

06/26/90

DATE OF APPLICATION
JUL 09 1990
DATE CERTIFICATE FILED



Marriage License

STATE FILE NO.
90-04124
LOCAL FILE NO.
7074664

State of Michigan

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 JULY 29, 1990
DATE

<u>JAMES WALTER RUKKILA</u> FULL NAME OF MALE (FIRST, MIDDLE, LAST)		between and	<u>MAUREEN TAMALA BRISEBOIS</u> FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)	
<u>40</u> PRESENT AGE			<u>30</u> PRESENT AGE	
<u>23520 ROSEWOOD</u> RESIDENCE NO.			<u>3655 SANDWICH STREET</u> RESIDENCE NO.	
<u>OAK PARK MI 48237</u> CITY, STATE, AND ZIP CODE			<u>WINDSOR CANAD</u> CITY, STATE, AND ZIP CODE	
<u>OAKLAND 1</u> RESIDENCE COUNTY NUMBER OF TIMES PREVIOUSLY MARRIED			<u>ONTARIO 1</u> RESIDENCE COUNTY NUMBER OF TIMES PREVIOUSLY MARRIED	
<u>SCOTT CTY, VIRGINIA</u> BIRTHPLACE - CITY AND STATE			<u>WINDSOR, CANADA</u> BIRTHPLACE - CITY AND STATE	
<u>URHO WALTER RUKKILA</u> FATHER'S FULL NAME			<u>WALTER GREGORY BRISEBOIS</u> FATHER'S FULL NAME	
<u>KERTTU M KUUSISTO</u> MOTHER'S FULL NAME BEFORE FIRST MARRIED			<u>V SCHNEKENBURGER</u> MOTHER'S FULL NAME BEFORE FIRST MARRIED	
<u>MICHIGAN</u> FATHER'S BIRTHPLACE	<u>FINLAND</u> MOTHER'S BIRTHPLACE		<u>CANADA</u> FATHER'S BIRTHPLACE	<u>CANADA</u> 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 29TH day of JUNE 1990

LYNN D. ALLEN COUNTY CLERK
OAKLAND COUNTY
[Signature] DEPUTY CLERK

* Certificate of Marriage

Between Mr. JAMES WALTER RUKKILA and M MAUREEN TAMALA BRISEBOIS

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, in DETROIT CITY, VILLAGE, OR TOWNSHIP, county of WAYNE, MICHIGAN,

on the 30TH day of JUNE A.D. 1990, in the presence of

[Signature]
SIGNATURE OF WITNESS

[Signature]
SIGNATURE OF WITNESS

ELAINE DECAIRE
NAME OF WITNESS (TYPE OR PRINT)

JOHN WALLEN
NAME OF WITNESS (TYPE OR PRINT)

[Signature]
SIGNATURE OF MAGISTRATE OR CLERGY

Rev. Anthony C. Russell (Pastor)
NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)

BX. 39258 Detroit MI 48239
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.

Except for signature, spaces left blank must be completed by typewriter or printed legibly.

By Authority of MCL 333.2813

This Space Reserved for Binding

09/15/94

NOV 08 1994

DATE CERTIFICATE FILED



Marriage License

State of Michigan

STATE FILE NO.

94-06845

LOCAL FILE NO.

7495472

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 OCTOBER 18, 1994

Between
and

JAMES WALTER RUKKILA

MICHELE MARIE LOWE

FULL NAME OF MALE (FIRST, MIDDLE, LAST)

FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)

45

40

PRESENT AGE

DATE OF BIRTH

PRESENT AGE

DATE OF BIRTH

17219 LOWELL

31470 CONCORD DR APT D

RESIDENCE NO

STREET

RESIDENCE NO

STREET

ROSEVILLE

MI

48066

MADISON HGTS

MI

48071

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

MACOMB

3

OAKLAND

0

RESIDENCE COUNTY

NUMBER OF TIMES PREVIOUSLY MARRIED

RESIDENCE COUNTY

NUMBER OF TIMES PREVIOUSLY MARRIED

SCOTT COUNTY, VIRGINIA

HIGHLAND PARK, MICHIGAN

BIRTHPLACE - CITY AND STATE

BIRTHPLACE - CITY AND STATE

URHO WALTER RUKKILA

WILLIAM JUNIRO HABICHT

FATHER'S FULL NAME

FATHER'S FULL NAME

KERTTU M KUUSISTO

MABEL JUANITA TILLEY

MOTHER'S FULL NAME BEFORE FIRST MARRIED

MOTHER'S FULL NAME BEFORE FIRST MARRIED

MICHIGAN

FINLAND

MICHIGAN

MICHIGAN

FATHER'S BIRTHPLACE

MOTHER'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 18TH day of SEPTEMBER 19 94;

CANCELLED

LYNN D. ALLEN

OAKLAND

COUNTY CLERK

COUNTY

Date

11-8-94

T. Day

DEPUTY CLERK

Did not use

Certificate of Marriage

Between Mr. JAMES WALTER RUKKILA and M MICHELE MARIE LOWE

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, in _____, county of _____, MICHIGAN,

on the _____ day of _____ A.D. 19____, in the presence of

SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

NAME OF WITNESS (TYPE OR PRINT)

NAME OF WITNESS (TYPE OR PRINT)

SIGNATURE OF MAGISTRATE OR CLERGY

NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)

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.

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By Authority of MCL 333.2813

This Space Reserved for Binding

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By Authority of MCL 333.2813

This Space Reserved for Binding



12/22/92
DATE OF APPLICATION
JAN 12 1993
DATE CERTIFICATE FILED

Marriage License

STATE FILE NO
92-08875
LOCAL FILE NO
7291495

State of Michigan

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 JANUARY 24, 1993

between

JAMES WALTER RUKKILA
FULL NAME OF MALE (FIRST, MIDDLE, LAST)

and JANE FRANCES ALEXANDER
FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)

43
PRESENT AGE

43
PRESENT AGE

23360 CARLISLE
RESIDENCE NO STREET

23360 CARLISLE
RESIDENCE NO STREET

HAZEL PARK MI 48030
CITY, STATE, AND ZIP CODE

HAZEL PARK MI 48030
CITY, STATE, AND ZIP CODE

OAKLAND 2
RESIDENCE COUNTY NUMBER OF TIMES PREVIOUSLY MARRIED

OAKLAND 2
RESIDENCE COUNTY NUMBER OF TIMES PREVIOUSLY MARRIED

SCOTT CTY, VIRGINIA
BIRTHPLACE - CITY AND STATE

DETROIT, MICHIGAN
BIRTHPLACE - CITY AND STATE

URHO WALTER RUKKILA
FATHER'S FULL NAME

RAYMOND ALEXANDER
FATHER'S FULL NAME

KERTTO MARIA KUUSISTO
MOTHER'S FULL NAME BEFORE FIRST MARRIED

LORETTA NORA MOONEY
MOTHER'S FULL NAME BEFORE FIRST MARRIED

MICHIGAN FINLAND
FATHER'S BIRTHPLACE MOTHER'S BIRTHPLACE

OHIO MICHIGAN
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 25TH day of DECEMBER 19 92;

LYNN D. ALLEN OAKLAND
COUNTY CLERK COUNTY
[Signature] 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 LIVONIA city, village, or township, county of WAYNE, MICHIGAN,

on the FIRST day of JANUARY A.D. 19 93, in the presence of

[Signature]
SIGNATURE OF WITNESS
JACQUELINE Y WHITE
NAME OF WITNESS (TYPE OR PRINT)

[Signature]
SIGNATURE OF WITNESS
WARREN L JOHNSON JR.
NAME OF WITNESS (TYPE OR PRINT)

[Signature]
SIGNATURE OF MAGISTRATE OR CLERGY
24740 W 8 Mile Rd #5, Farm Hills, MI
POST OFFICE ADDRESS OF MAGISTRATE OR CLERGY

[Signature]
NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)
REV. MICHAEL LOCH

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

6cc
LF 555
CF 259853



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
No 0096464

1. DECEDENT'S NAME (First, Middle, Last) **KERTTU RUKKILA** 2. SEX **FEMALE** 3. DATE OF DEATH (Month, Day, Year) **APRIL 16, 1990**

4a. AGE - Last Birthday (Years) **69** 4b. UNDER 1 YEAR MONTHS DAYS 4c. UNDER 1 DAY HOURS MINUTES 5. DATE OF BIRTH (Month, Day, Year) 6. COUNTY OF DEATH **OAKLAND**

DECEDENT

7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) **25100 MEADOWBROOK ROAD** 7b. IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOH (Specify) 7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH **NOVI**

8. SOCIAL SECURITY NUMBER 9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **HOMEMAKER** 9b. KIND OF BUSINESS OR INDUSTRY **OWN HOME**

10a. CURRENT RESIDENCE - STATE **MICHIGAN** 10b. COUNTY **OAKLAND** 10c. LOCALITY (Check one box and specify) INSIDE CITY OR VILLAGE OF **NOVI** TWP. OF **NOVI** 10d. STREET AND NUMBER **25100 MEADOWBROOK ROAD**

10e. ZIP CODE **48050** 11. BIRTHPLACE (City and State or Foreign Country) **FINLAND** 12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **WIDOWED** 13. SURVIVING SPOUSE (If wife, give name before first married) **NONE** 14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) **NO**

15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) **FINNISH** 16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) **WHITE** 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **12** College (1-4 or 5+) **NO**

PARENTS

18. FATHER'S NAME (First, Middle, Last) **WILLIAM KUUSISTO** 19. MOTHER'S NAME (First, Middle, Surname before first married) **SUSANNA TOUKKALA**

INFORMANT

20a. INFORMANT'S NAME (Type/Print) **DUANE B. ACKERT** 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) **25100 MEADOWBROOK RD., NOVI, MI 48050**

DISPOSITION

21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) **CREMATION** 22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) **UNITED MEMORIAL GARDENS** 22b. LOCATION - City or Village, State **SUPERIOR TWP., MI**

23. SIGNATURE OF FUNERAL SERVICE LICENSEE *Made R. Zopf* 24. LICENSE NUMBER (of Licensee) **6520** 25. NAME AND ADDRESS OF FACILITY **HEENEY-SUNDQUIST FUNERAL HOME, INC. 23720 FARMINGTON RD., FARMINGTON, MI 48024**

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Minutes
IMMEDIATE CAUSE (Final disease or condition resulting in death) **Cardiac-Pulmonary Arrest** 13 years
Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
a. DUE TO (OR AS A CONSEQUENCE OF): **Diabetes Mellitus**
b. DUE TO (OR AS A CONSEQUENCE OF): **Bronchial Asthma- COPD** 28 years
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) **NO** 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

CERTIFIER

28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) **HOME** 29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) **NO** 31a. The case reviewed and determined not to be a medical examiner's case. On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.

30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) *M.C. Wood M.D.* 30b. DATE SIGNED (Mo., Day, Yr.) **April 16, 1990** 30c. TIME OF DEATH **8:39 A M** 31b. DATE SIGNED (Mo., Day, Yr.) 31c. CASE NUMBER 31d. PRONOUNCED DEAD (Mo., Day, Yr.) **ON** 31e. TIME OF DEATH **M**

MEDICAL EXAMINER

32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) **Mary C. Wood, M.D., 41630 W. Ten Mile Rd., Novi, Mi 48050** 32b. LICENSE NUMBER **MW032978**

33a. ACC. SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify) **NATURAL** 33b. DATE OF INJURY (Mo., Day, Yr.) 33c. TIME OF INJURY **M** 33d. DESCRIBE HOW INJURY OCCURRED

33e. INJURY AT WORK (Specify Yes or No) 33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 33g. LOCATION - Street or R.F.D. No., City, Village or Twp., State

B-36 Rev 1/89

34a. REGISTRAR'S SIGNATURE *Jean W. Brown* 34b. DATE FILED (Month, Day, Year) **April 17, 1990**

View: [Results List](#) | **Full**

1 of 458 [NEXT](#)



Search: [Marriage & Divorce Records](#) > [Search Results](#) > Marriage & Divorce Records Report

Terms: first-name(**james**) last-name(**rukki**) ([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(**rukkiila**) ([Edit Search](#) | [New Search](#))

Select for Delivery

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Search: [Marriage & Divorce Records](#) > [Search Results](#) > Marriage & Divorce Records Report

Terms: first-name(**james**) last-name(**rukkila**) ([Edit Search](#) | [New Search](#))

Select for Delivery

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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

06/26/90

DATE OF APPLICATION
JUL 09 1990
DATE CERTIFICATE FILED



Marriage License

State of Michigan

STATE FILE NO.
90-04124

LOCAL FILE NO.
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Marriage must be solemnized In the State of Michigan on or before JULY 29, 1990
DATE

JAMES WALTER RUKKILA

FULL NAME OF MALE (FIRST, MIDDLE, LAST)

between
and

MAUREEN TAMALA BRISEBOIS

FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)

40

PRESENT AGE

DATE OF BIRTH

23520 ROSEWOOD

RESIDENCE NO.

STREET

OAK PARK

MI

48237

CITY, STATE, AND ZIP CODE

OAKLAND

1

RESIDENCE COUNTY

NUMBER OF TIMES PREVIOUSLY MARRIED

SCOTT CTY, VIRGINIA

BIRTHPLACE - CITY AND STATE

URHO WALTER RUKKILA

FATHER'S FULL NAME

KERTTU M KUUSISTO

MOTHER'S FULL NAME BEFORE FIRST MARRIED

MICHIGAN

FINLAND

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

30

PRESENT AGE

DATE OF BIRTH

3655 SANDWICH STREET

RESIDENCE NO.

STREET

WINDSOR

CANAD

CITY, STATE, AND ZIP CODE

ONTARIO

1

RESIDENCE COUNTY

NUMBER OF TIMES PREVIOUSLY MARRIED

WINDSOR, CANADA

BIRTHPLACE - CITY AND STATE

WALTER GREGORY BRISEBOIS

FATHER'S FULL NAME

V SCHNEKENBURGER

MOTHER'S FULL NAME BEFORE FIRST MARRIED

CANADA

CANADA

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 29TH day of JUNE 1990;

LYNN D. ALLEN

OAKLAND

COUNTY CLERK

COUNTY

DEPUTY CLERK

Certificate of Marriage

Between Mr. **JAMES WALTER RUKKILA** and M **MAUREEN TAMALA BRISEBOIS**

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, in DETROIT, county of WAYNE, MICHIGAN,

on the 30TH day of JUNE A.D. 1990, in the presence of

SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

ELAINE DECAIRE
NAME OF WITNESS (TYPE OR PRINT)

JOHN WALLEN
NAME OF WITNESS (TYPE OR PRINT)

SIGNATURE OF MAGISTRATE OR CLERGY

Rev. Anthony C. Russell (Pastor)
NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)

Bx. 39258 Detroit MI 48239
POST OFFICE ADDRESS OF MAGISTRATE OR CLERGY

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09/15/94

NOV 08 1994

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Marriage License

State of Michigan

STATE FILE NO.

94-06845

LOCAL FILE NO.

7495472

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between

JAMES WALTER RUKKILA

FULL NAME OF MALE (FIRST, MIDDLE, LAST)

MICHELE MARIE LOWE

FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)

LAST NAME BEFORE FIRST MARRIED, IF DIFFERENT

45

PRESENT AGE

DATE OF BIRTH

40

PRESENT AGE

DATE OF BIRTH

17219 LOWELL

RESIDENCE NO.

STREET

ROSEVILLE

MI

48066

CITY, STATE, AND ZIP CODE

31470 CONCORD DR APT D

RESIDENCE NO.

STREET

MADISON HGTS

MI

48071

CITY, STATE, AND ZIP CODE

MACOMB

RESIDENCE COUNTY

3

NUMBER OF TIMES PREVIOUSLY MARRIED

SCOTT COUNTY, VIRGINIA

BIRTHPLACE - CITY AND STATE

OAKLAND

RESIDENCE COUNTY

0

NUMBER OF TIMES PREVIOUSLY MARRIED

HIGHLAND PARK, MICHIGAN

BIRTHPLACE - CITY AND STATE

URHO WALTER RUKKILA

FATHER'S FULL NAME

WILLIAM JUNIRO HABICHT

FATHER'S FULL NAME

KERTTU M KUUSISTO

MOTHER'S FULL NAME BEFORE FIRST MARRIED

MABEL JUANITA TILLEY

MOTHER'S FULL NAME BEFORE FIRST MARRIED

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FATHER'S BIRTHPLACE

MICHIGAN

MOTHER'S BIRTHPLACE

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In witness whereof,

I have signed and sealed these presents, this 18TH day of SEPTEMBER 19 94 ;

CANCELLED

Date

11-8-94
Did not use

LYNN D. ALLEN

COUNTY CLERK

OAKLAND

COUNTY

T. Day

DEPUTY CLERK

Certificate of Marriage

Between Mr. JAMES WALTER RUKKILA and M MICHELE MARIE LOWE

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

marriage by me, in _____, county of _____, MICHIGAN,

CITY, VILLAGE, OR TOWNSHIP

on the _____ day of _____ A.D. 19____, in the presence of

SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

NAME OF WITNESS (TYPE OR PRINT)

NAME OF WITNESS (TYPE OR PRINT)

SIGNATURE OF MAGISTRATE OR CLERGY

NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)

POST OFFICE ADDRESS OF MAGISTRATE OR CLERGY

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



Marriage License

State of Michigan

STATE FILE NO.
92-08875
LOCAL FILE NO.
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 JANUARY 24, 1993
DATE

between

JAMES WALTER RUKKILA and JANE FRANCES ALEXANDER
FULL NAME OF MALE (FIRST, MIDDLE, LAST) FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)

LAST NAME BEFORE FIRST MARRIED, IF DIFFERENT

43 PRESENT AGE DATE OF BIRTH 43 PRESENT AGE DATE OF BIRTH

23360 CARLISLE RESIDENCE NO STREET 23360 CARLISLE RESIDENCE NO STREET

HAZEL PARK MI 48030 CITY, STATE, AND ZIP CODE HAZEL PARK MI 48030 CITY, STATE, AND ZIP CODE

OAKLAND RESIDENCE COUNTY 2 NUMBER OF TIMES PREVIOUSLY MARRIED OAKLAND RESIDENCE COUNTY 2 NUMBER OF TIMES PREVIOUSLY MARRIED

SCOTT CTY, VIRGINIA BIRTHPLACE - CITY AND STATE DETROIT, MICHIGAN BIRTHPLACE - CITY AND STATE

URHO WALTER RUKKILA FATHER'S FULL NAME RAYMOND ALEXANDER FATHER'S FULL NAME

KERTO MARIA KUUSISTO MOTHER'S FULL NAME BEFORE FIRST MARRIED LORETTA NORA MOONEY MOTHER'S FULL NAME BEFORE FIRST MARRIED

MICHIGAN FATHER'S BIRTHPLACE FINLAND MOTHER'S BIRTHPLACE OHIO FATHER'S BIRTHPLACE MICHIGAN 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 25TH day of DECEMBER 19 92 ;

LYNN D. ALLEN COUNTY CLERK OAKLAND COUNTY
[Signature] 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 LIVONIA CITY, VILLAGE, OR TOWNSHIP, county of WAYNE, MICHIGAN,

on the FIRST day of JANUARY A.D. 19 93, in the presence of

[Signature] SIGNATURE OF WITNESS *[Signature]* SIGNATURE OF WITNESS
JACQUELINE Y WHITE NAME OF WITNESS (TYPE OR PRINT) WARREN L JOHNSON JR. NAME OF WITNESS (TYPE OR PRINT)

[Signature] SIGNATURE OF MAGISTRATE OR CLERGY *[Signature]* SIGNATURE OF MAGISTRATE OR CLERGY
24140 W. 8 Mile Rd. # 5, Farm Hills, MI 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.

bcc
LF 555
CF 259853

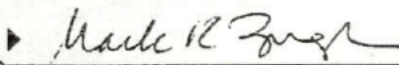
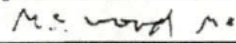
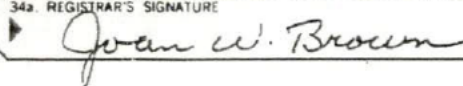


STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
No 0096464

TYPE/PRINT
IN
PERMANENT
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

1. DECEDENT'S NAME (First, Middle, Last) KERTTU RUKKILA				2. SEX FEMALE	3. DATE OF DEATH (Month, Day, Year) APRIL 16, 1990
4a. AGE - Last Birthday (Years) 69	4b. UNDER 1 YEAR MONTHS: DAYS:	4c. UNDER 1 DAY HOURS: MINUTES:	5. DATE OF BIRTH (Month, Day, Year)	6. COUNTY OF DEATH OAKLAND	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 25100 MEADOWBROOK ROAD			7b. IF HOSP. OR INST. Inpatient: Op./Emer. Room, DOA (Specify)	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH NOVI	
8. SOCIAL SECURITY NUMBER		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		9b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
10a. CURRENT RESIDENCE - STATE MICHIGAN	10b. COUNTY OAKLAND	10c. LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF NOVI		10d. STREET AND NUMBER 25100 MEADOWBROOK ROAD	
10e. ZIP CODE 48050	11. BIRTHPLACE (City and State or Foreign Country) FINLAND	12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) WIDOWED	13. SURVIVING SPOUSE (If wife, give name before first married) NONE	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO	
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) FINNISH		16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12	
18. FATHER'S NAME (First, Middle, Last) WILLIAM KUUSISTO			19. MOTHER'S NAME (First, Middle, Surname before first married) SUSANNA TOUKKALA		
20a. INFORMANT'S NAME (Type/Print) DUANE B. ACKERT		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 25100 MEADOWBROOK RD., NOVI, MI 48050			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) CREMATION		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) UNITED MEMORIAL GARDENS		22b. LOCATION - City or Village, State SUPERIOR TWP., MI	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE 		24. LICENSE NUMBER (of Licensee) 6520	25. NAME AND ADDRESS OF FACILITY HEENEY-SUNDQUIST FUNERAL HOME, INC. 23720 FARMINGTON RD., FARMINGTON, MI 48024		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardiac-Pulmonary Arrest				Approximate Interval Between Onset and Death Minutes	
Sequitally list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				13 years	
b. Diabetes Mellitus				28 years	
c. Bronchial Asthma- COPD					
d.					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				27a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	
				27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) HOME		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO		31a. <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) 		30b. DATE SIGNED (Mo., Day, Yr.) April 16, 1990		30c. TIME OF DEATH 8:39 A M	
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b. DATE SIGNED (Mo., Day, Yr.)			
		31c. CASE NUMBER			
		31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON			
		31e. TIME OF DEATH M			
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Mary C. Wood, M.D., 41630 W. Ten Mile Rd, Novi, Mi 48050				32b. LICENSE NUMBER MW032978	
33a. ACC. SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify) NATURAL		33b. DATE OF INJURY (Mo., Day, Yr.)		33c. TIME OF INJURY M	
33e. INJURY AT WORK (Specify Yes or No)		33i. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g. LOCATION - Street or R.F.D. No. City, Village or Twp. State	
34a. REGISTRAR'S SIGNATURE 				34b. DATE FILED (Month, Day, Year) April 17, 1990	

RECEIVED BY PHYSICIAN