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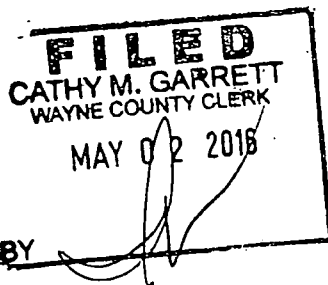
<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE		<b>NOTICE OF FILING OF TRANSCRIPT AND AFFIDAVIT OF MAILING</b>	<b>CASE NO.</b> N04-433,155 PET. NO. 15001079
Court address 1025 E. Forest St., Detroit MI 48207			Court telephone no. 313-833-5600
Plaintiff's/Petitioner's name(s) and address(es) DATASHA HAYES 3220 PINGREE DETROIT MI 48206 CLIFTON WALKER 14320 KERCHVAL DETROIT MI		<input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	Defendant's/Respondent's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Plaintiff's attorney, bar no., address, and telephone no. STEVEN MENICEN P31562 7127 ELMHURST ST W. BLOOMFIELD MI 48322 STEVEN GILBERT P33032 6519 MIDDEBUSH GARDEN CITY MI 48135 248-486-9901		Defendant's attorney, bar no., address, and telephone no. DAG 3030 W. GRAND BLVD - 10-200 DETROIT MI 48202	
<input type="checkbox"/> Probate In the matter of <u>Robinson, Walker</u>			

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

Attorney name and address  
MCC  
One Heritage Pl., 210  
Southgate MI 48195

Representing: Children

Attorney name and address



Representing: \_\_\_\_\_

2016 APR 29 PM 4:21  
COURT REPORTING  
SERVICES  
LHJ

NOTE: A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On this date I filed in the trial court

☐ a. a portion of the total proceedings taken in this case before Hon. Dingell/Graves  
on 1-31-12, 4-7-12, 3-23-15, 5-1-14, 1-27-16  
Date(s)

Bar no.

☐ b. a complete transcript of the proceedings taken in this case.

2. I have notified all parties stated above that the transcript has been filed.

4-29-16  
Date  
[Signature]  
Reporter/Recorder signature  
Cassandra T...  
Name (type or print)

CSR 8126  
Certification designation and number  
PO Box 55  
Business address  
Wayne MI 48184  
City, state, zip  
7347413854  
Telephone no.

(See other side for an affidavit of mailing.)

(To be printed on the back of the original copy only - for filing in the appellate court.)

**AFFIDAVIT OF MAILING**

I certify that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, and if by mail, addressed to their last-known addresses.

*Chen*  
Name (type or print)

- ☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

*MCLC*  
Name (type or print)

- ☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

*DDG*  
Name (type or print)

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☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

*Dr. Ken*  
Name (type or print)

- ☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

*G. Bent*  
Name (type or print)

- ☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

*COULD BE SERVED*  
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Date 4-29-16  
VOL 5  
Page 26C

*Chen*  
Reporter/Recorder signature  
*Chen*  
Name (type or print)

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.

My commission expires: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_

Notary public, State of Michigan, County of \_\_\_\_\_

Distribution of Form: Original - Appellate court  
1st copy - Trial court  
2nd copy - Appellee/Attorney

3rd copy - Appellant/Attorney  
4th copy - Reporter/Recorder

Approved, SCAO

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT Third JUDICIAL CIRCUIT COUNTY PROBATE		<b>NOTICE OF FILING OF TRANSCRIPT AND AFFIDAVIT OF MAILING</b>	<b>CASE NO.</b> N04-433,195 Petition No. 15001079
Court address 1025 E. Forest Ave., Detroit MI 48207		Court telephone no. (313) 833-5600	
Plaintiffs/Petitioner's name(s) and address(es) DHHS	<input type="checkbox"/> Appellant <input checked="" type="checkbox"/> Appellee	Defendant's/Respondent's name(s) and address(es) Latashia Hayes, mother and Clifton Walker, father	<input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Plaintiffs' attorney, bar no., address, and telephone no. AAG 3030 W. Grand Blvd Ste10-200 Detroit MI 48202		Defendant's attorney, bar no., address, and telephone no. Steven A. Menken 7127 Elmhurst West Bloomfield MI 48322 (248) 722-2027 <i>notified 5/3/16</i>	P31562
<input type="checkbox"/> Probate In the matter of <u>Nevach Robinson and Symeisha Walker</u>			

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

Attorney name and address  
 Steven M Gilbert P33032  
 6519 Middlebelt Road  
 Garden City MI 48130  
 248-483-9901

*notified 5/3/16*

Representing: father

Attorney name and address  
 MCLC  
 One Heritage Place  
 Ste 210  
 Southgate MI 48195

Representing: children

COURT REPORTING  
 SERVICES  
 LHJ  
 2016 MAY - 3 PM 1:44

**NOTE:** A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

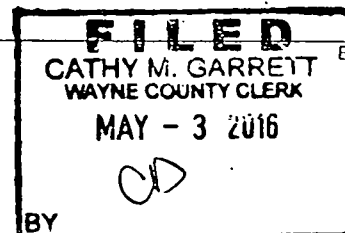
1. On this date I filed in the trial court

☒ a. a portion of the total proceedings taken in this case before Hon. Leslie Graves

on 9-13-13  
Date(s)

☐ b. a complete transcript of the proceedings taken in this case.

2. I have notified all parties stated above that the transcript has been filed.



Bar no.

Date 5/3/16  
*Veronica Martinez*  
 Reporter/Recorder signature  
 Veronica Martinez  
 Name (type or print)

CER8423

Certification designation and number  
 22313 Solomon Blvd #105

Business address

Novi MI 48375

City, state, zip

(313) 623-7458

Telephone no.

(See other side for an affidavit of mailing.)

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# AFFIDAVIT OF MAILING

Being first duly sworn, I state that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, at their last known addresses.

Ct of Appeals  
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AAG  
Name (type or print)

- ☐ personal service  
☐ registered mail (receipts attached)  
☐ certified mail (receipts attached)  
☐ first class mail

MCLC  
Name (type or print)

- ☐ personal service  
☐ registered mail (receipts attached)  
☐ certified mail (receipts attached)  
☐ first class mail

S. Menken  
Name (type or print)

- ☐ personal service  
☐ registered mail (receipts attached)  
☐ certified mail (receipts attached)  
☐ first class mail

S. Gilbert  
Name (type or print)

- ☐ personal service  
☐ registered mail (receipts attached)  
☐ certified mail (receipts attached)  
☐ first class mail

\_\_\_\_\_  
Name (type or print)

- ☐ personal service  
☐ registered mail (receipts attached)  
☐ certified mail (receipts attached)  
☐ first class mail

Date

Number of Pages

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