

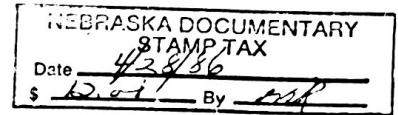
JOINT TENANCY WARRANTY DEED

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:

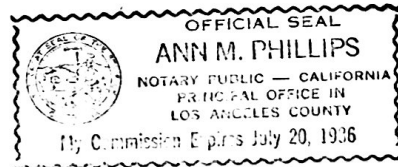
- (1) is lawfully seised of such real estate and that it is free from encumbrances, except easements and restrictions of record, if any there be;
- (2) has legal power and lawful authority to convey the same;
- (3) warrants and will defend the title to the real estate against the lawful claims of all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



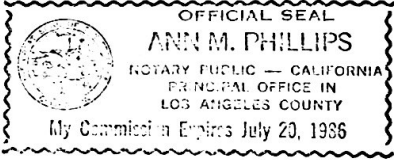
The foregoing instrument was acknowledged before me on August 3, 1983
by Richard C. Vasak, Personal Representative of the Estate of
Milton A. Vasak, Deceased.

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.	1C. LAST (FAMILY) Rue
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR December 23, 1949
8. STATE OF BIRTH NE		9. CITIZEN OF WHAT COUNTRY U.S.A.	7. AGE IN YEARS 41
12. MILITARY SERVICE? 19 ___ TO 19 ___ <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO 506-64-9651	10B. STATE OF BIRTH NE
16A. USUAL OCCUPATION Laborer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Pet Food Manufac.	11A. FULL MAIDEN NAME OF MOTHER Bernice Crews
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 910 Grove Ave.		14. MARITAL STATUS Married	11B. STATE OF BIRTH NE
18D. COUNTY Saline		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Jacque M. Milstead	16. YEARS IN OCCUPATION 16
19A. PLACE OF DEATH Sequoia Hospital		16C. USUAL EMPLOYER Alpo	17. EDUCATION—YEARS COMPLETED 12
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Whipple & Alameda		18E. NUMBER OF YEARS IN THIS COUNTY 20	18. ZIP CODE 68333
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <u>CARDIOGENIC SHOCK</u>		18F. STATE OR FOREIGN COUNTRY Nebraska	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jacque M. Rue (wife) 910 Grove Ave. Crete, NE 68333
DUE TO (B) <u>idiopathic cardiomyopathy</u>		19C. COUNTY San Mateo	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (C) _____		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <u>no</u>
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <u>Nellis Smith M.D.</u>	27C. CERTIFIER'S LICENSE NUMBER <u>C40443</u>
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <u>1-15-91</u>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <u>Nellis Smith, M.D., 770 Welch Rd., Palo Alto, CA</u>	27D. DATE SIGNED <u>1-23-91</u>
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <u>1-22-91</u>		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <u>[Signature]</u>	28B. DATE SIGNED <u>[Date]</u>
29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		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	31. HOUR
34A. DISPOSITION(S) BU/TR		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <u>Riverside Cemetery, Crete, NE</u>		34C. DATE MO. DAY, YEAR <u>1-24-91</u>	35A. SIGNATURE OF EMBALMER <u>[Signature]</u>
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <u>Crippen & Flynn Chapel</u>		35B. LICENSE NUMBER <u>6593</u>	38. REGISTRATION DATE <u>1-24-91</u>
36B. LICENSE NO. <u>879</u>		37. SIGNATURE OF LOCAL REGISTRAR. <u>Bradley P. Gilbert M.D.</u>	
STATE A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.			

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.

DATE: February 7, 1991

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

AFFIDAVIT TO AMEND A RECORD

3-91-41-000265

STATE CERTIFICATE NUMBER

BIRTH DEATH FETAL DEATH MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. FIRST NAME Ronald		1B. MIDDLE NAME G.	1C. LAST NAME Rue	
	2. SEX M	3. DATE OF EVENT January 22, 1991	4. PLACE OF OCCURRENCE—CITY AND COUNTY Redwood City - San Mateo County		
	5. NAME OF FATHER Ransclair Rue			6. BIRTH NAME OF MOTHER Bernice Crews	
	7. ITEM NUMBER 10A		8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD Ransclair Rue	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE Ranselaer Rue	
	9. REASON FOR CORRECTION to correct record				

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 THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	10A		Ransclair Rue	Ranselaer Rue

2 OF 2

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 <i>Teresa Flynn</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Secretary	12. AGE OF PERSON COMPLETING THE AFFIDAVIT 44
	13. DATE SIGNED Jan. 24, 1991	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 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 <i>Arden R. Smith</i>	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Funeral Director	17. AGE OF PERSON COMPLETING THE AFFIDAVIT 43
	18. DATE SIGNED Jan. 24, 1991	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 400 Woodside Rd., Redwood City, CA 94061	
STATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED JAN 31 1991	21. OFFICE OF THE STATE OR LOCAL REGISTRAR <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

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