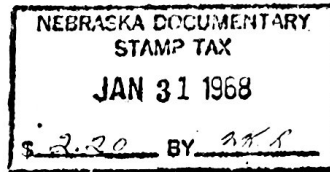


SURVIVORSHIP WARRANTY DEED

Elizabeth Heitman, widow, herein called the grantor whether one or more, in consideration of One Dollar (\$1.00) and other valuable consideration received from grantees, does grant, bargain, sell convey and confirm unto Milton A. Vasak and Mary Vasak, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, the following described real property in Saline County, Nebraska:

Lot Eight (8) in Block One Hundred Seventy-five (175) in the City of Crete, Saline County, Nebraska



To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantees and to their assigns, or to the heirs and assigns of the survivor of them forever.

And grantor does hereby covenant with the grantees and with their assigns and with the heirs and assigns of the survivor of them that grantor is lawfully seised of said premises; that they are free from encumbrance

that grantor has good right and lawful authority to convey the same; and that grantor warrants and will defend the title to said premises against the lawful claims of all persons whomsoever.

It is the intention of all parties hereto that in the event of the death of either of the grantees, the entire fee simple title to the real estate shall vest in the surviving grantee.

Dated January 30 19 68

Signature lines for Elizabeth Heitman and witnesses.

STATE OF NEBRASKA, County of SALINE

Before me, a notary public qualified for said county, personally came Elizabeth Heitman, widow, known to me to be the identical person who signed the foregoing instrument and acknowledged the execution thereof to be his, her own free and voluntary act and deed.

Witness my hand and notarial seal on January 30th 1968 Notary Public My commission expires February 19th 1971

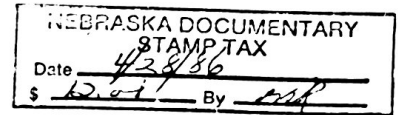
JOINT TENANCY WARRANTY DEED

RICHARD C. VASAK, Personal Representative of the Grantor, in consideration of Estate of Milton A. Vasak, Deceased, \$1.00 and other valuable consideration ~~XXXXX~~ received from Grantee,

RONALD G. RUE and JACQUE M. RUE, husband and wife,

conveys to Grantees, as joint tenants and not as tenants in common, the following described real estate (as defined in Neb. Rev. Stat. 76-201); pursuant to the Agreement to Sell dated June 25, 1971:

Lot Eight (8), Block One Hundred Seventy-Five (175), City of Crete, Saline County, Nebraska.



Grantor covenants (jointly and severally, if more than one) with the Grantees that Grantor:

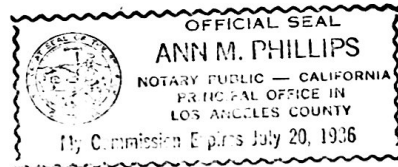
- (1) is lawfully seised of such real estate and that it is free from encumbrances, except easements and restrictions of record, if any there be;
- (2) has legal power and lawful authority to convey the same;
- (3) warrants and will defend the title to the real estate against the lawful claims of all persons.

Executed: 3 Aug 1983..

ESTATE OF MILTON A. VASAK,
Deceased

By: X Richard C. Vasak
Richard C. Vasak
Personal Representative

California
State of ~~NEBRASKA~~
County of Los Angeles



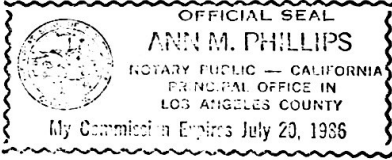
The foregoing instrument was acknowledged before me on August 3, 1983
by Richard C. Vasak, Personal Representative of the Estate of
Milton A. Vasak, Deceased.

Ann M. Phillips

STATE OF California }
Los Angeles County } ss.

On this 3rd day of August, 1983, before me, the undersigned a Notary Public, duly commissioned and qualified for in said county, personally came RICHARD C. VASAK

(SEAL)



to me known to be the identical person or persons whose name is or names are affixed to the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and Notarial Seal the day and year last above written.

Ann M. Phillips Notary Public
My Commission expires the 20th day of July, 1986

STATE OF }
..... County } ss.

On this day of, 19....., before me, the undersigned a Notary Public, duly commissioned and qualified for in said county, personally came

(SEAL)

to me known to be the identical person or persons whose name is or names are affixed to the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and Notarial Seal the day and year last above written.

..... Notary Public
My Commission expires the day of, 19.....

SEARCHED	INDEXED	SERIALIZED	FILED
9	✓	✓	✓

Form 41

Richard C. Vasak P. Rep.

— to —

Ronald G & Jacque M. Rue

STATE OF NEBRASKA,

County of Saline

Filed for record

April 12, 1986, at

9:00 A.M., and recorded in Deed Record

Book 228, page 512-513.

Ann M. Phillips
County Clerk or Register of Deeds.

Deputy

HAVE THIS DEED RECORDED

From & ret. to:
Ronald G. Rue
910 Grove
Crete, NE 68333

Fee: \$10.50 paid
Doc. Stamp: \$ 12.00 paid

No.	Gen.	Num.	Paged	ROD
#1	✓	✓	✓	✓
dk Register of Deeds				

From and Return to:
 Jacque Rue
 1600 Grove Ave., Apt 37
 Crete, NE 68333
 Fee: \$ 16.00 paid (check)

Indexed against: Lt. 8, Blk. 175 Crete City

STATE OF NEBRASKA } ss page count 2
 SALINE COUNTY }
 Index No. 2018-02098
 Entered in numerical index and filed on
 record, the 13 day of December
 2018 at 9:00 o'clock A.M. and recorded
 in Book 79 of Misc. Page 543-544
Amni A. Korbelt
 County Clerk - Deputy

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

3-91-41 000265

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Ronald		1B. MIDDLE G.	
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8. STATE OF BIRTH NE		9. CITIZEN OF WHAT COUNTRY U.S.A.	
12. MILITARY SERVICE? 19__ TO 19__ <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 506-64-9651	
16A. USUAL OCCUPATION Laborer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Pet Food Manufac.	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 910 Grove Ave.		18B. CITY Crete	
18D. COUNTY Saline		18E. NUMBER OF YEARS IN THIS COUNTY 20	
19A. PLACE OF DEATH Sequoia Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Whipple & Alameda		19E. CITY Redwood City	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <u>CARDIOGENIC SHOCK</u>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) <u>idiopathic cardiomyopathy</u>		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 21 <u>Recurrent ventricular tachycardia</u>		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1-15-91		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Nellis Smith M.D.</i>	
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 1-22-91		27C. CERTIFIER'S LICENSE NUMBER C40443	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Nellis Smith, M.D., 770 Welch Rd., Palo Alto, CA		27D. DATE SIGNED 1-23-91	
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>Amni A. Korbelt</i>	
29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		28B. DATE SIGNED	
30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		30C. DATE OF INJURY MONTH, DAY, YEAR	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		31. HOUR	
34A. DISPOSITION(S) BU/TR		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Riverside Cemetery, Crete, NE	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Crippen & Flynn Chapel		34C. DATE MO, DAY, YEAR 1-24-91	
36B. LICENSE NO. 879		35A. SIGNATURE OF EMBALMER <i>Amni A. Korbelt</i>	
37. SIGNATURE OF LOCAL REGISTRAR. <i>Bradley P. Gilbert M.D.</i>		35B. LICENSE NUMBER 6593	
STATE A. B. C. D. E. F.		38. REGISTRATION DATE 1-24-91	

AMENDED
1 OF 2

SAN MATEO COUNTY
 DEPARTMENT OF HEALTH SERVICES

VITAL STATISTICS SECTION
 225-37th Avenue
 San Mateo, California 94403

THIS IS TO CERTIFY THAT, IF BEARING THE RAISED
 DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE
 DOCUMENT FILED IN THIS OFFICE.

Bradley P. Gilbert M.D.

BRADLEY P. GILBERT, M.D.
 Health Officer and Registrar

DATE: February 7, 1991

AFFIDAVIT TO AMEND A RECORD

3-91-41-000265

STATE CERTIFICATE NUMBER

BIRTH DEATH FETAL DEATH MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUM

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME	
	Ronald	G.	Rue	
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY	
	M	January 22, 1991	Redwood City - San Mateo County	
	5. NAME OF FATHER		6. BIRTH NAME OF MOTHER	
Ransclair Rue		Bernice Crews		

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. ITEM NUMBER	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	10A	Ransclair Rue	Ranselaer Rue

2 OF 2

REASON FOR CORRECTION	9. to correct record
-----------------------	----------------------

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
	<i>Trevor Flynn</i>	Secretary	44
13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)		
Jan. 24, 1991	400 Woodside Rd., Redwood City, CA 94061		
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above true and correct.		
	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
	<i>Arthur R. Smith</i>	Funeral Director	43
18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)		
Jan. 24, 1991	400 Woodside Rd., Redwood City, CA 94061		
STATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR	
	JAN 31 1991	<i>Bradley P. Gilbert M.D.</i>	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 7-85) FORM VS

<p>SAN MATEO COUNTY DEPARTMENT OF HEALTH SERVICES</p>	<p align="right">VITAL STATISTICS SECTION 225-37th Avenue San Mateo, California 94403</p>
<p align="center">THIS IS TO CERTIFY THAT, IF BEARING THE RAISED DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.</p>	
<p>DATE: February 7, 1991</p>	<p align="right"><i>Bradley P. Gilbert M.D.</i> BRADLEY P. GILBERT, M.D. Health Officer and Registrar</p>