, by telephone, or personally to verify that it is authentic.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**[Typed Name]**  
**[Typed Address]**  
**[Telephone #]**

**DO NOT SIGN BLANK OR INCOMPLETE FORMS. RETAIN A COPY.**

# FREEDOM OF INFORMATION ACT REQUEST LETTER

**[Date]**

FOIA Coordinator

**[Name of Government Entity]**

**[Address]**

Dear FOIA Coordinator:

This letter is a request for records under the Freedom of Information Act, MCL 15.231 et seq.

The records I am requesting are:

1. All documents **[pertaining to the subject of the request]**
2. All documents the **[government agency has relating to the subject of the request]**
3. **[Any other category of documents requested]**

I am willing to pay up to **[maximum payment amount]** search and copying fees for the specified documents. If you anticipate that the costs will exceed this amount, please call me so that I may make an appointment to inspect and copy the documents in person.

If the requested documents cannot be disclosed in their entirety, I request that you release all nonexempt portions of the documents that may be segregated and all parts of the documents that can be rendered disclosable by redaction.

If you determine that any of the requested documents can be withheld due to a statutory exemption, I request that you exercise your discretion to disclose those materials because of the overriding public concern about the **[subject of the request]**.

As to any portion of the documents that you withhold, please state with specificity the legal and factual basis for withholding any document or any part thereof.

I appreciate your cooperation and will expect your response within five days, as required by the act. If you need further explanation of the nature or scope of this request, please feel free to call me at **[telephone number]**. Thank you.

Sincerely Yours,

PROOF OF SERVICE  
AFFIDAVIT

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

\_\_\_\_\_, being sworn, says:  
On **[date]**, at **[city]**, Michigan, **[he / she]** served a copy of the letter stating a request for public records on the FOIA Coordinator, **[name of government entity]**, by mailing that letter by **[name of overnight delivery service]** with postage fully prepaid to the following address: **[address]**.

/s/ \_\_\_\_\_  
**[Typed name and address]**  
Affiant

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

[Insert Notary Block here]