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06/26/90	
DATE OF APPLICATION	
JUL 0 9 1990	
DATE CERTIFICATE EUED	

Marriage License

STATE FILE NO. 90-04124 7074664

State of Michigan

the State of Michigan

JAMES WALTER R	TIVVIII	ween MAUREEN TAMA	LA BRISEBOIS
	IFIRST, MIDDLE, LAST	FULL NAME OF FEM	MALE (FIRST, MIDDLE, LAST)
40		.0.79	FIRST MARRIED, IF DIFFERENT
40 PRESENT AGE	DATE OF BIRTH	30 PRESENT AGE	DATE OF BIRTH
23520 ROSEWOOD		3655 SANDWIC	H STREET
RESIDENCE NO.	STREET	RESIDENCE NO.	STREET
OAK PARK	MI 48237	WINDSOR	CANAD
CITY, STATE	AND ZIP CODE	CITY, STA	ATE, AND ZIP CODE
OAKLAND	1	ONTARIO	1
	OMBER OF TIMES PREVIOUSLY MARRIED	RESIDENCE COUNTY	NUMBER OF TIMES PREVIOUSLY MARRIE
SCOTT CTY, VIE	CITY AND STATE	WINDSOR, CAN	ADA E - CITY AND STATE
URHO WALTER RU		WALTER GREGO	
	FULL NAME		R'S FULL NAME
KERTTU M KUUSI	STO	V SCHNEKENBU	RGER
MOTHER'S FULL NAME	BEFORE FIRST MARRIED	MOTHER'S FULL N	AME BEFORE FIRST MARRIED
		CHAIR DE	CARRETA
cense authorizes the nuthorized to perform a	FINLAND MOTHER'S BIRTHPLACE led in this office by which it harriage of the parties name marriage ceremony under the of.	ed above within the State ne laws of the State of M	e of Michigan by any perso ichigan.
n affidavit has been fi cense authorizes the n uthorized to perform a	MOTHER'S BIRTHPLACE led in this office by which in narriage of the parties name marriage ceremony under th	t appears that said statered above within the State of Me laws of the State of M	mother's Birthplace ments are true. This marriag e of Michigan by any perso
n affidavit has been fi ense authorizes the n uthorized to perform a	MOTHER'S BIRTHPLACE led in this office by which in harriage of the parties name marriage ceremony under the	t appears that said statered above within the State of Me laws of the State of M	MOTHER'S BIRTHPLACE ments are true. This marriag e of Michigan by any perso ichigan.
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n affidavit has been fi cense authorizes the n uthorized to perform a in witness where I have signed and	MOTHER'S BIRTHPLACE led in this office by which it harriage of the parties name marriage ceremony under the sealed these presents, this	t appears that said statered above within the State of Me laws of the State of Me LYNN D. ALLEN UNTY CLERK	MOTHER'S BIRTHPLACE ments are true. This marriag e of Michigan by any perso ichigan. JUNE 19 90 OAKLAND COUNTY DEPUTY CLERK
n affidavit has been fi cense authorizes the n uthorized to perform a in witness where I have signed and	MOTHER'S BIRTHPLACE led in this office by which it harriage of the parties name marriage ceremony under th of, sealed these presents, this	t appears that said statened above within the State of Me laws of the State of Me LYNN D. ALLEN UNTY CLERK	MOTHER'S BIRTHPLACE ments are true. This marriag e of Michigan by any perso ichigan. JUNE 19 90 OAKLAND COUNTY DEPUTY CLERK
n affidavit has been ficense authorizes the nuthorized to perform a in witness where I have signed and etween Mr.	MOTHER'S BIRTHPLACE led in this office by which in harriage of the parties name marriage ceremony under the of, sealed these presents, this COUNTY CERTIFICATE WALTER RUKKILA at, in accordance with the above	t appears that said statened above within the State of Me laws of the state of the laws of the law	MOTHER'S BIRTHPLACE ments are true. This marriag e of Michigan by any perso ichigan. JUNE 19 90 OAKLAND COUNTY DEPUTY CLERK TAMALA BRISEBOIS erein mentioned were joined in
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n affidavit has been ficense authorizes the nuthorized to perform a in witness where I have signed and etween Mr. I hereby certify the narriage by me, in	MOTHER'S BIRTHPLACE led in this office by which it harriage of the parties name marriage ceremony under the marriage ceremony under the marriage ceremony under the of, sealed these presents, this	t appears that said statered above within the State of Marriage LYNN D. ALLEN UNTY CLERK Dive license, the persons he , county of A.D. Signat JOHN	MOTHER'S BIRTHPLACE ments are true. This marriag of Michigan by any perso ichigan. JUNE 1990 OAKLAND COUNTY DEPUTY CLERK TAMALA BRISEBOIS erein mentioned were joined in WE , MICHIGAN 1990, in the presence of

THIS ORIGINAL COPY MUST BE RETURNED, WITHIN TEN DAYS AFTER THE MARRIAGE, TO THE OAKLAND COUNTY CLERK, UNDER SEVERE PENALTY.

09/15/94

94-06845 1000AL FILE NO. 7495472

State of Michigan

To any person legally authorized to solemnize marriage in the State of Michigan,

TAMES MAIRED		etween		TE MEDIT	1.000	
JAMES WALTER	ALE (FIRST, MIDDLE, LAST)	and		LE MARIE	The second secon	
FULL NAME OF MA	ILE IPINST, MIDDLE, EAST		FUI	L NAME OF FEMA	LE IFINST, MIDDL	E. LASTI
		_	LAST	NAME BEFORE FIR	RST MARRIED IF	DIFFERENT
45				40		
PRESENT AGE	DATE OF BIRTH	-		NT AGE	DA	TE OF BIRTH
17219 LOWELL			31470	CONCORI	DR APT	T)
RESIDENCE NO	STAELT	P	ESIDENCE NO	001100111		TREET
ROSEVILLE	MI 48066		MADIS	ON HGTS	MI	48071
CITY, STA	TE. AND ZIP CODE	-	3.17.27		AND ZIP CODE	20012
MACOMB	3		OAKLA	ND		0
RESIDENCE COUNTY	NUMBER OF TIMES PREVIOUSLY MARRIED				NUMBER OF TIME	S PREVIOUSLY MARRI
SCOTT COUNTY	, VIRGINIA		HIGHL	AND PARE	C.MICHIO	MAG
	- CITY AND STATE	-			CITY AND STAT	
URHO WALTER	RUKKILA		WILLI	AM JUNIE	O HARTO	HT
	R'S FULL NAME	_	***************************************		S FULL NAME	711 3
KERTTU M KUU	SISTO		MAREL	JUANITA	TILLEY	,
	ME BEFORE FIRST MARRIED	-		THER'S FULL NAM		
MICHIGAN	FINLAND		MICHI	CAN	MICH	IICAN
FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	-		BIRTHPLACE	ALCOHOLD DOOR	R'S BIRTHPLACE
	d sealed these presents, this_				PTEMBER	19_94
NCELLED		LY OUNTY CL	NN D.	ALLEN		OAKLANI
8.94		OUNTYCE	1.	Day		DEPUTY CLERK
not use	*Certificate	of :	Mari	riage		
Setween Mr. JAMES	WALTER RUKKILA	a	and M	MICHELE	MARIE I	OWE
I hereby certify to	hat, in accordance with the ab	ove lic	ense, the	persons here	in mentione	ed were joined
marriage by me, in	CITY, VILLAGE, OF TOWNSHIP	, c	ounty of _			
						_ , MICHIGAI
on the	day of			A.D. 1	9, in	, MICHIGAN
	day of		2			
					9, in	
SIGNAT	day of				E OF WITNESS	the presence

THIS ORIGINAL COPY MUST BE RETURNED, WITHIN TEN DAYS AFTER THE MARRIAGE, TO THE OAKLAND COUNTY CLERK, UNDER SEVERE PENALTY.

12/22/92
DATE OF APPLICATION
JAN 1 2 193
DATE CERTIFICATE FILED



Marriage License

STATE FILE NO 92-08875 1000 FILE NO. 7291495

State of Michigan

	between				
JAMES WALTER RUKKILA		JANE FF	RANCES A	LEXANDE	R
FULL NAME OF MALE (FIRST, MIDDLE, LAST)		FULL N	AME OF FEMALE I	FIRST, MIDDLE L	ASII
		LAST NA	ME BEFORE FIRST	MARRIED IE NIEE	FRENT
4.3		4.3	3		
PRESENT AGE DATE OF BIRTH		PRESENT A	GE	DATEO	FBIRTH
23360 CARLISLE		23360	CARLISLE	SIRE	
ESIDENCE NO STREET	RESID	ENCE NO	TO A THAIR WAY		
HAZEL PARK MI 4803	0	HAZEL I	CITY, STATE, A	M I ND ZIP CODE	48030
		OAKLANI		2	
RESIDENCE COUNTY NUMBER OF TIMES PREVIOUSLY MA		RESIDENCE CO	DUNTY NUI	MBER OF TIMES P	REVIOUSLY MARK
SCOTT CTY, VIRGINIA		DETROI	r, MICHI	GAN	
BIRTHPLACE - CITY AND STATE			BIRTHPLACE - C	ITY AND STATE	
URHO WALTER RUKKILA		RAYMON	ALEXAN		
FATHER'S FULL NAME		CDDDD			
KERTTO MARIA KUUSISTO			A NORA M		RRIED
MICHIGAN FINLAND		OHIO		MICHI	GAN
		FATHER'S BIR	THPLACE	MOTHER'S	BIRTHPLACE
cense authorizes the marriage of the partie uthorized to perform a marriage ceremony u	s named abov inder the laws	e within to of the Sta	he State of ite of Michig	Michigan t gan.	oy any per
n affidavit has been filed in this office by verse authorizes the marriage of the partie	s named abov inder the laws	e within to of the Sta	he State of ite of Michig	Michigan t gan.	by any per
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n affidavit has been filed in this office by the narriage of the partie authorized to perform a marriage ceremony under the in witness whereof, I have signed and sealed these presents	s named above the laws the laws the laws the laws to t	e within to of the Standard of	DEC	Michigan t gan. CEMBER	19 92 OAKLA
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n affidavit has been filed in this office by the cense authorizes the marriage of the partie uthorized to perform a marriage ceremony use in witness whereof, I have signed and sealed these presents etween Mr. JAMES WALTER RUKKIL I hereby certify that, in accordance with marriage by me, in	the above lice	e within to of the Standay of N.D. A. Marr d M J	DEC	NCES ALI	OAKLAI COUNTY DEPUTY CLE
n affidavit has been filed in this office by conse authorizes the marriage of the partie uthorized to perform a marriage ceremony use in witness whereof, I have signed and sealed these presents etween Mr. JAMES WALTER RUKKIL I hereby certify that, in accordance with constringe by me, in	the above lice	e within to of the Standay of N.D. A. Marr d M J	DEC	NCES ALI	OAKLAI COUNTY DEPUTY CLE
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n affidavit has been filed in this office by conse authorizes the marriage of the partie uthorized to perform a marriage ceremony use in witness whereof, I have signed and sealed these presents etween Mr. JAMES WALTER RUKKIL I hereby certify that, in accordance with constringe by me, in	the above lice	e within to of the Standay of N.D. A. Marr d M J	DEC	NCES ALI	OAKLAI COUNTY DEPUTY CLE
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In affidavit has been filed in this office by common authorizes the marriage of the particular common authorized to perform a marriage ceremony of the particular ceremony of the parti	the above lice	e within to of the Standay of N.D. A. Marr d M J	DEC	NCES ALI	OAKLAI COUNTY DEPUTY CLE

MARRIAGE, TO THE OAKLAND COUNTY CLERK, UNDER SEVERE PENALTY.

Lec

555 259853



STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

Nº 0096464

1. DECEDENT'S NAME	Einst Middle (251)	WEIGHT.			2. SEX	3. DATE OF	DEATH (Month, Day, Year)
KERTTU RUK	Contract to the contract of th			9 (90)	FEMALE		16, 1990
4a. AGE - Last Birthday (Years)	40 UNDER 1 YEAR MONTHS DAYS	4c. UNDER	AINUTES 5. DATE	OF BIRTH (Month, Day, Year		TY OF DEATH	
72 LOCATION OF DEAT HOSPITAL OR DITHE	TH (Enter place officially pronounce institution - Name (if no DOWBROOK ROAD)	unced dead in 7a. of in either, give s	7b, 7c.) street and number)	7b IF HOSP OR INST. In Op./Emer. Room. DOA	patient. 7c. ((Specify)	NOVI	TOWNSHIP OF DEATH
8. SOCIAL SECURITY N			not use retired)	work done during most of	96. KIND OF BU	HOME	JUSTRY
108. CURRENT RESIDENT	CE - 10b. COUNTY		ALITY (Check one bo		10d STREET AN		
MICHIGAN	OAKLAND		TWP. OF N	OVI	25100 MI	EADOWBRO	
10e ZIP CODE 48050	11. BIRTHPLACE (City State or Foreign C		MARITAL STATUS - Never Married Wid Divorced (Specify) WIDOWED		POUSE name before first m	narried)	WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No) NO
15. ANCESTRY - Mexican American, Chicano, o	Puerto Rican, Cuban, Centri kher Hispanic, Afro-American, A lish, etc. (Specify below)	al or South Arab,	If Asian, give I	n Indian, Black, White, etc. artionality i.e., Chinese, Indian, etc. (Specify below)	17. DECEDENT'S E Elementary/Second 12		fy only highest grade complete College (3-4 or 5+)
18. FATHER'S NAME (First, Middle, Last)			19. MOTHER'S NAME (First, Middle, Surname	before first main	ied)
WILLIAM K				SUSANNA TO		- Millione Const. W	D Code
DUANE B.				S (Street and Number or Rural)		r Village, State, 21 48050	- C00e)
1	OSITION - Burial, Cremation.	22a. PL	ACE OF DISPOSITIO	N (Name of Cametery, Cremato	ry 22b LOCA	ATION - City or	
CREMATION	Sec.	UNIT	ED MEMORIA	L GARDENS		PERIOR 7	TWP., MI
,	UNERAL SERVICE DICENSEE	24. LICE	NSE NUMBER icensee)	HEENEY-SUNDO	JIST FUNER		
26. PART I. Enter the	diseases, injuries, or complic ock, or heart failure. List only	ations that caus	ed the death. Do N	OT enter the mode of dying.			Approximate Interval Between
IMMEDIATE CAUSE (Fil			ulmonary	Arrest			Onset and Death Minute
disease or condition — resulting in death)	a. DU	E TO (OR AS A	CONSEQUENCE O	5)			1.0
	1 -		Mellitus				13 yea
Sequentially list condition of the Land	ons, DU mediate Rro		Asthma-				28 yea
CAUSE (Disease or Injury that initiated events resulting in death) LAS	DU DU		A CONSEQUENCE O				
PART II. Other significa	ant conditions contributing to	death but not	resulting in the und	erlying cause given in Part I	27a WAS AN A PERFORME (Yes or No)	D?	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUS
						NO	OF DEATH? (Yes or No)
HOME Hospital.	mbulance) (Specify)	NO NO	REFERRED TO MEDIC (Specify Yes or No.)	one only) on the b	asis of examination an	d of investigation	in my opinion death occur ause(s) and manner state
to the cau	est of my knowledge, death occurse(s) stated	wred at the time.	date and place and d	*	L	,	
	Title)	30c. TIME OF 1	and the same of th	M SE 310 DATE SIG	e and Title) P NED (Mc., Day, Yr.)		NUMBER
30d NAME U	F ATTENDING PHYSICIAN IF			ON	ICED DEAD (Ma., Day		
Mary C. W		41630	W. Ten M	ile Rd, Novi,	Mi 48050	M	W032978
33a. ACC. SUICIDE. HOOR PENDING INV NATURAL 33e. INJURY AT WOR		OF INJURY - At	home, larm, street,	M 33g. LOCATI	DN - Street or R.F.D		Village or Twp State
(Specify Yes or No		off	lice building, etc. (5				
34a. REGISTRAR'S SK	ENATURE W. Bre			34b. DATE	FILED (Month, Day,	Year)	



Further Searches Locate a Person (Nationwide) Motor Vehicle Registrations/Titles Real Property Bankruptcy Filings

Marriage and Divorce Record

```
1. Divorce Record
            State: KENTUCKY
             Type: Divorce
    Filing Number: 00541
   Divorce County: JOHNSON
    Marriage Date: 1996
     Divorce Date: 01/31/1997
  Divorce Grounds: ABSOLUTE DIVORCE
        Number of
          children: 0
Party 1
            Name: RUKKILA, JAMES W
             Type: HUSBAND
              Age: 47
             Race: WHITE
# of Times Married: 4
          Address: KY
Party 2
            Name: SHEPHERD, SANDRA S
             Type: WIFE
             Age: 48
             Race: WHITE
# of Times Married: 4
          Address: KY
```

View: Results List | Full

1 of 458 NEXT

昌回周公

Search: Marriage & Divorce Records | > Search Results > Marriage

& Divorce Records Report

Terms: first-name(james) last-name(rukkila) (Edit Search | New

Search)

☐ Select for Delivery

Further Searches

Locate a Person (Nationwide) Motor Vehicle Registrations/Titles Real Property Bankruptcy Filings

Marriage and Divorce Record

1. Divorce Record

State: KENTUCKY

Type: Divorce

Filing Number: 00541 **Divorce County: JOHNSON**

Marriage Date: 1996

Divorce Date: 01/31/1997

Divorce Grounds: ABSOLUTE DIVORCE

Number of children: 0

Party 1

Name: RUKKILA, JAMES W

Type: HUSBAND

Age: 47

Race: WHITE

of Times Married: 4

Address: KY

Party 2

Name: SHEPHERD, SANDRA S

Type: WIFE

Age: 48

Race: WHITE

of Times Married: 4

Address: KY

View: Results List | Full

1 of 458 NEXT

Search: Marriage & Divorce Records | Search Results > Marriage

& Divorce Records Report

Terms: first-name(james) last-name(rukkila) (Edit Search | New

Search)

Select for Delivery

Further Searches

Locate a Person (Nationwide) Motor Vehicle Registrations/Titles

Bankruptcy Filings

Real Property

Marriage and Divorce Record

1. Divorce Record

State: KENTUCKY

Type: Divorce

Piling Number: 00541

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Age: 47

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of Times Married: 4

Address: KY

Party 2

Name: SHEPHERD, SANDRA S

Type: WIFE Age: 48

Race: WHITE

of Times Married: 4

Address: KY

06/26/90	
JUL 0 9 1990 DATE CERTIFICATE FILED	
DATE CERTIFICATE FILED	

Marriage License

	STATE FILE NO.
	and the second s
	90-04124
-	LOCAL FILE NO.
	7074664
	1114664

State of Michigan

JAMES WALTER R	UKKILA	between MAIIREEN TAMA	LA BRISEBOIS
	(FIRST, MIDDLE, LAST)	and	MALE (FIRST, MIDDLE, LAST)
40			FIRST MARRIED, IF DIFFERENT
40 PRESENT AGE	DATE OF BIRTH	30 PRESENT AGE	DATE OF BIRTH
23520 ROSEWOOD		3655 SANDWIC	
RESIDENCE NO.	STREET	RESIDENCE NO.	STREET
OAK PARK	MI 48237	WINDSOR	CANAD
A STATE OF THE PARTY OF THE PAR	AND ZIP CODE		ATE, AND ZIP CODE
OAKLAND RESIDENCE COUNTY NU	1 MBER OF TIMES PREVIOUSLY MARRIE	ONTARIO RESIDENCE COUNTY	1 NUMBER OF TIMES PREVIOUSLY MARRIE
SCOTT CTY, VIR		WINDSOR, CAN	AND THE PROPERTY OF THE PROPER
	CITY AND STATE		E - CITY AND STATE
URHO WALTER RU			RY BRISEBOIS
	FULL NAME	FATH	ER'S FULL NAME
KERTTU M KUUSI		V SCHNEKENBU	A transfer company to the company of
MICHIGAN	BEFORE FIRST MARRIED FINLAND	22/T-04/07/03/T-0-T-0-T-0-T-0-T-0-T-0-T-0-T-0-T-0-T-0	AME BEFORE FIRST MARRIED
FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	CANADA FATHER'S BIRTHPLACE	CANADA MOTHER'S BIRTHPLACE
In witness whereo	of,	2 Omu	TIME OO
In witness whereo	of, sealed these presents, th	isday of	JUNE 19_90
In witness whereo	of, sealed these presents, th	LYNN D. ALLEN	OAKLAND
In witness whereo	of, sealed these presents, th		OAKLAND
In witness whereo	sealed these presents, th	LYNN D. ALLEN	OAKLAND
In witness whereo	sealed these presents, th	LYNN D. ALLEN	OAKLAND
I have signed and s	*Certificate	of Marriage	OAKLAND COUNTY DEPUTY CLERK
I have signed and s	sealed these presents, th	e of Marriage	OAKLAND COUNTY DEPUTY CLERK
I have signed and s	* Certificate	e of Marriage and M MAUREEN	OAKLAND COUNTY DEPUTY CLERK TAMALA BRISEBOIS
I have signed and setween Mr. I hereby certify that	* Certificate **ALTER RUKKILA t, in accordance with the	LYNN D. ALLEN COUNTY CLERK Of Marriage and M MAUREEN above license, the persons he	OAKLAND COUNTY DEPUTY CLERK TAMALA BRISEBOIS Prein mentioned were joined in
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This Space Reserved for Binding

THIS ORIGINAL COPY MUST BE RETURNED, WITHIN TEN DAYS AFTER THE MARRIAGE, TO THE CAKLAND COUNTY CLERK, UNDER SEVERE PENALTY.

09/15/94	
NOV 0 8 1994	
DATE CERTIFICATE EN ED	



STATE FILE NO. 94-06845 LOCAL FILE NO.

State of Michigan

7495472

To any person legally authorized to solemnize marriage in the State of Michigan, OCTOBER 18, 1994 Marriage must be solemnized In the State of Michigan on or before

blank must be α or printed legibly	JAMES WALTER R		betwee	MICHELE MARI	FIONE	
ted 5	FULL NAME OF MALE (F		and _	FULL NAME OF FEM		OLE. LASTI
Dr. in						
5 등 6			-	LAST NAME BEFORE	IRST MARRIED, IF	DIFFERENT
	45	-3		40		
	PRESENT AGE	DATE OF BIRTH		PRESENT AGE		ATE OF BIRTH
	17219 LOWELL			31470 CONCOR		
	ROSEVILLE	MI 48066		RESIDENCE NO		STREET
	CITY, STATE, A			MADISON HGTS	MI TE, AND ZIP CODE	48071
	масомв	3		OAKLAND	iz, mio zii cobi	0
		BER OF TIMES PREVIOUSLY MARRIED	-	RESIDENCE COUNTY	NUMBER OF TIM	IES PREVIOUSLY MARRIE
	SCOTT COUNTY,	VIRGINIA		HIGHLAND PAR	K MICHI	GAN
	BIRTHPLACE - C		-		- CITY AND STA	
	URHO WALTER RU	KKILA		WILLIAM JUNI	RO HABI	CHT
	FATHER'S FI	ULL NAME			S'S FULL NAME	
813	KERTTU M KUUSI			MABEL JUANIT		
33.2	MOTHER'S FULL NAME B			MOTHER'S FULL NA	ME BEFORE FIRST	MARRIED
L 3	MICHIGAN FATHER'S BIRTHPLACE	FINLAND MOTHER'S BIRTHPLACE		MICHIGAN FATHER'S BIRTHPLACE		HIGAN ER'S BIRTHPLACE
uthority of N	An affidavit has been file license authorizes the ma authorized to perform a m	rriage of the parties nar	med a	bove within the State	of Michiga	n by any perso
By Authority of MCL 333,2813	license authorizes the ma authorized to perform a m	rriage of the parties na narriage ceremony under	med a the la	bove within the State ws of the State of Mic	of Michiga	n by any perso
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POST OFFICE ADDRESS OF MAGISTRATE OR CLERGY

THIS ORIGINAL COPY MUST BE RETURNED, WITHIN TEN DAYS AFTER THE MARRIAGE, TO THE OAKLAND COUNTY CLERK, UNDER SEVERE PENALTY.

12/22/92 DATE OF APPLICATION JAN 1 2 1993



Marriage License

State of Michigan

STATE FILE NO 92-08875 7291495

To any person legally authorized to solemnize marriage in the State of Michigan, Marriage must be solemnized In the State of Michigan on or before _ between JAMES WALTER RUKKILA FRANCES ALEXANDER and FULL NAME OF MALE (FIRST, MIDDLE, LAST)

LAST NAME REFORE FIRST MARRIED, IF DIFFERENT 43 PRESENT AGE DATE OF BIRTH DATE OF BIRTH 23360 CARLISLE 23360 RESIDENCE NO ESIDENCE NO HAZEL PARK 48030 HAZEL PARK 48030 OAKLAND OAKLAND NUMBER OF TIMES PREVIOUSLY MARRIED NUMBER OF TIMES PREVIOUSLY MARRIED RESIDENCE COUNTY SCOTT CTY, VIRGINIA DETROIT, MICHIGAN BIRTHPLACE - CITY AND BIRTHPLACE - CITY AND STATE URHO WALTER RUKKILA RAYMOND ALEXANDER KERTTO MARIA KUUSISTO LORETTA NORA MOONEY MOTHER'S FULL NAME BEFORE FIRST MARRIED MICHIGAN OHIO MOTHER'S BIRTHPLACE FATHER'S BIRTHPLACE FATHER'S BIRTHPLACE MOTHER'S BIRTHPLACE

An affidavit has been filed in this office by which it appears that said statements are true. This marriage license authorizes the marriage of the parties named above within the State of Michigan by any person authorized to perform a marriage ceremony under the laws of the State of Michigan.

In witness whereof, I have signed and sealed these presents, this 25 TH day of _

> OAKLAND LYNN D. ALLEN DEPUTY CLERK

Certificate of Marriage

Between Mr.	JAMES	WALTER	RUKKILA	and M	JANE	FRANCES	ALEXANDER	

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in

marriage by me, in

in the presence of

THIS ORIGINAL COPY MUST BE RETURNED. WITHIN TEN DAYS AFTER THE MARRIAGE, TO THE OAKLAND COUNTY CLERK, UNDER SEVERE PENALTY.

B138P (1/89)

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555 259853



STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

Nº 0096464

			- Car	all distance of the second			-	ME OU	5040	•	
1. DECEDENT'S	1. DECEDENT'S NAME (First, Middle, Last)								3. DATE OF DEATH (Month, Day, Year		
-	RUKKI				2177 05 210		FEM			6, 1990	
4a. AGE - Last (Years)		ONTHS DAYS	HOURS	MINUTES 5.	DATE OF BIR	TH (Month, Day, Yea	,	6. COUNTY OF			
69	OF DEATH (Enter place officially p	reasured dead	in 7s. 7h. 7c.)	75. 16	HOSP. OR INST. In	nations :	OAKLAN		OWNSHIP OF DEATH	
HOSPITAL (OR OTHER I	BROOK ROA	(If not in either,	give street and numb		/Emer, Room, DOA		NOV		DWNSHIP OF DEATH	
8. SOCIAL SECI	working life. D				PATION (Give kind of work done during most of orot use retired) MAKER			OWN HOME			
10a. CURRENT I					CALITY (Check one box and specify) INSIDE CITY OR VILLAGE OF			10d. STREET AND NUMBER			
MICHIG		OAKLAND		TWP. OF	NOVI			OO MEADO			
10e. ZIP CODE 48050		State or Foreign		12 MARITAL STA Never Married Divorced (Spec WIDOWI	s. Widowed, city)	13. SURVIVING SI (If wife, give		ere first married)	(3	AS DECEDENT EVE U.S ARMED FORCE Specify Yes or No.)	
American, C	hicano, other nch, Finnish, e	erto Rican, Cuban, C Hispanic, Atro-America etc. (Specify below)	Central or South an, Arab,	If Asian,	give nationality Islan Indian, etc	Black. White. etc. i.e., Chinese, (Specify below)	-	EDENT'S EDUCATI entary/Secondary (12		ly highest grade comple College (1-4 or 5+)	
18. FATHER'S	NAME (First.	Middle, Last)			19.	MOTHER'S NAME (irst, Middle	. Surname before	first married)		
	M KUUS					SUSANNA TO	_				
DUANE DUANE	B. ACK					OOK RD., N				de)	
	OF DISPOSITIO	ON - Burial, Cremation (specify)	n, 22	PLACE OF DISPO or other place)	SITION (Name	of Cemetery, Cremator	y. 2	22b. LOCATION -	City or Villag	e. State	
-	CREMATION UNITED MEMORIAL GARDENS SUPERIOR TWP., MI										
1	23. SIGNATURE OF FUNERAL SERVICE CICENSEE 24. LICENSE NUMBER (of Licensee) 25. NAME AND ADDRESS OF FACILITY HEENEY-SUNDQUIST FUNERAL HOME, INC.										
1 Ma	ile 10	1. Jusy	_	6520		20 FARMING					
		ses, injuries, or com r heart failure. List			Do NOT enter	the mode of dying.	such as c	ardiac or respira	tory	Approximate Interval Between	
IMMEDIATE CAN	USE (Final			-Pulmona	ry Arr	est				Minute	
resulting in dea				AS A CONSEQUENC			2			12 100	
Sequentially list	conditions	b	THE CONTROL	s Mellit	NCAPSES					13 yea	
CAUSE (Disease	to immediat	B B		al Asthu	and the state of t	D				28 yea	
that initiated ev	rents) " —	DUE TO (OR	AS A CONSEQUENC	E OF):					1	
		d	to death but	and any files in the	and a deline and a	a since on Part I	T22. W	AC AN AUTOCO	275 WED	E NUTORSY EINOIN	
PART II. Other	significant co	nditions contributing	to death but	not resulting in the	underlying caus	e given in Part I	PE	AS AN AUTOSPY ERFORMED? (es or No)	AVA	E AUTOPSY FINDIN LABLE PRIOR TO IPLETION OF CAUSI	
_							- 2		OF	DEATH? (Yes or No)	
			Ten		**************************************			NO			
Home, Hos	pital. Ambular	TH (Home, Nursing nce) (Specify)		SE REFERRED TO M ER? (Specify Yes or N	(C) (C)	On the har				edical examiner's ca y opinion death occur	
30a. To		ny knowledge, death o	occurred at the ti	ime, date and place a	nd due	at the tim	e, date an	d place and due	to the cause	s) and manner state	
	re and Title)	14.	Lan	^*		(Signature)		/	1c CASE NU	MATE	
		(Mo. Day. Yr.) 16,1990	30c. TIME 0	8:39 A	WEDICAL EXAMINER	SID DATE SIGN	LU (MO., I	Day, Yr.) . 3	IC CASE NO	much.	
30d. N	AME OF ATTI	ENDING PHYSICIAN			r Print)	31d. PRONOUNC		Mo., Day, Yr.) 3	le TIME OF	DEATH	
		of PERSON WHO				or Print) Rd, Novi, I	1i 48		326 LICENSE MWO	NUMBER 3 2 9 7 8	
NATURA NATURA	AL				-	м		JURY OCCURRED			
33e. INJURY A' (Specify Ye		331 PLAC	E OF INJURY -	At home, larm, str office building, etc.		33g. LOCATION	- Street o	or R.F.D No.	City, Village	or Twp. State	
34a. REGISTRA		W. Br						nth, Day, Year)	00-		