Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 606

File

12-5-85
Date of Application

MALE
Medical Examination Report Dated 12-2-85
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-2-85
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bert Middle D. Last Love

Date of Birth: Month 7 Day 26 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 117 N. Jefferson City Brownsburg County Hen. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Love
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Coral Sue Steely
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bert D Love

New Address 117 N Jefferson Brownsburg

Subscribed and sworn to before me this 5 day of Dec. 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra Middle A. Last Piersall

Date of Birth: Month 10 Day 4 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 117 N. Jefferson St. City Brownsburg County Hen. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Boyd J. Piersall
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Martha J. Hall
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sandra Piersall

New Address 117 N Jefferson Brownsburg

Subscribed and sworn to before me this 5 day of Dec. 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of Dec., 19 85, authorizing the joining together as husband and wife BERT D. LOVE and SANDRA A. PIERSALL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOLLIE MILLER hereby certify that on the 21st day of DECEMBER one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom BERT D. LOVE of HENDRICKS County, State of IN and, Bride SANDRA A. PIERSALL of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of DECEMBER, 19 85.

Signed /s/ HOLLIE MILLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 607

File 12-6-85 Date of Application

MALE
Medical Examination Report Dated 1-9-86
Name of Physician Ryo Choi

FEMALE
Medical Examination Report Dated 11-28-85
Name of Physician Norman A. Miller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carl Middle Herman Last Love, Jr.

Date of Birth: Month July Day 7 Year 1964

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. Rt 4 City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Herman Love Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Donna Rae Eades
   Residence of mother (if deceased so state) Ky.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carl Love

New Address P.O. Box 107, PLAINFIELD, IN.

Subscribed and sworn to before me this 9 day of Jan, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Sue Last Grady

Date of Birth: Month 11 Day 15 Year 1959

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 449 South 34th Street City Louisville County Kentucky State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robert Lee Grady
   Teisha Marie Grady

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cleard Clear Damond Crowe
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Irene Hooper
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Sue Grady

New Address Same as above

Subscribed and sworn to before me this 6th day of Dec, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of January, 19 86, authorizing the joining together as husband and wife CARL HERMAN LOVE and PATRICIA SUE GRADY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD FRANKLIN ROBINSON hereby certify that on the 11th day of JANUARY, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom CARL HERMAN LOVE of HENDRICKS County, State of IN, and, Bride PATRICIA SUE GRADY of JEFFERSON County, State of KENTUCKY were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of JANUARY, 19 86. Signed /s/ RICHARD FRANKLIN ROBINSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JANUARY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 608

File

12-6-85
Date of Application

MALE
Medical Examination Report Dated 12-5-85
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 12-5-85
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bradley Middle Mark Last Haines

Date of Birth: Month 12 Day 20 Year 46

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 730 Maple Lane City Brg County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mark Everett
   Leslie Marie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father La Verne Haines
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Reva Delores Morrical
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bradley Mark Haines

New Address

Subscribed and sworn to before me this 6th day of December, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debra Middle Louise Last Roark

Date of Birth: Month 3 Day 21 Year 62

Place of Birth (State or foreign country) Lebanon In

Residence Address: Street or R. R. 1382 Andrews Dr. City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Calev Roark
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Ethel Hoover
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Louise Roark

New Address

Subscribed and sworn to before me this 6th day of December, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* December, 19 85, *authorizing the joining together as husband and wife* BRADLEY MARK HAINES *and* DEBRA LOUISE ROARK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. GLEN BURNSIDE *hereby certify that on the* 24th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* BRADLEY MARK HAINES *of* HENDRICKS *County, State of* INDIANA, *and, Bride* DEBRA LOUISE ROARK *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* DECEMBER, *19* 85.

Signed /s/ CHARLES G. BURNSIDE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* DECEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 609

File 12-9-85 Date of Application

MALE
Medical Examination Report Dated 12-3-85
Name of Physician John F. Moe, M.D

FEMALE
Medical Examination Report Dated 11-27-85
Name of Physician James a. Myers, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lee Last Orr

Date of Birth: Month April Day 26 Year 1966

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. 7 Woodland Ct. City Indpls, In. County 46112 State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Dean Orr
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley Ann Goff
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael L. Orr

New Address 6156 Lakeview Dr. Indpls

Subscribed and sworn to before me this 9th day of December, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Michelle Last Heminger

Date of Birth: Month June Day 9 Year 1965

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R. R. RR1, Box 212 City Lizton, In. County 46149 State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur Marvan Heminger
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Mae Brown
   Residence of mother (if deceased so state) Lizton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda M. Heminger

New Address 6156 Lakeview Dr. Indpls.

Subscribed and sworn to before me this 9th day of Decemb, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of December, 1985, authorizing the joining together as husband and wife MICHAEL LEE ORR and LINDA MICHELLE HEMINGER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GLEN A. CLARKSON hereby certify that on the 14th day of DECEMBER, one thousand nine hundred and 85 at LIZTON, County of HENDRICKS, State of Indiana, Groom MICHAEL LEE ORR of HENDRICKS County, State of IN, and, Bride LINDA MICHELLE HEMINGER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13th day of DECEMBER, 19 85.

Signed /s/ GLEN A. CLARKSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 610

File

12-9-85
Date of Application

MALE
Medical Examination Report Dated 12-5-85
Name of Physician Bill Miller

FEMALE
Medical Examination Report Dated 12-5-85
Name of Physician Bill Miller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eric Middle A. Last Umbright

Date of Birth: Month 6 Day 8 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7838 Brookfield Ct. Apt I-97 City Indpls. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon Upbright
   Residence of father (if deceased so state) Indiana, Pstf.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Cummings
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eric Umbright

New Address 7838 Brookfield Ct. Indpls. IN

Subscribed and sworn to before me this 9 day of Dec, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Bambi Middle L. Last Goodman

Date of Birth: Month 2 Day 1 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 531 E. Main Pkwy. City Ind. County Hendricks Co. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Goodman
   Residence of father (if deceased so state) Greensburg, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bobbie Burroughs
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) S. Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bambi Goodman

New Address 7838 Brookfield Ct. Indpls. IN

Subscribed and sworn to before me this 9 day of Dec, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. I Court by written order issued 3-Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Dec, 19 85, authorizing the joining together as husband and wife ERIC ALAN UMBRIGHT and BAMBIE L. GOODMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD MARTIN hereby certify that on the 14th day of DECEMBER, one thousand nine hundred and 85 at FRANKLIN COLLEGE, County of JOHNSON, State of Indiana, Groom ERIC ALAN UMBRIGHT of MARION County, State of IN, and, Bride BAMBI L. GOODMAN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of DECEMBER, 19 85.

Signed /s/ RICHARD L. MARTIN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 611

File

12-10-85 Date of Application

MALE
Medical Examination Report Dated 11-26-85
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-26-85
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bradley Middle A. Last Pritchett

Date of Birth: Month 6 Day 5 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O Box 6 City Liston County In. State 46149

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kendall Alan Pritchett
   Residence of father (if deceased so state) Liston, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Evelyn Parsons
   Residence of mother (if deceased so state) Indiana (Indpls.)
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Bradley Alan Pritchett

New Address 4540 Candletree Circle Indpls Ind 46254

Subscribed and sworn to before me this 10th day of December, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle J. Last Alfrey

Date of Birth: Month 9 Day 5 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4540 Candletree Circle Apt #1 City Indpls. County In. State 46254

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederic Allen Alfrey
   Residence of father (if deceased so state) Lancaster, Pa.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Peggy Jean Wilson
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Teresa Jean Alfrey

New Address 4540 Candletree Circle Apt #1

Subscribed and sworn to before me this 10th day of December, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of December, 19 85, authorizing the joining together as husband and wife BRADLEY ALAN PRITCHETT and TERESA HEAN ALFREY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT FELTON CARTER hereby certify that on the 21st day of DECEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom BRADLEY ALAN PRITCHETT of HENDRICKS County, State of IN and, Bride TERESA JEAN ALFREY of MARION County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of DECEMBER, 19 85.

Signed /s/ ROBERT FELTON CARTER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 612

File

12-11-85
Date of Application

MALE
Medical Examination Report Dated 12-3-85
Name of Physician James M. Williams

FEMALE
Medical Examination Report Dated 12-4-85
Name of Physician Dr. James Williams, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey; Middle Allen; Last Thackston
Date of Birth: Month Aug.; Day 27; Year 1960
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 240 Master; City Plainfield; County; State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dewey Anderson Thackston
   Residence of father (if deceased so state) Plfd.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Barbara Lee McElroy
   Residence of mother (if deceased so state) Plfd.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey Allen Thackston
New Address 1359 Norfolk Circle, Speedway, In 46224

Subscribed and sworn to before me this 11th day of Dec., 19 85.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Tamara; Middle Sue; Last Hartnett
Date of Birth: Month March; Day 23; Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1359 Norfolk; City Speedway; County; State In. 46224
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Judicial Decree
☐ Other (Specify) Dr. Licenses

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Lindy Kristen Hartnett
   John Bradley Hartnett

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Donald Spencer
   Residence of father (if deceased so state) Maple Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carolyn Sue Cloud
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tamara Sue Hartnett
New Address 1359 Norfolk Circle Speedway, IN

Subscribed and sworn to before me this 11th day of Dec., 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* December, 19 85, *authorizing the joining together as husband and wife* JEFFREY ALLEN THACKSTON *and* TAMARA SUE HARTNETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEWEY A. THACKSTON *hereby certify that on the* 21st *day of* DECEMBER, *one thousand nine hundred and* 85, *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JEFFREY ALLEN THACKSTON *of* HENDRICKS *County, State of* IN, *and, Bride* TAMARA SUE HARTNETT *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* DECEMBER, 19 85.

Signed /s/ DEWEY A. THACKSTON
Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* JANUARY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 613

File

~~10~~ 12-11-85 Date of Application

MALE
Medical Examination Report Dated 12-6-85
Name of Physician Daniel Shull, M.D

FEMALE
Medical Examination Report Dated 12-6-85
Name of Physician Daniel Shull, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle J. Last Garman

Date of Birth: Month Dec. Day 2 Year 1948

Place of Birth (State or foreign country) Indiana

Residence Address: 2949 Rolls Dr. Apt. B City Indpls County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Rodney Jay Garman
   Kacy Marie Garman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles William Garman, Jr.
   Residence of father (if deceased so state) Sept 20, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gwendolyn Simmons
   Residence of mother (if deceased so state) Sept 20, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven Garman

New Address 10903 N. 1025 E. BROWNSBURG, IN 46112

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kristine Middle L Last Todd

Date of Birth: Month Feb. Day 10 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: 10903 N. 1025 E. Street or R. R. City Brownsburg County In State 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Laura Kristine Todd
   Benjamin David Todd
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David George Rock
   Residence of father (if deceased so state) Indpls In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Marcella Sutherlin
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kristine L. Todd

New Address 10903 N. 1025 E. Brownsburg IN 46112

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of Dec., 19 85, authorizing the joining together as husband and wife STEVEN THOMAS GARMAN and KRISTINE LOUISE TODD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL A. REMICK hereby certify that on the 24th day of DECEMBER, one thousand nine hundred and 85 at ELWOOD, County of MADISON, State of Indiana, Groom STEVEN THOMAS GARMAN of MARION County, State of IN, and, Bride KRISTINE LOUISE TODD of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of DECEMBER, 19 85

Signed /s/ PAUL A. REMICK

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 614

File

Date of Application

MALE
Medical Examination Report Dated 12-9-85
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 12-9-85
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle A. Last Bell
Date of Birth: Month 10 Day 5 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R R #3 Box 383-4 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Allen Bell
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barrie Rose Benge
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Richard A. Bell

New Address Same as above

Subscribed and sworn to before me this 12th day of December, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle E. Last Rhea
Date of Birth: Month 9 Day 29 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R R #3 Box 383-4 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D. Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Eugene Settle
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Ramona Raley
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Deborah E. Rhea

New Address same as above

Subscribed and sworn to before me this 12th day of December, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12th *day of* DECEMBER, *19* 85, *authorizing the joining together as husband and wife* RICHARD A. BELL *and* DEBARAH E. RHEA
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DANNY P. BYRD *hereby certify that on the* 12th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD A. BELL *of* HENDRICKS *County, State of* IN, *and, Bride* DEBARAH E. RHEA *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 12th *day of* DECEMBER, *19* 85.

Signed /s/ DANNY P. BYRD
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* DECEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 615

File

12-12-85
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated N/A

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Herschel Middle D. Last Henderson

Date of Birth: Month July Day 11 Year 1909

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. City Coatesville, Indiana County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Hilery Henderson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Eugenie C. Mason
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Herschel Henderson

New Address

Subscribed and sworn to before me this 12 day of 12, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Margie Middle Ellen Last Tumblin

Date of Birth: Month June Day 6 Year 1921

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. Rt. 1, Box 27, City Coatesville, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Rolind ~~Tumblin~~ Garrett
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Vennie Gibbons
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margie Tumblin

New Address Coatesville Ind

Subscribed and sworn to before me this 12 day of 12, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of Dec., 19 85, authorizing the joining together as husband and wife HERSCHEL D. HENDERSON and MARGIE ELLEN TUMBLIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT SHIPLEY hereby certify that on the 1st day of JANUARY, one thousand nine hundred and 86 at CLAYTON, County of HENDRICKS, State of Indiana, Groom HERSCHEL D. HENDERSON of HENDRICKS County, State of IN, and, Bride MARGIE ELLEN TUMBLIN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of DECEMBER, 19 85.

Signed /s/ ROBERT SHIPLEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of JANUARY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 616

File

12-12-85
Date of Application

MALE
Medical Examination Report Dated 12-10-85
Name of Physician Joseph C. Kurlin M.D.

FEMALE
Medical Examination Report Dated 12-10-85
Name of Physician Joseph C. Kurlin M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle W. Last Lovins
Date of Birth: Month Nov. Day 4 Year 1965
Place of Birth (State or foreign country)
Residence Address: Street or R. R. Danville City In. County State
North Salem, In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Thomas Lovins
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Grace Dona Ward
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed David W. Lovins
New Address RR 3 Box 12

Subscribed and sworn to before me this 12 day of Dec, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle S. Last Sharp
Date of Birth: Month Nov. Day 8 Year 1963
Place of Birth (State or foreign country)
Residence Address: Street or R. R. Danville City In. County State
Danville, In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Robert Sharp
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) North Salem, In.
9. Full maiden name of mother Donna Faye Frie
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Plainfield, In

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Pam S. Sharp
New Address R.R. 3 Box 12

Subscribed and sworn to before me this 12 day of Dec, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of Dec., 19 85, authorizing the joining together as husband and wife DAVID W. LOVINS and PAMELA S. SHARP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOE D. STUMP hereby certify that on the 21st day of DECEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID W. LOVINS of HENDRICKS County, State of INDIANA, and, Bride PAMELA S. SHARP of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of DECEMBER, 19 85.

Signed /s/ JOE D. STUMP
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 617

File

12-12-85 Date of Application

MALE
Medical Examination Report Dated 12-8-85
Name of Physician Ronald Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 12-8-85
Name of Physician Ronald Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gerald Middle Walter Last Magee

Date of Birth: Month June Day 16 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1875 Dan Jones Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dallas Walter Magee
   Residence of father (if deceased so state) Plfd. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ida May Dilbone
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Gerald W Magee

New Address 617 N RURAL INDPLS

Subscribed and sworn to before me this 12th day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Ann Last Denham

Date of Birth: Month Aug. Day 16 Year 1957

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 617 N. Rural St. City Indianapolis County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Rodney Lee Denham

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Ohler Braden
   Residence of father (if deceased so state) New Castle, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Joyce Dean Maples
   Residence of mother (if deceased so state) New Castle, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Sharon A. Denham

New Address 617 N. Rural Indpls.

Subscribed and sworn to before me this 12th day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of Dec., 19 85, authorizing the joining together as husband and wife GERALD WALTER MAGEE and SHARON ANN DENHAM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. RAYMOND EARLE hereby certify that on the 20th day of DECEMBER, one thousand nine hundred and 85 at SPEEDWAY, County of MARION, State of Indiana, Groom GERALD WALTER MAGEE of HENDRICKS County, State of INDIANA, and, Bride SHARON ANN DENHAM of MARION County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of DECEMBER, 19 85.

Signed /s/ C. RAYMOND EARLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 618

File

12-12-85
Date of Application

MALE
Medical Examination Report Dated 12-10-85

Name of Physician Gregory R. Oliver

FEMALE
Medical Examination Report Dated 12-10-85

Name of Physician Gregory R. Oliver

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Hayse Middle W. Last Warrum Jr.

Date of Birth: Month 5 Day 29 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6524 Doris Dr. City Indpls. County Marion Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hayse W. Warrum (William Hayse Warrum)
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother ?
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Hayse W. Warrum Jr

New Address 10929 W. Rockville Rd Indpls, Ind.

Subscribed and sworn to before me this 12 day of Dec, 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Connie Middle Sue Last Porter

Date of Birth: Month 12 Day 8 Year 63

Place of Birth (State or foreign country) Terre Haute Indiana

Residence Address: Street or R. R. 10929 W. Rockville Rd. City Indpls. County Hendricks Co. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Henry Porter
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Florence Nuss
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Connie Porter

New Address 10929 W. Rockville Sp 135 Ind

Subscribed and sworn to before me this 12 day of Dec, 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of Dec, 1985, authorizing the joining together as husband and wife HAYSE W. WARRUM JR. and CONNIE SUE PORTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES H. PORTER hereby certify that on the 24th day of DECEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom HAYES W. WARRUM of MARION County, State of IN, and, Bride CONNIE SUE PORTER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of DECEMBER, 19 85.

Signed /s/ JAMES H. PORTER

Official Designation LAY-MINISTER OF CHURCH OF CHRIST

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 619

File

12-13-85 Date of Application

MALE
Medical Examination Report Dated 12-9-85
Name of Physician O. Kourany, M.D.

FEMALE
Medical Examination Report Dated 12-10-85
Name of Physician O. Kourany, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle Allen Last Justus

Date of Birth: Month April Day 6 Year 1961

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 616 Lakeside Dr. Apt. C. City Plfd. County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willis Dean Justus
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Miller
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /Brian A Justus

New Address 616 Lakeside Dr. Apt C. Plainfield In

Subscribed and sworn to before me this 13th day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Julia Middle Ann Last Stephens

Date of Birth: Month April Day 29 Year 1962

Place of Birth (State or foreign country) New Castle, Indiana

Residence Address: Street or R. R. 188 Hillcrest Dr. City Mooresville County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Edward Stephens
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Lynn Browning
   Residence of mother (if deceased so state) Mooresville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julia Ann Stephens

New Address 616 Lakeside Dr Apt C, Plfd, In.

Subscribed and sworn to before me this 13th day of Dec, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of December, 19 85, authorizing the joining together as husband and wife BRIAN ALLEN JUSTUS and JULIA ANN STEPHENS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALAN W. HUGHES hereby certify that on the 28th day of DECEMBER, one thousand nine hundred and 85 at KINGSWAY CHRISTIAN CHURCH, County of HENDRICKS, State of Indiana, Groom BRIAN ALLEN JUSTUS of HENDRICKS County, State of IN, and, Bride JULIA ANN STEPHENS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of DECEMBER, 19 85.

Signed /s/ ALAN W. HUGHES

Official Designation MINISTER OF CHRIST

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 620

File

12-13-85
Date of Application

MALE
Medical Examination Report Dated 12-11-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-11-85
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

Re-Marriage

MALE APPLICANT

Name: First Herve Middle P Last Lachance

Date of Birth: Month Feb Day 21 Year 1942

Place of Birth (State or foreign country): Quebec Canada

Residence Address: Street or R. R. 1225 W. Washington City #86 County Indpls State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert J. Lachance
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Beatrice Mercier
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Herve Lachance
New Address Same as Above

Subscribed and sworn to before me this 13 day of December, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sherry Middle L Last Lachance

Date of Birth: Month 12 Day 25 Year 1945

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 1225 W. Washington St. City #86 County Indpls State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rollis C. Long
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geraldine L. Johnson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherry L. LaChance
New Address Same as Above

Subscribed and sworn to before me this 13th day of Dec. 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of Dec., 19 85, authorizing the joining together as husband and wife HERVE P. LACHANCE and SHERRY L. LACHANCE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 18th day of DECEMBER one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom HERVE LAChance of HENDRICKS County, State of IN and, Bride SHERRY LYNN LaChance of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of DECEMBER, 19 85.

Signed /s/ MARY LEE COMER
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of DECEMBER, 1985.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 621

File

12-13-85 Date of Application

MALE
Medical Examination Report Dated 12-2-85
Name of Physician Scamahorn

FEMALE
Medical Examination Report Dated 12-2-85
Name of Physician Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle R. Last Knights, Jr.

Date of Birth: Month Jan Day 26 Year 1959

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 446 Crossbridge Ct. City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Richard Knights
   Residence of father (if deceased so state) Louisville, Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Carolyn Merrick
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X [signature]

New Address Same as Above

Subscribed and sworn to before me this 13 day of Dec, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Regina Middle F. Last Graham

Date of Birth: Month Mar Day 19 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 1 Box 327 City Pittsboro County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Aubrey B. Graham
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) W. Va
9. Full maiden name of mother Elsie Hatcher
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) W. Va

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Regina F Graham

New Address .....

Subscribed and sworn to before me this 13 day of Dec, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of December, 1985, authorizing the joining together as husband and wife CHARLES R. KNIGHTS, JR. and REGINA F. GRAHAM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KATHLEEN J. KINSER hereby certify that on the 21st day of DECEMBER one thousand nine hundred and 85 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom CHARLES R. KNIGHTS, JR. of HENDRICKS County, State of IN, and, Bride REGINA F. GRAHAM of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of DECEMBER, 19 85.

Signed /s/ KARHLEEN J. KINSER

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 622

File

12-17-85
Date of Application

MALE
Medical Examination Report Dated 12-12-85
Name of Physician Dennis Richmond, M.D

FEMALE
Medical Examination Report Dated 12-16-85
Name of Physician Ronald Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Gary Last Livingston

Date of Birth: Month Nov. Day 19 Year 1965

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 52 Mobile Home Estates Lot 307 City W. Lafayette County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jackie Lee Livingston
   Residence of father (if deceased so state) Pltfd. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lila Littlejohn
   Residence of mother (if deceased so state) Pltfd.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David G. Livingston
New Address 52 Mobile Home Est Lot 307 W Lafayette In 47906

Subscribed and sworn to before me this 17th day of Dec. 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lynn Middle Michelle Last Wingler

Date of Birth: Month Oct. Day 4 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2377 Gibson Rd. City Pltfd. County In. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Wayne Wingler
   Residence of father (if deceased so state) Pltfd. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Connie Sue Arnold
   Residence of mother (if deceased so state) Pltfd.
   Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynn Michelle Wingler
New Address 52 Mobile Home Estates West Lafayette In 47906

Subscribed and sworn to before me this 17 day of Dec. 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* Dec., 19 85, *authorizing the joining together as husband and wife* DAVID GARY LIVINGSTON *and* LYNN MICHELLE WINGLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WM. SPENCER GILLESPIE *hereby certify that on the* 28 *day of* DECEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS *State of Indiana, Groom* DAVID GARY LIVINGSTON *of* HENDRICKS *County, State of* IN *and, Bride* LYNN MICHELLE WINGLER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* DECEMBER, 19 85.

Signed /s/ WM. SPENCER GILLESPIE
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JANUARY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 623

File Dec. 18, 1985
Date of Application

MALE
Medical Examination Report Dated 12/10/85
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 12-10-85
Name of Physician Garnet R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dean Middle P. Last Brunner

Date of Birth: Month Feb. Day 23 Year 1953

Place of Birth (State or foreign country) West Salem Ind. In.

Residence Address: 401 N. Jefferson Street or R. R. Danville City Hendricks County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Connie Marie Brunner
   Holly Ann "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Bruce Brunner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alma Marie Iglehart
   Residence of mother (if deceased so state) New Mexico
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dean P. Brunner

New Address 401 N. Jefferson Danville In.

Subscribed and sworn to before me this 27 day of Dec., 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle H. Last Harcourt

Date of Birth: Month 11 Day 15 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: 401 North Jefferson Street or R. R. Danville City Hendricks County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Connie
   Rachael
   Katie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George H. Headford
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Harriette F. Patetter
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda H. Harcourt

New Address 401 N. Jefferson Danville

Subscribed and sworn to before me this 27 day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Dec., 1985, *authorizing the joining together as husband and wife* PAUL DEAN BRUNNER *and* LINDA LOU HARCOURT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF *hereby certify that on the* 31 *day of* DECEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* PAUL DEAN BRUNNER *of* HENDRICKS *County, State of* IN, *and, Bride* LINDA LOU HARCOURT *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31 *day of* DECEMBER, 19 85.

Signed /s/ JOHN P. ROOF

Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JANUARY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 624

File

12-19-85
Date of Application

MALE
Medical Examination Report Dated 12-9-85

Name of Physician Clarence H. Cedergreen

FEMALE
Medical Examination Report Dated 12-3-85

Name of Physician Joseph Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Curtis Middle Wayne Last Lightle

Date of Birth: Month 10 Day 10 Year 65

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 605 S. Jefferson City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl D. Lightle
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother June D. Coyne
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Curtis Wayne Lightle

New Address 605 S. Jefferson Brownsburg

Subscribed and sworn to before me this 19 day of Dec., 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Brenda Middle Kelly Last Irish

Date of Birth: Month 3 Day 21 Year 66

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. Rt 1 Box 219 City Lizton County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Neil B. Irish
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Florence J. McCullough
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) North Ireland.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Kelly Irish

New Address 605 S. Jefferson Brownsburg

Subscribed and sworn to before me this 19 day of Dec., 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Cir. Ct. in Clerks Office Court by written order issued 3-Day Waiver and filed authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of December, 19 85, authorizing the joining together as husband and wife CURTIS WAYNE LIGHTLE and BRENDA KELLY IRISH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY LILLY hereby certify that on the 21st day of DECEMBER one thousand nine hundred and 85 at AVON, County of HENDRICKS, State of Indiana, Groom CURTIS WAYNE LIGHTLE of HENDRICKS County, State of IN and, Bride BRENDA KELLY IRISH of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of DECEMBER, 19 85.

Signed /s/ LARRY LILLY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 625

File

12-19-85 Date of Application

MALE
Medical Examination Report Dated 12-19-85
Name of Physician Gregory B. White

FEMALE
Medical Examination Report Dated 12-19-85
Name of Physician Gregory B. White

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle R. Last Taylor

Date of Birth: Month 2 Day 15 Year 32

Place of Birth (State or foreign country) Crawfordsville Ind.

Residence Address: Street or R. R. 645 E. Main St. City Brownsburg County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Fix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. None

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Robert Taylor
   Residence of father (if deceased so state) Ind. Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velva B. Cash
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert R. Taylor

New Address 645 E. MAIN ST.

Subscribed and sworn to before me this 19 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Dawn Last Allen

Date of Birth: Month 1 Day 13 Year 40

Place of Birth (State or foreign country) Jeffersonville Ind.

Residence Address: Street or R. R. 5095 S. Keel Indpls. City Ind. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry W. Snyder
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dewey M. Chase
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Patriot Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Dawn Allen

New Address .....

Subscribed and sworn to before me this 19 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Mary Jane Lower Court by written order issued 3-Day Waiver and filed in Clerk Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19th *day of* DECEMBER, *19* 85, *authorizing the joining together as husband and wife* ROBERT R. TAYLOR *and* MARY DAWN ALLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL *hereby certify that on the* 19th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of* IN, *State of Indiana, Groom* ROBERT R. TAYLOR *of* HENDRICKS *County, State of* IN, *and, Bride* MARY DAWN ALLEN *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* DEC., *19* 85.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS CO.

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* DEC., *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 626

File

12-19-85
Date of Application

MALE
Medical Examination Report Dated 12-4-85
Name of Physician military

FEMALE
Medical Examination Report Dated 11-28-85
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle R. Last Arkanoff

Date of Birth: Month 3 Day 14 Year 1966

Place of Birth (State or foreign country) Brooklyn, N. York

Residence Address: Street or R. R. 9106 Ben Hur Ave. City Clermont County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barry Arkanoff
   Residence of father (if deceased so state) Clermont, In.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Josephine Ferrentino
   Residence of mother (if deceased so state) Clermont, In.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Richard A. Arkanoff

New Address 9106 Ben Hur Ave

Subscribed and sworn to before me this 19 day of Dec, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Neibaur

Date of Birth: Month April Day 12 Year 1966

Place of Birth (State or foreign country) Bountiful, Utah

Residence Address: Street or R. R. 1340 W. Main City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Edward Neibaur
   Residence of father (if deceased so state) Bountiful, Utah
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Barbara Ann Snodgrass
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Elizabeth Ann Neibaur

New Address 1340 W Main Plainfield

Subscribed and sworn to before me this 19 day of Dec, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of December, 19 85, authorizing the joining together as husband and wife RICHARD A. ARKANOFF and ELIZABETH ANN NEIBAUR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~ROBERT J. WALTERS & JOHN L. CROSE~~ hereby certify that on the 22nd day of DECEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom RICHARD A. ARKANOFF of MARION County, State of IN, and, Bride ELIZABETH ANN NEIBAUR of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of DECEMBER, 19 85.

Signed /s/ ROBERT J. WALTERS & JOHN L. CROSE

Official Designation ORDAINED MINISTERS

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 627

File

12-19-85 Date of Application

MALE
Medical Examination Report Dated 12-3-85
Name of Physician M.D. Seamahorn MD.

FEMALE
Medical Examination Report Dated 12-3-85
Name of Physician M.D. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle C. Last Baker Jr.
Date of Birth: Month 6 Day 17 Year 1962
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. / City Liston, County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Baker
   Residence of father (if deceased so state) Liston, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marlene M. McCain
   Residence of mother (if deceased so state) Liston, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robt E. Baker Jr
New Address P.O. Box 55 Liston In. 46149

Subscribed and sworn to before me this 19 day of Dec, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Julie Middle M. Last Finchum
Date of Birth: Month 8 Day 29 Year 1966
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. Liston, In / City County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack W. Finchum
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrna K. DeMoss
   Residence of mother (if deceased so state) Rhode Island
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julie M. Finchum
New Address P.O. Box 55 Liston In. 46149

Subscribed and sworn to before me this 19 day of Dec, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of Dec, 19 85, authorizing the joining together as husband and wife ROBERT E. BAKER, JR. and JULIE M. FINCHUM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK LEE EDWARDS hereby certify that on the 19th day of JANUARY, one thousand nine hundred and 86 at LIZTON, County of HENDRICKS, State of Indiana, Groom ROBERT E. BAKER, JR. of HENDRICKS County, State of IN, and, Bride JULIE M. FINCHUM of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of JANUARY, 19 86.

Signed /s/ FRANK L. EDWARDS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of JANUARY, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 628

File

12-19-85
Date of Application

MALE
Medical Examination Report Dated 12-16-85

Name of Physician Robert A. Heavin

FEMALE
Medical Examination Report Dated 12-16-85

Name of Physician Robert A. Heavin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle E. Last Poppe

Date of Birth: Month 8 Day 11 Year 66

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. RR 1, Box 33 City Coatesville County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Poppe
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Lambert
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael E. Poppe

New Address 32 Peggy Lane, Brownsburg

Subscribed and sworn to before me this 19 day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Anita Middle B. Last Marsh

Date of Birth: Month 1 Day 20 Year 64

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 32 Peggy Lane City Brownsburg County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   James Marsh

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John W. Frances
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Wilma F. Marsh
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Anita B. Marsh

New Address 32 Peggy Lane, Brwnsbrg Ind.

Subscribed and sworn to before me this 19 day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* December, 19 85, *authorizing the joining together as husband and wife* MICHAEL E. POPPE *and* ANITA B. MARSH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES M. BORDEN *hereby certify that on the* 28th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL E. POPPE *of* HENDRICKS *County, State of* IN *and, Bride* ANITA B. MARSH *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* DECEMBER, 19 85.

Signed /s/ CHARLES M. BORDEN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JANUARY, 19 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 629

File

12-20-85 Date of Application

MALE
Medical Examination Report Dated 9-16-85
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 9-16-85
Name of Physician Walter McMannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Duane Middle Lee Last Dennison

Date of Birth: Month 3 Day 11 Year 61

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 435 N. Arnolda City St. Indpls. County Marion State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Fix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David L. Dennison
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Shelby Jo Dillon
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Duane Dennison

New Address 435 N. Arnolda Indps. Ind. 46222

Subscribed and sworn to before me this 20 day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Shelly Middle Marie Last Vanarsdale

Date of Birth: Month 9 Day 16 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 297 Cawley Rd. City Cawley Rd. County Hendricks Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Fix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristin M. Vanarsdale

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roland Ray Vanarsdale
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen Ann Brose
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shelly Van Arsdale

New Address 435 N. Arnolda

Subscribed and sworn to before me this 20 day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Supt Court by written order issued 3-Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* Dec., 19 85, *authorizing the joining together as husband and wife* DUANE L. DENNISON *and* SHELLY M. VAN ARSDALE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 30th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DUANE L. DENNISON *of* MARION *County, State of* IN, *and, Bride* SHELLY M. VAN ARSDALE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 03th *day of* DECEMBER, 19 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JANUARY, 19 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 630

File

12-20-85
Date of Application

MALE
Medical Examination Report Dated 12-12-85
Name of Physician Charles F. Washbrook

FEMALE
Medical Examination Report Dated 12-5-85
Name of Physician Charles F. Washbrook

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Kay Last Jones

Date of Birth: Month 1 Day 28 Year 1947

Place of Birth (State or foreign country) Wayne, Arkansas

Residence Address: Street or R. R. P. O. Box 440 City Pittsboro County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vermon Jones
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Dorothy Lee Flynn
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x William Kay Jones

New Address 2170 HANNA RD.

Subscribed and sworn to before me this 20 day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle Sue Last Pipes

Date of Birth: Month 3 Day 20 Year 1943

Place of Birth (State or foreign country) Dayton, Ohio

Residence Address: Street or R. R. 2170 Hanna Rd. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Pipes
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana (Boone Co.)
9. Full maiden name of mother Nettie Frances Crosby
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana (Shelby Co.)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Janet S. Pipes

New Address 2170 Hanna Rd, Plainfield, In

Subscribed and sworn to before me this 20 day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of Dec., 19 85, authorizing the joining together as husband and wife WILLIAM R. JONES and JANET S. PIPES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. PUCKETT hereby certify that on the 28th day of DECEMBER one thousand nine hundred and 85 at JAMESTOWN, County of BOONE, State of Indiana, Groom WILLIAM R. JONES of HENDRICKS County, State of IN and, Bride JANET S. PIPES of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of DECEMBER, 19 85

Signed /s/ JOHN P. PUCKETT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of JANUARY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 631

File

12-20-85 Date of Application

MALE
Medical Examination Report Dated 12-11-85
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 12-12-85
Name of Physician Richard W. Wolfe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kyle Middle Allan Last Krebs

Date of Birth: Month 5 Day 14 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2455 Gibbs Rd City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kyle M. Krebs
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly K. Robinson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana & Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kyle Krebs

New Address 2455 Gibbs Rd Plainfield Ind

Subscribed and sworn to before me this 20 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First April Middle Rene Last Dukes

Date of Birth: Month 10 Day 21 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 13432 St. 23 City Mishawaka County St. Joseph State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael E. Dukes
   Residence of father (if deceased so state) Mishawaka Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith L. Kingery
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X April Dukes

New Address 2455 Gibbs Rd. Plainfield, Ind.

Subscribed and sworn to before me this 20 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of Dec., 19 85, authorizing the joining together as husband and wife KYLE ALLAN KREBS and APRIL RENE' DUKES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JACK M. WILLIAMS hereby certify that on the 28th day of DECEMBER, one thousand nine hundred and 85 at STOCKWELL, County of TIPPECANOE, State of Indiana, Groom KYLE ALLAN KREBS of HENDRICKS County, State of IN, and, Bride APRIL RENE' DUKES of ST. JOSEPH County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of DECEMBER, 19 85.

Signed /s/ JACK M. WILLIAMS

Official Designation MINISTER OF GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of JANUARY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 632

File

12-23-85
Date of Application

MALE
Medical Examination Report Dated 12-5-85
Name of Physician Leonard M. Behr

FEMALE
Medical Examination Report Dated 12-5-85
Name of Physician Leonard M. Behr

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin | Middle Georg | Last McHugh

Date of Birth: Month 2 | Day 19 | Year 1958

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 13114 Chandler, | City Dallas, | County | State Tx 75243

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John George McHugh
   Residence of father (if deceased so state) Michigan
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Loretta Bernice Osterbrand Osterlana
   Residence of mother (if deceased so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin G McHugh
New Address Texas

Subscribed and sworn to before me this 23rd day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Laura | Middle Ann | Last Beaman

Date of Birth: Month Sept. | Day 11 | Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1337 E. Townships Rd., | City Pflgd. | County | State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License, passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester Eugene Beaman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ernestine Ann Taylor
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura A. Beaman
New Address 13114 Chandler Dr. Dallas TX

Subscribed and sworn to before me this 23rd day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* DECEMBER, *19* 85, *authorizing the joining together as husband and wife* KEVIN GEORGE McHUGH *and* LAURA ANN BEAMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PATRICK HARPENAN *hereby certify that on the* 27th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* KEVIN GEORGE McHUGH *of* DALLAS *County, State of* TEXAS *and, Bride* LAURA ANN BEAMAN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27th *day of* DECEMBER, *19* 85.

Signed /s/ PATRICK B. HARPENAN

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* DECEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 633

File 12-23-85 Date of Application

MALE
Medical Examination Report Dated 12-21-85
Name of Physician Norman E. Whitney, D.O.

FEMALE
Medical Examination Report Dated 12-14-85
Name of Physician Norman E. Whitney, D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Mark Last Scott

Date of Birth: Month 10 Day 28 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Bx 65 City Cartersburg County . State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mark Loshell Scott

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loshell Scott
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Phyllis Jean Spoon
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Mark Scott

New Address Same Above

Subscribed and sworn to before me this 23rd day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Sue Last Starnes

Date of Birth: Month 12 Day 27 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Bx 65, City Cartersburg, County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Richard Starnes
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lola Mae Langdon
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Sue Starnes

New Address same above

Subscribed and sworn to before me this 23rd day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of Dec, 19 85, authorizing the joining together as husband and wife RONALD MARK SCOTT and LINDA SUE STARNES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TERRY CRIST hereby certify that on the 18th day of JANUARY, one thousand nine hundred and 86 at MOORESVILLE, County of MORGAN, State of Indiana, Groom RONALD MARK SCOTT of HENDRICKS County, State of IN, and, Bride LINDA SUE STARNES of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of DECEMBER, 19 85. Signed /s/ TERRY CRIST

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of JANUARY, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No Blood test required

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 634

File

December 23, 1985
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated —
Name of Physician —

FEMALE
Medical Examination Report Dated —
Name of Physician —

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle R. Last Hopkins

Date of Birth: Month October Day 15 Year 1914

Place of Birth (State or foreign country) Warren Co. Kansas

Residence Address: Street or R. R. 40 E. Main City Pittsboro County (Hend.) State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (photo)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Richard Hopkins
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Susie May Smith
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William R. Hopkins
New Address 2835 S Penn. St

Subscribed and sworn to before me this 23 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Anna Middle K. Last Simmons

Date of Birth: Month December Day 15 Year 1910

Place of Birth (State or foreign country) Indpls. Marion Co.

Residence Address: R 2 2835 S. Penn. Street or R. R. Indpls. City Marion County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (photo)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Christian E. Knapp
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Germany
9. Full maiden name of mother Freida Hafstedmaster
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Germany

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anna K Simmons
New Address 2835 S Penn St. 46225

Subscribed and sworn to before me this 23 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Dec., 19 85, *authorizing the joining together as husband and wife* WILLIAM R. HOPKINS *and* ANNA K. SIMMONS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES H. JORDAN *hereby certify that on the* 18th *day of* JANUARY, *one thousand nine hundred and* 86 *at* INDPLS., *County of* MAIRON, *State of Indiana, Groom* WILLIAM R. HOPKINS *of* HENDRICKS *County, State of* IN *and, Bride* ANNA K. SIMMONS *of* MARION *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* JANUARY, *19* 86.

Signed /s/ CHARLES H. JORDAN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* JANUARY, *19* 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 635

File 12-23-85
Date of Application

MALE
Medical Examination Report Dated 12-18-85
Name of Physician Glen Baker, M.D.

FEMALE
Medical Examination Report Dated 12-18-85
Name of Physician Glen Baker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Walter Last Reist, Jr.

Date of Birth: Month April Day 28 Year 1943

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt. 1, 5 Londonderry Ct. City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jamie Annette Reist
   James Walter Reist, Jr.
   Jason Matthew Reist
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Reist
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother # Lola Mary ~~Raymond~~ Jamie
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) # Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ℳ James W. Reist
New Address Same

Subscribed and sworn to before me this 23rd day of Dec., 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Treva Middle Lorene Last Reist

Date of Birth: Month April Day 5 Year ~~1985~~ 1943

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R. R. Rt. 1, 5 Londonderry Ct. City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Guy Waugh
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Ida Mae Love
   Residence of mother (if deceased so state) Oklahoma
   Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ℳ Treva Lorene Reist
New Address Same

Subscribed and sworn to before me this 23rd day of Dec, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Dec., *19*85, *authorizing the joining together as husband and wife* JAMES WALTER REIST *and* TREVA LORENE REIST

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS E. ZAHN *hereby certify that on the* 30th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JAMES WALTER REIST *of* HENDRICKS *County, State of* IN, *and, Bride* TREVA LORENE REIST *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* DEC., *19*85.

Signed /s/ DENNIS E. ZAHN

Official Designation JUDGE PRO-TEM MARION CO.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JANUARY, *19*86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 636

File

12-23-85
Date of Application

MALE
Medical Examination Report Dated 12-19-85
Name of Physician Larry C. Hughes, D.O.

FEMALE
Medical Examination Report Dated 12-19-85
Name of Physician Larry C. Hughes, D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Thomas Last Bowles

Date of Birth: Month #3 Day 13 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11345 W. Washington #14 City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Allen Bowles
   Residence of father (if deceased so state) Plfd Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Tina Lynn Sering
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ David Bolles

New Address Same

Subscribed and sworn to before me this 23rd day of Dec., 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tonya Middle Louise Last Parr

Date of Birth: Month July Day 1 Year 1967

Place of Birth (State or foreign country) Indpls In.

Residence Address: Street or R. R. 11345 W. Washington #14 City Indpls County In State (Ken.)

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herchel Eugene Parr
   Residence of father (if deceased so state) Decatur, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Billie Jean Cast
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Tonya Parr

New Address Same

Subscribed and sworn to before me this 23rd day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of December, 19 85, authorizing the joining together as husband and wife DAVID THOMAS BOLES and TONYA LOUISE PARR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RON HALLOCK hereby certify that on the 28th day of DECEMBER one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DAVID THOMAS BOLES of HENDRICKS County, State of IN, and, Bride TONYA LOUISE PARR of HEDNRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of DECEMBER, 19 85

Signed /s/ RON HALLOCK

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 637

File 12.2385

Date of Application

MALE
Medical Examination Report Dated 12-19-85
Name of Physician Howell

FEMALE
Medical Examination Report Dated 12-19-85
Name of Physician Howell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Myron Middle Robert Last Clark.

Date of Birth: Month Sept Day 20 Year 1946

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RR #1 Bx 214 City North Salem County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) dk - Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kevin E. Clark
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oliver Eugene Clark.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Martha Imogene Walton
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Myron R Clark

New Address R1, Box 214, N. Salem 46165

Subscribed and sworn to before me this 23 day of dec, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Diana Middle Belle Last Kirby

Date of Birth: Month Sept Day 15 Year 1953

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR #6 Bx 192 City Avon ville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) dk Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul N. Haltom
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosa Irene Thurnall
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Kirby

New Address R1 Box 214 N Salem 46165

Subscribed and sworn to before me this 23 day of dec, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of Dec., 19 85, authorizing the joining together as husband and wife MYRON ROBERT CLARK and DIANA BELLE KIRBY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN hereby certify that on the 28 day of DECEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MYRON ROBERT CLARK of HENDRICKS County, State of IN, and, Bride DIANA BELLE KIRBY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of DECEMBER, 19 85.

Signed /s/ CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of FEBRUARY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Re-Marriage

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 638

File

12-26-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-9-85
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 12-9-85
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle M. Last Jordon Jr.

Date of Birth: Month 12 Day 7 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 105 N. Jefferson City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michael Todd Jordon

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas M Jordon Sr.
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Georgia Harris
   Residence of mother (if deceased so state) Brown Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Thomas M. Jordan Jr
New Address 105 North Jefferson

Subscribed and sworn to before me this 26 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Joni Middle L Last Jordon

Date of Birth: Month 8 Day 2 Year 56

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 105 N. Jefferson City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Sonya L Waller
   Brad D Waller
   Michael Todd Jordon

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hardner Bailey
   Residence of father (if deceased so state) Mansfield, Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Rosemary Horn
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Joni L. Jordan
New Address 105 N. Jefferson

Subscribed and sworn to before me this 26 day of Dec., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Dec., 19 85, *authorizing the joining together as husband and wife* THOMAS M. JORDON JR. *and* JONI L. JORDON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 30th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS M. JORDON JR. *of* HENDRICKS *County, State of* IN, *and, Bride* JONI L. JORDON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* DECEMBER, 19 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* DECEMBER, 19 85.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 639

File

12-23-85 Date of Application

MALE
Medical Examination Report Dated 12-12-85
Name of Physician Philip Batista, M.D.

FEMALE
Medical Examination Report Dated 12-12-85
Name of Physician Philip Batista, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Peter Middle Glen Last Neuman

Date of Birth: Month March Day 3 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1870 E 700 N. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman G. Neuman
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elnoris J. Fox
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peter G. Neuman

New Address 1870 E 700 N BROWNSBURG

Subscribed and sworn to before me this 23rd day of Dec., 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle Deann Last Davis

Date of Birth: Month Dec. Day 16 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1870 E 700 N. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James M. Davis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie Sharon Teague
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa D Davis

New Address 1870 E 700 N

Subscribed and sworn to before me this 23rd day of Dec., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* DECEMBER, *19* 85, *authorizing the joining together as husband and wife* PETER GLEN NEUMAN *and* LISA DEANN DAVIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 31st *day of* DECEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* PETER GLEN NEUMAN *of* HENDRICKS *County, State of* IN, *and, Bride* LISA DEANN DAVIS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31st *day of* DECEMBER, *19* 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* DECEMBER, *19* 85.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

No. 640

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

12-27-85
Date of Application

MALE
Medical Examination Report Dated 12-23-85
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 12-23-85
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Eldon Last Moscrip

Date of Birth: Month 6 Day 29 Year 30

Place of Birth (State or foreign country) Montana

Residence Address: Street or R. R. 4145 Rainbow View Dr. City Sidpb County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father E. R. Moscrip
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Ontario Canada
9. Full maiden name of mother Lula Withem
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Richard E. Moscrip

New Address 76 Murphy Ln - Brownsburg

Subscribed and sworn to before me this 27 day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Loretta Middle Mae Last Isaacs

Date of Birth: Month 9 Day 15 Year 35

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 76 Murphy Ln. City Brownsburg County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Nathan Andrew

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Manuel W. Rayo
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lucille Armstrong
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Loretta M Isaacs

New Address 76 Murphy Ln - B'burg

Subscribed and sworn to before me this 27 day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of January, 19 86, authorizing the joining together as husband and wife RICHRAD E. MOSCRIP and LORETTA MAE ISAACS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY L. BELLVILLE hereby certify that on the 22nd day of FEBRUARY, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RICHARD E. MOSCRIP of MARION County, State of IN, and, Bride LORETTA MAE ISAACS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of JANUARY, 19 86.

Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of FEBRUARY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 641

File

12-30-85 Date of Application

MALE
Medical Examination Report Dated 12-21-85
Name of Physician Garnet Harris M.D.

FEMALE
Medical Examination Report Dated 12-21-85
Name of Physician Garnet R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle Ray Last Sharp

Date of Birth: Month Jan Day 7 Year ~~1985~~ 1963

Place of Birth (State or foreign country) Indiana

Residence Address: 10137 Kewanna Drive Indpls In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Peter W. Sharp
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Julia Ann Bruce
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis Sharp

New Address Same

Subscribed and sworn to before me this 30th day of Dec, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Dawn Last Jackson

Date of Birth: Month 11 Day 16 Year 1966

Place of Birth (State or foreign country) Danville, In.

Residence Address: 10137 Kewanna Drive Indpls County In. State 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Matthew Jackson
   Residence of father (if deceased so state) Ano, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maureen ~~Hugh~~ Yvonne Pugh
   Residence of mother (if deceased so state) Ano
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kim Jackson

New Address same

Subscribed and sworn to before me this 30th day of Dec, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3-day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* DECEMBER, *19* 85 *authorizing the joining together as husband and wife* DENNIS RAY SHARP *and* KIMBERLY JACKSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 30th *day of*, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DENNIS RAY SHARP *of* HENDRICKS *County, State of* IN, *and, Bride* KIMBERLY JACKSON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* DECEMBER, *19* 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* DECEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 642

File

12-30-85
Date of Application

MALE
Medical Examination Report Dated 12-10-85

Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 12-10-85

Name of Physician Joseph Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle L. Last Jordan

Date of Birth: Month 12 Day 15 Year 1959

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 252 S. Tennessee St. Apt. 3 City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne LeRoy Jordon
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean LeNore Knight
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy L Jordan
Same

New Address

Subscribed and sworn to before me this 30th day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Joyce Middle Ann Last Carwile

Date of Birth: Month Dec. Day 7 Year 1959

Place of Birth (State or foreign country) Franklin, Ind.

Residence Address: Street or R. R. 252 S. Tennessee St., Apt. 3 City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claude Carwile
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Nevada Ducker
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joyce A. Carwile
Same

New Address

Subscribed and sworn to before me this 30th day of Dec., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* January, 19 86, *authorizing the joining together as husband and wife* TIMOTHY L. JORDAN *and* JOYCE ANN CARWILE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THOMAS G. BRENTON *hereby certify that on the* 6th *day of* JANUARY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ~~TIMOTHY L.~~ JORDAN *of* ~~HENDRICKS~~ *County, State of* IN, *and, Bride* JOYCE ANN CARWILE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* JANUARY, 19 86.

Signed /s/ THOMAS G. BRENTON

Official Designation PRO-TEM JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* JANUARY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 643

File

12-30-85 Date of Application

MALE
Medical Examination Report Dated 12-30-85
Name of Physician Alfred C. Jones

FEMALE
Medical Examination Report Dated 12-31-85
Name of Physician Dr. Alfred C. Jones

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle J. Last Gibbs

Date of Birth: Month 7 Day 16 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 6 Box 153 City Danville County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe C. Gibbs
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ohio.
9. Full maiden name of mother Sandra E. Mitten
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert J. Gibbs

New Address 51 Old North Salem Road

Subscribed and sworn to before me this 30 day of Dec., 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cathy Middle J. Last Covey

Date of Birth: Month 12 Day 7 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 6 Box 152 City Danville County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald W. Covey
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Kathleen M. Vannoter
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Cathy J. Covey

New Address 51 Old N. Salem Rd

Subscribed and sworn to before me this 30 day of Dec., 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of JANUARY, 19 86, authorizing the joining together as husband and wife ROBERT J. GIBBS and CATHY J. COVEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KENNETH E. VETTERS hereby certify that on the 4th day of JANUARY, one thousand nine hundred and 86 at BARTLETT CHAPEL, County of HENDRICKS, State of Indiana, Groom ROBERT J. GIBBS of HENDRICKS County, State of IN, and, Bride CATHY J. COVEY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of JANUARY, 19 86.

Signed /s/ REV. KENNETH E. VETTERS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JANUARY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. [redacted] # 1

File

January 3, 1986
Date of Application

MALE
Medical Examination Report Dated 12-14-85
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 12-14-85
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Orison, Middle Duane, Last Runner

Date of Birth: Month April, Day 6, Year 1965

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. 44 N. Green St., City Brownsburg, County, State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dayne Poss Runner
   Residence of father (if deceased so state) - unknown
   Birthplace of father (State or foreign country) - unknown
9. Full maiden name of mother Mary Jane Poe
   Residence of mother (if deceased so state) West Virginia
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Orison Duane Runner

New Address Same

Subscribed and sworn to before me this 3rd day of January, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Donna, Middle Sue, Last Shaffer

Date of Birth: Month Oct., Day 2, Year 1965

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. ~~RR~~ 44 N. Green St., City Brownsburg, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Denver Dwight Shaffer
   Residence of father (if deceased so state) Ellington, West Virginia
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Bonnie Sue McDonald
   Residence of mother (if deceased so state) West Virginia
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Donna Sue Shaffer

New Address Same

Subscribed and sworn to before me this 3rd day of January, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3 day of Jan., 19 86, authorizing the joining together as husband and wife ORISON DUANE RUNNER and DONNA SUE SHAFFER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~C. GLEN BURNSIDE~~ hereby certify that on the 18th day of JANUARY, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ORISON DUANE RUNNER of HENDRICKS County, State of IN and, Bride DONNA SUE SHAFFER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of JANUARY, 19 86.

Signed /s/ CHARLES G. BURNSIDE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of JANUARY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2

File

1-3-86 Date of Application

MALE
Medical Examination Report Dated 12-31-85
Name of Physician Wm M. Wilkison

FEMALE
Medical Examination Report Dated 12-31-85
Name of Physician Wm. M. Wilkison

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle D. Last Dyer

Date of Birth: Month 10 Day 25 Year 52

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 12 Elm Dr. City Plfd. County Hendricks Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic. w/ pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.
   Vaughn D. Dyer
   Drella A. Dyer
   Rhonda J. Dyer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Willard Dyer
   Residence of father (if deceased so state) Whiteland, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Beulah Lorene Rodgers
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gary D. Dyer
New Address 12 Elm Dr. Plainfield, Ind.

Subscribed and sworn to before me this 3 day of Jan, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Bettie Middle J. Last Wade

Date of Birth: Month 7 Day 14 Year 45

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 12 Elm Dr. City Plfd. County Hendricks Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic. w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Gary D. Wade
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Washington Vestermark Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa.
9. Full maiden name of mother Ella Pearl Collins
   Residence of mother (if deceased so state) Iowa.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bettie J. Wade
New Address 12 Elm Dr. Plainfield, Ind.

Subscribed and sworn to before me this 3 day of Jan, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* Jan., 19 86, *authorizing the joining together as husband and wife* GARY D. DYER *and* BETTIE T. WADE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RON HALLOCK *hereby certify that on the* 17th *day of* JANUARY, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* GARY D. DYER *of* HENDRICKS *County, State of* IN, *and, Bride* BETTIE T. WADE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* JANUARY, *19* 86.

Signed /s/ RON HALLOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* January, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 3

File

1-3-86
Date of Application

MALE
Medical Examination Report Dated 12-30-85
Name of Physician J. O. Trammell

FEMALE
Medical Examination Report Dated 12-30-85
Name of Physician J. O. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle J. Last Jones
Date of Birth: Month 8 Day 10 Year 63
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. P.O. Box 9D186 City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Bio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jason M. Jones
   Heidi R. Jones
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hank Milton Jones
   Residence of father (if deceased so state) Michigan
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Straughter Braden
   Residence of mother (if deceased so state) Michigan
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert L Jones
New Address 1459 Hoadley Rd. Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Wendy Middle L. Last HaverKamp
Date of Birth: Month 8 Day 3 Year 64
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. 1459 Hoadley Rd. City Plfd. County Hendricks Co. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Bio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jones - HaverKamp
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Arlene Martin
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Wendy L. Haverkamp
New Address 1459 Hoadley Rd. Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* Jan, 86, *authorizing the joining together as husband and wife* ROBERT L. JONES *and* WENDY L. HAVERKAMP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM P. HENDRICKS *hereby certify that on the* 18th *day of* JANUARY, *one thousand nine hundred and* 86 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT L. JONES *of* HENDRICKS *County, State of* IN, *and, Bride* WENDY L. HAVERKAMP *of* HEDNRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* JANUARY, 19 86.

Signed /s/ REV. WILLIAM P. HENDRICKS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* JANUARY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4

File

1-16-86 Date of Application

MALE
Medical Examination Report Dated 12-29-85
Name of Physician N. E. White

FEMALE
Medical Examination Report Dated 12-26-85
Name of Physician G. D. Ingrall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joe Middle D. Last Slone Jr.

Date of Birth: Month 9 Day 14 Year 62

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. 1013 Milligan College City Tennessee County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. his. w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe D. Slone Sr.
   Residence of father (if deceased so state) Virginia
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Nina Lee Bagley
   Residence of mother (if deceased so state) Virginia
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joe D. Slone, Jr.

New Address #1013 Milligan College, Tn. 37682

Subscribed and sworn to before me this 6 day of Jan., 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle K. Last Lichte

Date of Birth: Month 3 Day 22 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt. 1, Box 214 L City Pittsboro County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. his. w/ pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy Jr. Lichte
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shannon C. Burton
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Linda K. Lichte

New Address Box 1013 Milligan College TN 37682

Subscribed and sworn to before me this 6 day of Jan 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* Jan., 19 86, *authorizing the joining together as husband and wife* JOE D. SLONE JR. *and* LINDA KAYE LICHTE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY L. BELLVILLE *hereby certify that on the* 11th *day of* JANUARY, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JOE D. SLONE, JR. *of* CARTER *County, State of* TENNESSEE, *and, Bride* LINDA KAYE LICHTE *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th *day of* JANUARY, 19 86

Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JANUARY, 19 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 5

File

1-6-86
Date of Application

MALE
Medical Examination Report Dated 1-2-86

Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 1-2-86

Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Mary | Middle: W. | Last: Shelton, Jr.

Date of Birth — Month: 8 | Day: 18 | Year: 68

Place of Birth (State or foreign country): North Dakota

Residence Address — Street or R. R.: 9880 W. 10th St. Apt 329 | City: Indpls. Ind | County: Hendricks Co. | State:

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

   Stephen E. Ferguson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

   ...e of father Mary W. Shelton, Sr.
   ...e of father (if deceased so state) Indiana
   ...e of father (State or foreign country) Indiana
   ...n name of mother Peggy Sue Mullins
   ...f mother (if deceased so state) Indiana
   ...f mother (State or foreign country) Kentucky

   ...na, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

   Signed X Mary W Shelton Jr.
   New Address 9880 west 10ST 3-29

   ...d sworn to before me this 6 day of Jan., 19 86.
   ...Jane Russell ...Clerk HENDRICKS ...Circuit Court

...F PARENTS, PARENT OR GUARDIAN

...ents, of this applicant hereby give consent for this marriage. If only one parent ...state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ...Father

Signed ...Mother

Subscribed and sworn to before me this ...day of ..., 19...

...Clerk

FEMALE APPLICANT

Name — First: Karen | Middle: L. | Last: Ferguson

Date of Birth — Month: 12 | Day: 27 | Year: 59

Place of Birth (State or foreign country): Indiana

Residence Address — Street or R. R.: 9880 W. 10th St. Apt 329 | City: Indpls. Ind | County: Hendricks Co. | State:

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Hsp. w/pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

   Charity E. Ferguson
   Amanda L. Ferguson
   Stephen E. Ferguson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Mary E. Ferguson
   Residence of father (if deceased so state) W. Virginia
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Barbara J. Doyle
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen L Ferguson
New Address 9880 W. 10th St. 3-29

Subscribed and sworn to before me this 6 day of Jan., 19 86.
Mary Jane Russell ...Clerk HENDRICKS ...Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ...Father

Signed X Peggy S Shelton ...Mother

Subscribed and sworn to before me this 6 day of Jan., 19 86

Mary Jane Russell ...Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Jan, 19 86, authorizing the joining together as husband and wife GARY W. SHELTON, JR. and KAREN L. FERGUSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REGINALD B. MULLINS hereby certify that on the 11 day of JANUARY, one thousand nine hundred and 86 at INDIANAPOLIS, County of HENDRICKS, State of Indiana, Groom GARY W. SHELTON JR. of HENDRICKS County, State of IN, and, Bride KAREN L. FERGUSON of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of JANUARY, 19 86.

Signed /s/ REGINALD B. MULLINS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of JANUARY, 19 86.

Signed Mary Jane Russell ...Clerk
HENDRICKS ...Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 5

File

1-6-86
Date of Application

MALE
Medical Examination Report Dated 1-2-86
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 1-2-86
Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle W. Last Shelton, Jr.
Date of Birth: Month 8 Day 18 Year 68
Place of Birth (State or foreign country) North Dakota
Residence Address: Street or R. R. 9880 W. 10th St. Apt 329 City Indpls. County Hendricks Co. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Stephen E. Ferguson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Clerk

FEMALE APPLICANT

Name: First Karen Middle L. Last Ferguson
Date of Birth: Month 12 Day 27 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9880 W. 10th St. Apt 329 City Indpls. County Hendricks Co. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Hix. w/pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Charity E. Ferguson
   Amanda J. Ferguson
   Stephen E. Ferguson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

information given true and correct.

..... 19 86
..... Circuit Court
If only one parent
.....ary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19 86
.....
Clerk

I, GARY WAYNE SHELTON, SR., hereby give my consent for my SON, GARY WAYNE SHELTON JR. to marry KAREN FERGUSON.

Gary Wayne Shelton Sr.

Subscribed and sworn to before me this 9th day of January 1986

John P. Jones
Notary Public
JOHN P. JONES
MY COMMISSION EXPIRES - 7-7-88

RESIDENCE: MARION COUNTY

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Jan, 19 86, authorizing the joining together as husband and wife GARY W. SHELTON, JR. and KAREN L. FERGUSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REGINALD B. MULLINS hereby certify that on the 11 day of JANUARY one thousand nine hundred and 86 at INDIANAPOLIS, County of HENDRICKS, State of Indiana, Groom GARY W. SHELTON JR. of HENDRICKS County, State of IN and, Bride KAREN L. FERGUSON of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of JANUARY, 19 86.

Signed /s/ REGINALD B. MULLINS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of JANUARY, 19 86

Signed Mary Jane Rinaell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6

File

1-6-86 Date of Application

MALE
Medical Examination Report Dated 12-18-85
Name of Physician Samuel Cramer

FEMALE
Medical Examination Report Dated 12-18-85
Name of Physician Samuel D Hennessee MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Maurice Middle E. Last Winn

Date of Birth: Month 10 Day 8 Year 27

Place of Birth (State or foreign country) Lucerne, Indiana

Residence Address: Street or R. R. 430 S. Center St. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester B. Winn
   Residence of father (if deceased so state) Lucerne, Indiana
   Birthplace of father (State or foreign country) Lucerne, Indiana
9. Full maiden name of mother Hazel May Kisler Winn
   Residence of mother (if deceased so state) Lucerne, Indiana
   Birthplace of mother (State or foreign country) Lucerne, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Maurice E Winn

New Address

Subscribed and sworn to before me this 6 day of Jnuary, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Patricia Middle J. Last Robins

Date of Birth: Month 4 Day 26 Year 31

Place of Birth (State or foreign country) Fort Wayne, Indiana

Residence Address: Street or R. R. 3095 Beech Parkway City Carmel County Hamilton State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harrell D. Epple
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Wells Co. Indiana
9. Full maiden name of mother Marguerite E. Bender
   Residence of mother (if deceased so state) Ft Wayne, Indiana
   Birthplace of mother (State or foreign country) Wells Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Patricia J Robins

New Address 430 So. Center St. Mansfield

Subscribed and sworn to before me this 6 day of Jnuary, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 10 day of Jan, 19 86, authorizing the joining together as husband and wife MAURICE E. WINN and PATRICIA J. ROBINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LEO L. KRINER hereby certify that on the 12th day of JANUARY, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom MAURICE E. WINN of HENDRICKS County, State of IN, and, Bride PATRICIA J. ROBINS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of JANUARY, 19 86.

Signed /s/ LEO L. KRINER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JANUARY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 7

File

~~1-8-86~~ 1-13-86
Date of Application

MALE
Medical Examination Report Dated 1-8-86
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 1-3-86
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roger Middle Alan Last Bennett

Date of Birth: Month Feb. Day 26 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3839 S. Six Points Rd. City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph J. Bennett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Arlene Rooks
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger A Bennett
New Address 162 S. Rd, 150 E. Danville, In

Subscribed and sworn to before me this 13th day of January, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Bonnie Middle Joe Last York

Date of Birth: Month Aug. Day 2 Year 1963

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 162 S. Rd. 225 East City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Jennifer Ann York
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fletcher Hughes York
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bessie Juanita Townsend
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bonnie J. York
New Address 162 S Rd, 150 E. Danville In

Subscribed and sworn to before me this 13th day of January, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* January, 19 86, *authorizing the joining together as husband and wife* ROGER ALAN BENNETT *and* BONNIE JOE YORK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HUBERT GREER *hereby certify that on the* 17th *day of* JANUARY, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ROGER ALAN BENNETT *of* HENDRICKS *County, State of* IN, *and, Bride* BONNIE JOE YORK *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* JANUARY, 19 86.

Signed /s/ HUBERT GREER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* JANUARY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 8

File

1-15-86 Date of Application

MALE
Medical Examination Report Dated 1-3-86
Name of Physician John J. Farris, M.D.

FEMALE
Medical Examination Report Dated 1-3-86
Name of Physician John J. Farris, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle G. Last Miller

Date of Birth: Month 7 Day 22 Year 1957

Place of Birth (State or foreign country)

Residence Address: 11 N. Northgreen Pkwy Brownsburg In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: ~~Death~~ ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Robert Miller
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Judith Elaine Marcha
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin G. Miller

New Address

Subscribed and sworn to before me this 15th day of January, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Elizabeth Middle C. Last Green

Date of Birth: Month 10 Day 24 Year 1960

Place of Birth (State or foreign country) Virginia

Residence Address: 108 N. Grant Brownsburg In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Licences

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Allen P. Green, II
   Residence of father (if deceased so state) Los Angeles, Cal
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Julia Lynn Reinco
   Residence of mother (if deceased so state) Naples, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth C. Green

New Address 11 Northgreen PKWY Brownsburg

Subscribed and sworn to before me this 15th day of January, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of January, 19 86, authorizing the joining together as husband and wife KEVIN G. MILLER and ELIZABETH C. GREEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JUDITH DWYER hereby certify that on the 1st day of FEBRUARY, one thousand nine hundred and 86 at 3:15 p.m., County of HENDRICKS, State of Indiana, Groom KEVIN G. MILLER of HENDRICKS County, State of IN, and, Bride ELEZABETH C. GREEN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of FEBRUARY, 19 86

Signed /s/ JUDITH DWYER

Official Designation JUDGE, DAVIESS COUNTY COURT

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of AUGUST, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 9

File

1-16-86
Date of Application

MALE
Medical Examination Report Dated R 1-15-86
Name of Physician Robert W. Ogle MD.

FEMALE
Medical Examination Report Dated 1-15-86
Name of Physician Robert W. Ogle MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Alan Last Bender
Date of Birth: Month 7 Day 24 Year 1964
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R. R. 2929 E Hudley City Indpls. County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Gilbert Bender
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Ann Rickelman
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joseph Bender
New Address
Subscribed and sworn to before me this 16th day of Jan, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Anne Last Smock
Date of Birth: Month 6 Day 4 Year 1964
Place of Birth (State or foreign country) Johnson City, Tenn.
Residence Address: Street or R. R. P.O. Box 176 City Clayton, County In State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Everett Vernon Smock
   Residence of father (if deceased so state) Indiana Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Christine Campbell
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Johnson City, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Anne Smock
New Address
Subscribed and sworn to before me this 16th day of Jan, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* JANUARY, *1986, authorizing the joining together as husband and wife* JOSEPH ALAN BENDER *and* CYNTHIA ANNE SMOCK
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, EVERETT V. SMOCK *hereby certify that on the* 1st *day of* FEBRUARY, *one thousand nine hundred and* 86 *at* HAZELWOOD, *County of* HENDRICKS, *State of Indiana, Groom* JOSEPH ALAN BENDER *of* MARION *County, State of* INDIANA *and, Bride* CYNTHIA ANN SMOCK *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 1st *day of* FEBRUARY, *19* 86.

Signed /s/ EVERETT V. SMOCK
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* FEBRUARY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 10

File

1-17-86 Date of Application

MALE
Medical Examination Report Dated 1-16-86

Name of Physician D.B Haggard

FEMALE
Medical Examination Report Dated 1-16-86

Name of Physician D.B. Haggard.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Andrew Middle Jay Last Smith

Date of Birth: Month Dec Day 8 Year 1967

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. 1604 Moon Rd. City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Edward Smith
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Carol DeVaul
   Residence of mother (if deceased so state) Plfd Ind.
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Andrew Jay Smith

New Address 328 Pickett St. Plainfield, IN

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kelly Middle Lynn Last Stevens

Date of Birth: Month July Day 7 Year 1967

Place of Birth (State or foreign country) Danville Ind

Residence Address: Street or R. R. 5981 Oakhill Dr. City Plfd County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Leslie Stevens
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Lee DeWees
   Residence of mother (if deceased so state) Plfd Ind.
   Birthplace of mother (State or foreign country) Conn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kelly Lynn Stevens

New Address 328 Pickett St. Plainfield In.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22nd day of January, 19 86, authorizing the joining together as husband and wife ANDREY JAY SMITH and KELLY LYNN STEVENS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEWEY A. THACKSTON hereby certify that on the 25th day of JANUARY, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom ANDREY JAY SMITH of HENDRICKS County, State of IN, and, Bride KELLY LYNN STEVENS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of JANUARY, 19 86.

Signed /s/ DEWEY A. THACKSTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JUNE, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11

File

1-17-86
Date of Application

MALE
Medical Examination Report Dated 1-16-86

Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 1-16-86

Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle R. Last Hammond

Date of Birth: Month 6 Day 13 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1113 Valley View Dr. Apt 3 City Plfd. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hayle R. Hammond
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred M. Warren
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert R Hammond

New Address 1113 VALLEY View Dr Apt. 3

Subscribed and sworn to before me this 17 day of Jan, 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Ann Last Daum

Date of Birth: Month 6 Day 18 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3203 Indiana Rd. City Plfd. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell L. Daum
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosalie Hutcheson
   Residence of mother (if deceased so state) Plfd Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Susan Daum

New Address 1113 Valley View Dr Apt 3

Subscribed and sworn to before me this 17 day of Jan, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* January, 19 86, *authorizing the joining together as husband and wife* ROBERT R. HAMMOND *and* SUSAN ANN DAUM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEITH H. KIRK *hereby certify that on the* 8th *day of* FEBRUARY, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT R. HAMMOND *of* HENDRICKS *County, State of* IN, *and, Bride* SUSAN ANN DAUM *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* FEBRUARY, *19* 86.

Signed /s/ KEITH H. KIRK

Official Designation FRIENDS MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* FEBRUARY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 12

File

1-21-86 Date of Application

MALE
Medical Examination Report Dated 1-17-86
Name of Physician L. Trammell

FEMALE
Medical Examination Report Dated 1-17-86
Name of Physician L. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle B Last Everett

Date of Birth: Month 12 Day 15 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 645 Kentucky Ave. City Plfd. County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jamie A. Everett
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Everett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Ann Wilmore
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William B Everett

New Address 645 KENTUCKY AVE

Subscribed and sworn to before me this 21 day of Jan, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathleen Middle M. Last Duncan

Date of Birth: Month 4 Day 17 Year 65

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 645 Kentucky Ave. City Plfd. County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Becky Jo Duncan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Schwandner
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dorthy E. Smichak
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathleen M. Duncan

New Address 645 KENTUCKY AVE.

Subscribed and sworn to before me this 21 day of Jan, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* Jan, 19 86, *authorizing the joining together as husband and wife* WILLIAM B. EVERETT *and* KATHLEEN M. DUNCAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 28th *day of* JANUARY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM B. EVERETT *of* HENDRICKS *County, State of* IN, *and, Bride* KATHLEEN M. DUNCAN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JANUARY, 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* JANUARY, 19 86

Mary Jane Russell Clerk

Signed HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 13

File

1-23-86
Date of Application

MALE
Medical Examination Report Dated 1-10-86
Name of Physician J. Thompson

FEMALE
Medical Examination Report Dated 1-10-86
Name of Physician J. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carl Middle Louis Last Fassnacht

Date of Birth: Month Feb Day 1 Year 1965

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4530 Candletree Circle Apt 8 City Indpls County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter L. Fassnacht
   Residence of father (if deceased so state) Lafayette, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Carolyn L. Rowe
   Residence of mother (if deceased so state) Lafayette, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carl L. Fassnacht
New Address 4530 Candletree Cir. #8

Subscribed and sworn to before me this 23 day of Jan., 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Denise Middle Lorraine Last Hoskins

Date of Birth: Month June Day 27 Year 1967

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 8 Mariana Ct City Brownsburg, In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clive Hoskins
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Linda L. Robinson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Denise L. Hoskins
New Address 4530 Candletree Circ. #8 Indpls

Subscribed and sworn to before me this 23 day of Jan., 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of January, 19 86, authorizing the joining together as husband and wife CARL LOUIS FASSNACHT and DENISE LORRAINE HOSKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM J. BROWN hereby certify that on the 1st day of FEBRUARY, one thousand nine hundred and 86 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom CARL LOUIS FASSNACHT of MARION County, State of INDIANA, and, Bride DENISE LORRAINE HOSKINS of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of FEBRUARY, 19 86.

Signed /s/ WILLIAM J. BROWN
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of FEBRUARY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 14

File

1-24-86 Date of Application

MALE
Medical Examination Report Dated 1-20-86
Name of Physician Mary S. Middleton

FEMALE
Medical Examination Report Dated 1-16-86
Name of Physician Mary S. Middleton

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William, Middle Kaylen, Last Barcus

Date of Birth: Month 8, Day 12, Year 54

Place of Birth (State or foreign country) Greencastle Ind

Residence Address: Street or R. R. 449 Churchill Dr., City Mooresville, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William K. Barcus
   Residence of father (if deceased so state) Indiana, Cloverdale
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma D. Cash
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /William K. Barcus

New Address 449 Churchill Drive Mooresville IN

Subscribed and sworn to before me this 24 day of Jan, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Donna, Middle Jean, Last Mosier

Date of Birth: Month 8, Day 21, Year 63

Place of Birth (State or foreign country) Martinsville Ind.

Residence Address: Street or R. R. 8402 S. Raceway Rd., City Camby, County, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John H. Mosier
   Residence of father (if deceased so state) Indiana, Camby
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara J. Smith
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donna J Mosier

New Address 449 Churchill Dr, Mooresville

Subscribed and sworn to before me this 24 day of Jan, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS of Indiana dated the 24 day of Jan., 19 86, authorizing the joining together as husband and wife WILLIAM KAYLEN BARCUS and DONNA JEAN MOSIER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL hereby certify that on the 24th day of JANUARY, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WILLIAM KAYLEN BARCUS of MORGAN County, State of IN, and, Bride DONNA JEAN MOSIER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of JANUARY, 19 86.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of JANUARY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 15

File

1-27-86
Date of Application

MALE
Medical Examination Report Dated Jan 21, 1986
Name of Physician Ronda L Wells

FEMALE
Medical Examination Report Dated January 21, 1986
Name of Physician Ronda Wells

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Daniel Last Harrison

Date of Birth: Month Dec. Day 30 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1350 Colonial Lane, City Danville, County In State 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Cecil Harrison
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Diane Baker
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Daniel Harrison

New Address 3385 Goldenrod Ln Apt #2 Terre Haute, IN 47805

Subscribed and sworn to before me this 31st day of January, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cara Middle L. Last Pickerel

Date of Birth: Month April ~~Dec~~ Day 15 ~~Sunset~~ Year ~~15~~ 1964

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R. R. 860 Sunset Drive, City Danville, County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Leon Pickerel
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Constance D'Dare Walton
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cara Leigh Pickerel

New Address 3385 Goldenrod Ln, Terre Haute, In,

Subscribed and sworn to before me this 27th day of January, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 [illegible] JANUARY, *19* 86, *authorizing the joining together as husband and wife* RICHARD DANIEL HARRISON *and* CARA L. PICKEREL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOE D. STUMP *hereby certify that on the* 1st *day of* MARCH, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD DANIEL HARRISON *of* HENDRICKS *County, State of* IN, *and, Bride* CARA L. PICKEREL *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* MARCH, *19* 86.

Signed /s/ JOSEPH D. STUMP

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* MARCH, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 16

File

1-29-86 Date of Application

MALE
Medical Examination Report Dated 1-13-86
Name of Physician John Cronkhite

FEMALE
Medical Examination Report Dated 1-13-86
Name of Physician Edward Smith

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keith Middle A Last See

Date of Birth: Month Oct Day 8 Year 1956

Place of Birth (State or foreign country) Detroit, Mi

Residence Address: Street or R. R. 9880 W. Tenth St. City Indpls. County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald John See
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Mi.
9. Full maiden name of mother Helen Young
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Keith A See

New Address same

Subscribed and sworn to before me this 29th day of January, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Terri Middle Jo Last Allen

Date of Birth: Month July Day 4 Year 1961

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. 9880 West 10th Street City Indpls. County In. (Hen.) State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   (3) Matthew Jacob Allen
   Nicholas Douglas Allen

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Joseph Allen
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Dawn Snyder
   Residence of mother (if deceased so state) Indpls, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terri Allen

New Address same

Subscribed and sworn to before me this 29 day of Jan., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of Feb, 19 86 authorizing the joining together as husband and wife KEITH A. SEE and TERRI JO ALLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 26th day of FEBRUARY, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom KEITH A. SEE of HENDRICKS County, State of IN, and, Bride TERRI JO ALLEN of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of FEBRUARY, 19 86 Signed /s/ LARRY R. HESSON

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of FEBRUARY, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 17

File

1-30-86
Date of Application

MALE
Medical Examination Report Dated 1-22-86
Name of Physician Larry Lovell, M.D

FEMALE
Medical Examination Report Dated 1-22-86
Name of Physician Larry Lovell, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carl Middle E. Last Butrum

Date of Birth: Month Sept. Day 25 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 203 S. Main St. City Brooklyn County In. State 46111

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley L. Page Butrum
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Trudy Anne Strong
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Carl E. Butrum
New Address 203 S. main St Brooklyn In 46111

Subscribed and sworn to before me this 30th day of January, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Katherine Middle D. Last Tindal

Date of Birth: Month Oct Day 4 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 502 E. Cross St. City Danville, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph L. Tindal
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Doris Dillman
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Katherine Tindal
New Address 203 S. Main Brooklyn In

Subscribed and sworn to before me this 30 day of January, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of February, 19 86, authorizing the joining together as husband and wife CARL E. Butrum and KATHERINE D. Tindal

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG hereby certify that on the 15th day of FEB., one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom CARL E. BUTRUM of MORGAN County, State of IN and, Bride KATHERINE D. TINDAL of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of FEB., 19 86.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Feb., 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 18

File

Date of Application

MALE
Medical Examination Report Dated 1-27-86
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 1-27-86
Name of Physician Joseph Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Lee Last Sutton

Date of Birth: Month 3 Day 12 Year 64

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 762 Dan Jones Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Eugene Sutton
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Joan Hatfield
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Kevin L Sutton

New Address 762 Dan Jones Rd. Plainfield In 46168

Subscribed and sworn to before me this 31st day of January, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Regina Middle Kay Last Deppert

Date of Birth: Month 9 Day 22 Year 62

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 762 Dan Jones Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree Drivers License

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kurt Aron Deppert
   Mathew Michael Deppert

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael Dewayne Richardson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Kay Glover
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Regina K. Deppert

New Address 762 Dan Jones Rd. Plainfield In 46168

Subscribed and sworn to before me this 31st day of January, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of February, 1986, authorizing the joining together as husband and wife KEVIN LEE SUTTON and REGINA KAY DEPPERT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HUBERT GREER hereby certify that on the 14th day of FEB., one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom KEVIN LEE SUTTON of HENDRICKS County, State of IN, and, Bride REGINA KAY DEPPERT of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 19 86.. Signed /s/ HUBERT GREER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Feb., 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19

File

2/3/86 Date of Application

MALE
Medical Examination Report Dated 1-24-86
Name of Physician Michael Day

FEMALE
Medical Examination Report Dated 1-24-86
Name of Physician Michael Day

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George, Middle L., Last Edick

Date of Birth: Month 5, Day 9, Year 1950

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. P.O. Box 163, City Amo, County Hendricks, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Kenneth George Edick
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Iowa
9. Full maiden name of mother: Freda Mildred Aldredge
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....

New Address .....

Subscribed and sworn to before me this 3rd day of February, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda, Middle K., Last Hudson

Date of Birth: Month 2, Day 15, Year 1952

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. P.O Box 163, City Amo, County Hendricks, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Dean Allen Thurnall
   Residence of father (if deceased so state): Danville, In.
   Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Betty Joan Wood
   Residence of mother (if deceased so state): Bensonville, Illinois
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....

New Address .....

Subscribed and sworn to before me this 3rd day of February, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* February, 19 86, *authorizing the joining together as husband and wife* GEORGE L. EDICK *and* BRENDA K. HUDSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JUDGE VAUGHN *hereby certify that on the* 15th *day of* FEB., *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* GEORGE EDICK *of* HENDRICKS *County, State of* IN *and, Bride* BRENDA HUDSON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th *day of* FEB., *19* 86.

Signed /s/ JUDGE VAUGHN

Official Designation JUDGE OF MARION COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* FEB., *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 20

File

2-3-86 Date of Application

MALE
Medical Examination Report Dated 1-31-86
Name of Physician Timothy Nichols

FEMALE
Medical Examination Report Dated 1-31-86
Name of Physician Timothy Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dean Middle A. Last Short

Date of Birth: Month 8 Day 28 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10029 N. Morris City Indianapolis County Hendricks State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Clarence Short
   Residence of father (if deceased so state) Indianapolis
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Ann Perkins
   Residence of mother (if deceased so state) Indianapolis
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dean A. Short

New Address

Subscribed and sworn to before me this 3rd day of February 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Gina Middle Justine Last Jones

Date of Birth: Month 5 Day 18 Year 1968

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 524 Broken Bow Trail City Indpls County Marion State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman Wilbur Jones
   Residence of father (if deceased so state) California
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Irma Joan VanNote
   Residence of mother (if deceased so state) Indianapolis
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gina Justine Jones

New Address

Subscribed and sworn to before me this 3rd day of February 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

Legal guardian

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of 3 Feb, 19 86, authorizing the joining together as husband and wife DEAN A. SHORT and GINA JUSTINE JONES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. LOWELL PARR III hereby certify that on the 14th day of FEB. one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom DEAN A. SHORT of HEDNRICKS County, State of IN and, Bride GINA JUSTINE JONES of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 19 86.... Signed /s/ R. LOWELL PARR III

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of FEB., 19 86.... Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1. 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 21

File

2-3-86
Date of Application

MALE
Medical Examination Report Dated Jan. 27, 1986

Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated Jan. 27, 1986

Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle W. Last Tomlinson

Date of Birth: Month Jan. Day 5 Year 1960

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 8 Fairfield Dr. City Brownsburg County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wesley Durand Tomlinson
   Residence of father (if deceased so state) Rochester, Mi.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Ann Braham Berry
   Residence of mother (if deceased so state) Rochester, Mi.
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven W. Tomlinson

New Address 8 FAIRFIELD DR. BROWNSBURG

Subscribed and sworn to before me this 3rd day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lou Middle Ann Last Meredith

Date of Birth: Month June Day 24 Year 1955

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 125 N. Jefferson City Brownsburg County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Meredith
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ola Perkins
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lou Ann Meredith

New Address 8 Fairfield, Brownsburg

Subscribed and sworn to before me this 3rd day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* FEBRUARY, *19* 86, *authorizing the joining together as husband and wife* STEVEN WESLEY TOMLINSON *and* LOU ANN MEREDITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. HUBER *hereby certify that on the* 22nd *day of* FEBRUARY, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* STEVEN WESLEY TOMLINSON *of* HENDRICKS *County, State of* IN, *and, Bride* LOU ANN MEREDITH *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* FEBRUARY, *19* 86.

Signed /s/ WILLIAM A. HUBER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* FEB., *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 22

File

24-86
Date of Application

MALE
Medical Examination Report Dated 1-18-86
Name of Physician Joseph T. Thompson

FEMALE
Medical Examination Report Dated 1-18-86
Name of Physician Joseph T. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle N. Last Carr

Date of Birth: Month 4 Day 1 Year 64

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. 960 Valley View Dr. #2 City Plfd. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Terry N. Carr Sr.
   Residence of father (if deceased so state) Kokomo, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Christine M. Campbell
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terry G Carr
New Address 960 Valley View DR #2 plainfield

Subscribed and sworn to before me this 4 day of Feb., 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jenny Middle L. Last Crawford

Date of Birth: Month 11 Day 12 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 460 City Clayton County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marshall N. Crawford
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary J. Pidemore
   Residence of mother (if deceased so state) Dec.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jenny L Crawford
New Address 960 Valley View Dr #2 Plainfield

Subscribed and sworn to before me this 4 day of Feb., 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of Feb., 86, authorizing the joining together as husband and wife TERRY GENE CARR and JENNY L. CRAWFORD.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT D. SPANTON JR. hereby certify that on the 14th day of FEB. one thousand nine hundred and 86 at ~~HENDRICKS~~ PLAINFIELD, County of ~~XNX~~ HENDRICKS State of Indiana, Groom TERRY GENE CARR of HENDRICKS County, State of IN and, Bride JENNY LYNN CRAWFORD of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 19 86 Signed /s/ ROBERT D. SPANTON JR.
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of FEB., 19 86
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 23

File

2-4-86
Date of Application

MALE
Medical Examination Report Dated 1-27-86
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 1-28-86
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pre shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle Lee Last Steuerwald

Date of Birth: Month 8 Day 31 Year 1961

Place of Birth (State or foreign country) Brazil, In.

Residence Address: Street or R. R. Rt. #1, Box 101E City Pittsboro County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jeffrey Forest Steuerwald
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forest Lee Steuerwald
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joanne Allen
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brian Lee Steuerwald
New Address R#1 Box 101E Pittsboro, Ind. 46167

Subscribed and sworn to before me this 4th day of February, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Starla Middle K. Last Line

Date of Birth: Month 5 Day 25 Year 1957

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. Rt. #1, Box 101E, Pittsboro City County Hendricks State In. 46167

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Y
   If answer is "yes", has the adjudication been removed? No ☐ Y
2. Are you afflicted with a transmissible disease? No ☑ Y
3. Are you related to the male applicant closer than second cousin? No ☑ Y
4. Are you now under the influence of intoxicating liquor? No ☑ Y
5. Are you now under the influence of a narcotic drug? No ☑ Y
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Y
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you compliance with any court order or orders issued for their support.
8. Full name of father Ralph Victor Line, Jr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Julian
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information in this application is true and co

Signed Starla K. Line
New Address R# 1 Box 101 E. Pittsbor

Subscribed and sworn to before me this 4th day of Feb 19
Mary Jane Russell Clerk HENDRICKS Circuit C

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one pa signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... F

Signed ..... M

Subscribed and sworn to before me this ..... day of 19

.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, HENDRICKS County Court by written order issued ..... and in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit C of Indiana dated the 13 day of Feb., 19 86, authorizing the joining together as husband and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVE KOVALOW- ST. JOHN hereby certify that on the 14th day of FEB. one thousand nine hundred and 86 at 7:00 p.m., County of HENDRICKS State of Indiana, Groom BRIAN LEE STEUERWALD of HENDRICKS County, State of IN and, Bride STARLA KAY LINE of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 19 86.

Signed /s/ REV. DAVE KOVALOW-ST. JOHN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of FEB., 19 86.

Signed Mary Jane Russell HENDRICKS Circuit C

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 24

File

2-4-86 Date of Application

MALE
Medical Examination Report Dated 1-28-86
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 1-28-86
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dan Middle E. Last Lyon

Date of Birth: Month 9 Day 29 Year 1947

Place of Birth (State or foreign country) ~~Ind~~ Greencastle, In.

Residence Address: Street or R. R. 230 Wabash St. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Lora Lyon
   Terri Lyon
   Jerry Lyon
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John E. Lyon
   Residence of father (if deceased so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Umberto
   Residence of mother (if deceased so state) Greencastle, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

+ Signed Dan E. Lyon
New Address 230 Wabash St. Plainfield, In

Subscribed and sworn to before me this 4th day of February, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle B. Last Woodard

Date of Birth: Month 5 Day 9 Year 1952

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R. R. 1419 Pierce City Plainfield County In. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jackie Ellis
   Scott Woodard
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James J. Bucarelli
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara J. Bruno
   Residence of mother (if deceased so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Susan B Woodard
New Address 230 Wabash St. Plainfield, In

Subscribed and sworn to before me this 4th day of February, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* February, 19 86, *authorizing the joining together as husband and wife* DAN E. LYON *and* SUSAN B. WOODARD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARC S. HAYS *hereby certify that on the* 14th *day of* FEB. *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of* IN, *County, State of* IN, *State of Indiana, Groom* DAN E. LYON *of* HENDRICKS, *County, State of* IN, *and, Bride* SUSAN B. WOODARD *of* HENDRICKS, *County, State of* HENDRICKS, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* FEB., 1986.

Signed /s/ MARC S. HAYS

Official Designation PASTORAL COUNSELOR

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* FEB., 19 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 25

File

2-5-86
Date of Application

MALE
Medical Examination Report Dated 2-3-86
Name of Physician Kerry Fisher

FEMALE
Medical Examination Report Dated 2-3-86
Name of Physician Kerry ~~Ko~~ Fisher

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle E. Last Eldridge

Date of Birth: Month 11 Day 27 Year 1943

Place of Birth (State or foreign country): Ind.

Residence Address: Street or R. R. 3950 N. 1000 E., City Brownsburg, County, State 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Ivan Wayne Reich

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Laurence Raymond Eldridge
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Helen Louise Ritzing Grissomyer
   Residence of mother (if deceased so state): deceased
   Birthplace of mother (State or foreign country): In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William E. Eldridge

New Address Same

Subscribed and sworn to before me this 5th day of Feb, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Margaret Middle J. Last Bunch

Date of Birth: Month 4 Day 3 Year 1941

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 3950 N. 1000 E., City Brownsburg, In County, State 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Claude Mitchell
   Residence of father (if deceased so state): Jamestown, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: ~~Reagan~~ Verdia Reagan
   Residence of mother (if deceased so state): Lebanon, In
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margaret J. Bunch

New Address Same

Subscribed and sworn to before me this 5th day of Feb. 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* Feb., 19 86, *authorizing the joining together as husband and wife* WILLIAM E. ELDRIDGE *and* MARGARET J. BUNCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EARL DUKES *hereby certify that on the* 14th *day of* FEB. *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM E. ELDRIDGE *of* HENDRICKS *County, State of* IN *and, Bride* MARGARET J. BUNCH *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* FEB., 19 86.

Signed /s/ EARL DUKES

Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* FEB., 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 26

File

2-6-86 Date of Application

MALE
Medical Examination Report Dated 2-3-86

Name of Physician

FEMALE
Medical Examination Report Dated 2-3-86

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First BOBBY Middle JOE Last CROWE

Date of Birth: Month 10 Day 15 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1120 Adirondack Ct. City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Everett Crowe
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Josephine Archer
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bobby Joe Crowe

New Address Rt. 1 Box 72H Pittsboro, Ind.

Subscribed and sworn to before me this 6 day of Feb, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Lou Last Hedge

Date of Birth: Month 10 Day 27 Year 1945

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 72H Pittsboro City, County Hendricks, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Williams
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann Pace
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Lou Hedge

New Address Same

Subscribed and sworn to before me this 6 day of Feb. 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of February, 19 86, authorizing the joining together as husband and wife BOBBY JOE CROWE and LINDA LOU HEDGE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES D. CLAYTON hereby certify that on the 26th day of FEBRUARY, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom BOBBY JOE CROWE of HENDRICKS County, State of IN, and, Bride LINDA LOU HEDGE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of FEBRUARY, 19 86. Signed /s/ JAMES D. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of MARCH, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 27

File

Feb. 6, 1986
Date of Application

MALE
Medical Examination Report Dated 2-3-86
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 2-3-86
Name of Physician M. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-8 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mason Middle Alexander Last Begley

Date of Birth: Month May Day 17 Year 1965

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 5 Wedding Ln City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) U.S. Army I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick M. Antibus III
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) "
9. Full maiden name of mother Dora Parsons
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mason A. Begley
New Address Box 15 Amo, Indiana

Subscribed and sworn to before me this 6 day of Feb, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carla Middle Jean Last Nuckols

Date of Birth: Month July Day 6 Year 1967

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 15 City Amo, In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Ed. Issued by school

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Luther Nuckols
   Residence of father (if deceased so state) Scipio, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Barbara Henry
   Residence of mother (if deceased so state) Amo, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carla Nuckols
New Address PO Box 15 Amo In.

Subscribed and sworn to before me this 6 day of Feb, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* FEBRUARY, *19* 86, *authorizing the joining together as husband and wife* MASON ALEXANDER BEGLEY *and* CARLA JEAN NUCKOLS *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, MYRON BARNARD *hereby certify that on the* 7th *day of* FEBRUARY, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* MASON ALEXANDER BEGLEY *of* HENDRICKS *County, State of* IN, *and, Bride* CARLA JEAN MUCKOLS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* FEBRUARY, *19* 86.

Signed /s/ MYRON BARNARD
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* FEBRUARY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 28

File

Feb. 6, 1986
Date of Application

MALE
Medical Examination Report Dated 2-6-86
Name of Physician E. D. Clark

FEMALE
Medical Examination Report Dated 2-6-86
Name of Physician E. D. Clark, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Philip Middle A. Last Prock

Date of Birth: Month 7 Day 4 Year 53

Place of Birth (State or foreign country): Washington

Residence Address: Street or R. R. P.O. Box 103 City Danville County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Drew Prock
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur J. Prock
   Residence of father (if deceased so state) Oregon
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Margaret J. Stirlin
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Philip A. Prock
New Address R # 2 Box 20 Apt #2

Subscribed and sworn to before me this 7 day of Feb., 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Terri Middle Lee Last Gehring

Date of Birth: Month 4 Day 26 Year 57

Place of Birth (State or foreign country) Indianapolis In Hendricks Co 46168

Residence Address: Street or R. R. R.R. 2 Box 20 apt 2 City Danville, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jeremy Douglas Gehring 8
   Jason Michael Gehring 6
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Sidney Randall
   Residence of father (if deceased so state) Crawfordsville, In.
   Birthplace of father (State or foreign country) Harschead, N.Y.
9. Full maiden name of mother Wilma Jane Hackett
   Residence of mother (if deceased so state) Crawfordsville, In.
   Birthplace of mother (State or foreign country) Mooresville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Terri Gehring
New Address R # 2 Box 20 Apt 2. Danville, In 46122

Subscribed and sworn to before me this 6th day of February, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 10 day of Feb., 19 86, authorizing the joining together as husband and wife of PHILIP A. PROCK and TERRI LEE GEHRING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT A. WOOD hereby certify that on the 14th day of FEB. one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom PHILIP A. PROCK of HENDRICKS County, State of IN and, Bride TERRI LEE GEHRING of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 19 86.

Signed /s/ ROBERT A. WOOD

Official Designation JUDGE PRO-TEM HENDRICKS CO. SUP. II

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of FEB., 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 29
File
2-6-86
Date of Application

MALE
Medical Examination Report Dated 1-28-86
Name of Physician Larry C. Lovell, M.D.

FEMALE
Medical Examination Report Dated 1-28-86
Name of Physician Larry D. Lovell, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First LAWERENCE Middle Greely Last Privett
Date of Birth: Month 1 Day 7 Year 58
Place of Birth (State or foreign country)
Residence Address: 7523 Marsh Rd. Indianapolis, In. 46278 / Jackson, Ky.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lucian Privett
   Residence of father (if deceased so state) Jackson, Ky.
   Birthplace of father (State or foreign country) Lincoln County, Ky.
9. Full maiden name of mother Margaret Smith
   Residence of mother (if deceased so state) Jackson, Ky.
   Birthplace of mother (State or foreign country) Jackson, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Lawerence Greely Privett
× New Address 7523 Marsh Rd. Anaplis, In. 46278

Subscribed and sworn to before me this 6th day of February, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Judy Middle Lynne Last Smith
Date of Birth: Month 11 Day 19 Year 58
Place of Birth (State or foreign country) Whitesburg, Ky.
Residence Address: R R 4 Box 409 Clayton, In. 46118
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Travis Wayne Smith 6
   Traci Jay Smith 5

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arnold Griffith
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ulvah, Ky.
9. Full maiden name of mother Audrey Collins
   Residence of mother (if deceased so state) R Clayton, In.
   Birthplace of mother (State or foreign country) Blackey, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Judy Lynne Smith
× New Address 7523 Marsh Rd Indpls, In 46278

Subscribed and sworn to before me this 6th day of February, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* FEB. *, 19* 86 *, authorizing the joining together as husband and wife* LAWERENCE G. PRIVETT *and* JUDY LYNNE SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL T. LAMEY *hereby certify that on the* 14th *day of* FEB. *, one thousand nine hundred and* 86 *at* CLAYTON *, County of* HENDRICKS *, State of Indiana, Groom* LAWERENCE G. PRIVETT *of* MARION *County, State of* IN *, and, Bride* JUDY LYNNE SMITH *of* HENDRICKS *County, State of* IN *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* FEB. *, 19* 86

Signed /s/ DANIEL T. LAMEY
Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* FEB. *, 19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 30

File

2-7-86 Date of Application

MALE
Medical Examination Report Dated 1-28-86
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 1-28-86
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Orland Middle Edward Last Marsh Sr.

Date of Birth: Month 6 Day 5 Year 43

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 40 Robinwood Dr. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Beth Lynn Marsh
   Barbara Ann Marsh
   Orland E. Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph A. Marsh Sr. (stepfather)
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Mary E. Campbell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Orland E Marsh Sr.

New Address 5704 Port Au Prince Apt B Indianapolis Ind. 46224

Subscribed and sworn to before me this 7 day of Feb., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Alice Middle Evelyn Last Parsons

Date of Birth: Month 2 Day 27 Year 40

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5704 Port Au Prince Apt B City Indpls. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Andrew Pritchett
   Bradley Pritchett
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Parsons
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth York
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Alice E Parsons

New Address 5704 Port Au Prince Dr. Apt B Indpls Ind 46224

Subscribed and sworn to before me this 7 day of Feb., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of Feb., 19 86, authorizing the joining together as husband and wife ORLAND E. MARSH and ALICE E. PARSONS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JIM B. LUTTRELL hereby certify that on the 15th day of FEB., one thousand nine hundred and 86 at RAINBOW ACRES CHURCHOF GOD, County of HENDRICKS, State of Indiana, Groom ORLAND E. MARSH of HENDRICKS County, State of IN, and, Bride ALICE E. PARSONS of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of FEB., 19 86.

Signed /s/ JIM B. LUTTRELL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of FEB., 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31

File

Feb. 7 1986
Date of Application

MALE
Medical Examination Report Dated 2-3-86
Name of Physician Michael Pezzato

FEMALE
Medical Examination Report Dated 1-31-86
Name of Physician Kenneth Maynard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle Thomas Last Jamison

Date of Birth: Month Sept. Day 24 Year 1964

Place of Birth (State or foreign country) Oregon

Residence Address: Street or R. R. 14 E. Main City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ned Jamison
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jeddy Bostick
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x George T Jamison

New Address 14 E MAIN Brownsburg, Ind

Subscribed and sworn to before me this 7 day of Feb., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Tina Middle Rene Last Andrew

Date of Birth: Month Sept. Day 20 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 14 East Main City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Chrystal Andrew

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Andrew
   Residence of father (if deceased so state) Salsberry, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Rita Jameson
   Residence of mother (if deceased so state) Salsberry, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tina Rene Andrew

New Address 14 E. Main Brownsburg

Subscribed and sworn to before me this 7 day of Feb., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Feb, 19 86, authorizing the joining together as husband and wife GEORGE THOMAS JAMISON and TINA RENE ANDREW

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 11 day of FEBRUARY one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GEORGE THOMAS JAMISON of HENDRICKS County, State of IN and, Bride TINA RENE ANDREW of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of FEBRUARY, 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE, HENDRICKS COUNTY SUPERIOR COURT #2

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of FEB., 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 46

File

2-20-86 Date of Application

MALE
Medical Examination Report Dated 2-17-86
Name of Physician Steigmoller

FEMALE
Medical Examination Report Dated 2-17-86
Name of Physician Steigmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle J. Last Driggers

Date of Birth: Month 9 Day 13 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1 Michael Dr. City Plfd. County Hnd. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack J. Driggers
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Frances C. Cook
   Residence of mother (if deceased so state) Sand
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven J. Driggers DDS

New Address 1 Michael Dr. Plainfield

Subscribed and sworn to before me this 20 day of Feb., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shellie Middle J. Last Farmer

Date of Birth: Month 4 Day 29 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1 Michael Dr. City Plfd. County Hnd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arnold R. Farmer
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sherry J. Mayhew
   Residence of mother (if deceased so state) Sand
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Shellie J. Farmer

New Address 1 Michael Drive, Plainfield

Subscribed and sworn to before me this 20 day of Feb., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of Feb., 1986, authorizing the joining together as husband and wife STEVEN FLOYD DRIGGERS and SHELLIE J. FARMER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES R. ELLINWOOD hereby certify that on the 1st day of MARCH, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom STEVEN FLOYD DRIGGERS of HEDNRICKS County, State of IN, and, Bride SHELLIE JO FARMER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of MARCH, 19 86.

Signed /s/ CHARLES R. ELLINWOOD

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 47

File

2-21-86
Date of Application

MALE
Medical Examination Report Dated 2-20-86
Name of Physician Ronald Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 2-20-86
Name of Physician Ronald Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle L. Last Pruyn

Date of Birth: Month 1 Day 12 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4329 Bridgefield Rd. City Indpls. County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Theodore Murray Pruyn
   Residence of father (if deceased so state) deceased.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Louise Colvin
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard L. Pruyn

New Address Same.

Subscribed and sworn to before me this 21st day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle K. Last Davis

Date of Birth: Month 10 Day 13 Year 1947

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4329 Bridgefield Rd. City Indpls. County In (Hen.) State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Joshua Shawn Davis

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond H. Glover
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley Ann Patton
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sondra K. Davis

New Address Same

Subscribed and sworn to before me this 21st day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of February, 1986, authorizing the joining together as husband and wife RICHARD L. PRUYN and SANDRA K. DAVIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHNNY R. GARRISON hereby certify that on the 7th day of MARCH one thousand nine hundred and 86 at MOORESVILLE, County of MORGAN, State of Indiana, Groom RICHARD L. PRUYN of HENDRICKS County, State of IN and, Bride SANDRA K. DAVIS of HEDNRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of FEBRUARY, 19 86.

Signed /s/ REV. JOHNNY R. GARRISON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 32

File

2-7-86 Date of Application

MALE
Medical Examination Report Dated 2-3-86
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 2-3-86
Name of Physician Michael Neely, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Anthony Middle E. Last Peterson

Date of Birth: Month July Day 1 Year 1961

Place of Birth (State or foreign country) Lafayette, In.

Residence Address: Street or R. R. 1178 W. Lincoln City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mat Eugene Peterson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Ann Kesler
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anthony E Peters

New Address Same

Subscribed and sworn to before me this 7th day of February, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tamera Middle Deann Last Shoulders

Date of Birth: Month March Day 7 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1178 W. Lincoln City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~Beverly Ann Keyt~~ Tommy Dale Shoulders
   Residence of father (if deceased so state) St. Louis, Mo.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Ann Keyt
   Residence of mother (if deceased so state) St. Louis, Mo.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tamera DAnn Shoulders

New Address Same

Subscribed and sworn to before me this 7th day of Feb. 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 13th day of Feb, 19 86, authorizing the joining together as husband and wife ANTHONY E. PETERSON and TAMERA DEANN SHOULDERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HENRY C. STOLLDORF hereby certify that on the 14th day of FEB., one thousand nine hundred and 86 at LAFAYETTE, County of TIPPECANOE, State of IN, State of Indiana, Groom ANTHONY E. PETERSON of HENDRICKS County, State of IN, and, Bride TAMERA DEANN SHOULDERS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 19 86.

Signed /s/ HENRY C. STOLLDORF

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Feb., 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 33

File

2-10-86
Date of Application

MALE
Medical Examination Report Dated 2-4-86
Name of Physician Fred Sanders, M.D.

FEMALE
Medical Examination Report Dated 2-4-86
Name of Physician Fred Sanders, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle D Last Dye, II

Date of Birth: Month Nov. Day 27 Year 1953

Place of Birth (State or foreign country) Indpls, In

Residence Address: Street or R. R. 1007 Oseola Dr, Lot 704 City Indpls, In County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Bob Dye

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert O. Dye
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betsy L. Book
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert O. Dye II
New Address 10007 OSCEOLA DR

Subscribed and sworn to before me this 10th day of February, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Ann Last Hughes

Date of Birth: Month Dec. Day 2 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10128 Patoka Drive, Lot 551 City Indpls County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Rhiannon Hughes
   Gabriel Hughes

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert Leo White
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Agnes Francis
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Ann Hughes
New Address 10007 Oseola DR.

Subscribed and sworn to before me this 10 day of February, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of Feb, 1986, authorizing the joining together as husband and wife ROBERT O. DYE II and KAREN ANN HUGHES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ELDER JAMES H. WALKER hereby certify that on the 14th day of FEB., one thousand nine hundred and 86 at 10007 OSCEOLA DR., County of HENDRICKS, State of Indiana, Groom ROBERT O. DYE II of HENDRICKS County, State of IN, and, Bride KAREN ANN HUGHES of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 1986.

Signed /s/ ELDER JAMES H. WALKER
Official Designation SPIRITUAL MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of FEB., 1986.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 34

File

2-10-86 Date of Application

MALE
Medical Examination Report Dated 1-29-86
Name of Physician D. David Haggard

FEMALE
Medical Examination Report Dated 1-29-86
Name of Physician Dr. David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First J. Middle O. Last Sircy

Date of Birth: Month 10 Day 10 Year 1919

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 652 E. Main, City Plainfield, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanton Sircy
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Hattie Mae Kittrell
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed J. D. Sircy

New Address 1020 STANLEY RD PLAINFIELD IN.

Subscribed and sworn to before me this 10th day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle E. Last Christopher

Date of Birth: Month 5 Day 4 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1020 Stanley Rd, City Plainfield, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Christopher
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Loretto Scanlon
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia E. Christopher

New Address 1020 Stanley Rd, Plainfield, Indiana

Subscribed and sworn to before me this 10th day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Feb, 19 86, authorizing the joining together as husband and wife J.D. SIRCY and PATRICIA E. CHRISTOPHER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES D. WILSON hereby certify that on the 14th day of FEB., one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom J. D. SIRCY of HENDRICKS County, State of IN, and, Bride PATRICIA E. CHRISTOPHER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of FEB., 19 86.

Signed /s/ JAMES D. WILSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of Feb., 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35

File

2-11-86
Date of Application

MALE
Medical Examination Report Dated 2-6-86
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 2-6-86
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle D. Last Kaufman

Date of Birth: Month 1 Day 10 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Box 145 Street or R. R. Amo City Indiana County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Dean Kaufman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Marie McKinney
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Thomas Kaufman
New Address P.O. Box 145 Amo IND 46103

Subscribed and sworn to before me this 11 day of Feb. 19 86

MaryJane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janet Middle M. Last Butler

Date of Birth: Month 4 Day 19 Year 70

Place of Birth (State or foreign country) Danville Indiana

Residence Address: P.O. Box 51 Street or R. R. Clayton City Indiana County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barry L. Butler
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Grace E. Hines
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janet Butler
New Address P.O. Box 145 Amo Ind. 46103

Subscribed and sworn to before me this 11 day of Feb. 19 86

MaryJane Russell Clerk HENDRICKS Circuit Court

I, Barry L. Butler, hereby give my consent for my Daughter, Janet Marie Butler to marry Thomas Andrew Kaufman.

Barry L Butler

Subscribed and sworn to before me this 24th day of Feb. 19 86

Carter L Gossett
Notary Public

...authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of Feb., 19 86, authorizing the joining together as husband and wife THOMAS A. KAUFMAN and JANET M. BUTLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN O. McINTYRE hereby certify that on the 15th day of MARCH one thousand nine hundred and 86 at CLAYTON, County of HENDRICKS, State of Indiana, Groom THOMAS A. KAUFMAN of HENDRICKS County, State of INDIANA, and, Bride JANET M. BUTLER of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of MARCH, 19 86.

Signed /s/ JOHN O. McINTYRE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this ~~18th~~ 19th day of MARCH, 19 86

Signed MaryJane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 36

File

2-11-86 Date of Application

MALE
Medical Examination Report Dated 2-4-86
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 2-4-86
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Paul Last Chambers

Date of Birth: Month July Day 27 Year 1963

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R. R. P.O Box 104, 41 Broadway City Coatesville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Fred Chambers
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean McCloud
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin P Chambers

New Address P.O Box 104 41 Broadway Coatesville 46128

Subscribed and sworn to before me this 11 day of Feb, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Dawn Middle Denise Last Horner

Date of Birth: Month September Day 5 Year 1965

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R. R. In. 41 Broadway, P.O. Box 104 City Coatesville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mike Elmer Horner Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Luella mae Austin
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dawn D. Horner

New Address P.O. Box 104 41 Broadway Coatesville IN 46125

Subscribed and sworn to before me this 11 day of Feb, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of February, 1986, authorizing the joining together as husband and wife KEVIN PAUL CHAMBERS and DAWN DENISE HORNER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN O. McINTYRE hereby certify that on the 17th day of FEBRUARY, one thousand nine hundred and 86 at CLAYTON, County of HENDRICKS, State of IN

State of Indiana, Groom KEVIN PAUL CHAMBERS of HENDRICKS County, State of IN,

and, Bride DAWN DENISE HORNER of HENDRICKS County, State of IN,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of FEBRUARY, 19 86. Signed /s/ JOHN O. McINTYRE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of MARCH, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 37

File

2-13-86
Date of Application

MALE
Medical Examination Report Dated 2-6-86
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 2-6-86
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Scott Last Eaton (EATON)
Date of Birth: Month 6 Day 15 Year 65
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R. R. 11160 C W. Washington City Indpls County In. State 46231
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Oren Eaton
   Residence of father (if deceased so state) Bainbridge, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy Louise Spencer
   Residence of mother (if deceased so state) Bainbridge, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed James S. Eaton
New Address 11160 C W Washington Indpls. In. 46231

Subscribed and sworn to before me this 13th day of February, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle Lynne Last Oberley
Date of Birth: Month 10 Day 20 Year 65
Place of Birth (State or foreign country): Baltimore, Md.
Residence Address: Street or R. R. 11160 C W. Washington City Indpls County In. State 46231
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Paul Lewis Oberley 2
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eugene A. Nightland
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Buckhannon, W. Va.
9. Full maiden name of mother Elizabeth Anne Shutt
   Residence of mother (if deceased so state) Martinsburg, W. Va.
   Birthplace of mother (State or foreign country) Baltimore, Md.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Lisa Lynne Oberley
New Address 11160 C. W. Washington St. Indpls. In. 46231

Subscribed and sworn to before me this 13th day of February, 1965.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court I Court by written order issued on 3 days waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* FEBRUARY, *19*86, *authorizing the joining together as husband and wife* JAMES SCOTT EATON *and* LISA LYNNE OBERLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY L. WOOD *hereby certify that on the* 13th *day of* FEBRUARY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JAMES SCOTT EATON *of* HENDRICKS *County, State of* IN *and, Bride* LISA LYNNE OBERLEY *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13th *day of* FEBRUARY, *19* 86.

Signed /s/ GARY L. WOOD

Official Designation JUDGE - PROTEM

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* FEBRUARY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 38

File 2-13-86
Date of Application

MALE
Medical Examination Report Dated 2-6-86
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 2-6-86
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle L. Last Chandler

Date of Birth: Month 11 Day 19 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1, Box 106 City Coatesville County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Heather Marie Chandler
   Melissa LeAnn Chandler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walt Charles Chandler
   Residence of father (if deceased so state) Worthington, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrtle JoAnn Workman
   Residence of mother (if deceased so state) North Salem, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert Lee Chandler

New Address same.

Subscribed and sworn to before me this 13th day of Feb., 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debbie Middle L. Last Kenworthy

Date of Birth: Month 2 Day 16 Year 1963

Place of Birth (State or foreign country) ~~RR 1~~ Indiana

Residence Address: Street or R. R. RR-1, Box 106 City Coatesville County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur K. Kenworthy
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Juanita Runnells
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debbie L Kenworthy

New Address same

Subscribed and sworn to before me this 13th day of Feb., 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 14 day of April, 1986, authorizing the joining together as husband and wife of ROBERT LEE CHANDLER and DEBORAH L. KENWORTHY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID W. KEESEE hereby certify that on the 3rd day of MAY, one thousand nine hundred and 86 at 2:30 p.m., County of HENDRICKS, State of Indiana, Groom ROBERT LEE CHANDLER of HENDRICKS County, State of IN, and, Bride DEBORAH LOUISE KENWORTHY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of MAY, 19 86.

Signed /s/ DAVID W. KEESEE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 39

File

2-14-86
Date of Application

MALE
Medical Examination Report Dated 2-11-86
Name of Physician C. Elaine Lone

FEMALE
Medical Examination Report Dated 2-11-86
Name of Physician C Elaine Lone

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle P. Last Hand

Date of Birth: Month 8 Day 16 Year 55

Place of Birth (State or foreign country) Benton Ill.

Residence Address: 350 Street or R. R. Lake Shore Dr. City Dept So. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Ellis Hand Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Madison, Ind.
9. Full maiden name of mother Bertha Estelle Eble
   Residence of mother (if deceased so state) 350 Lake Shore Dr. Dept So.
   Birthplace of mother (State or foreign country) Dupont, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed David P. Hand

New Address

Subscribed and sworn to before me this 14 day of Feb, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle L. Last Sewell

Date of Birth: Month 6 Day 24 Year 54

Place of Birth (State or foreign country) Indpls. In Marion Ind.

Residence Address: Street or R. R. 1019 Kingsway Dr. City Danville County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Ronald Sewell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Montgomery Co. Ind.
9. Full maiden name of mother Betty Louise Greve
   Residence of mother (if deceased so state) Crawfordsville Ind.
   Birthplace of mother (State or foreign country) Montgomery Co Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Nancy L. Sewell

New Address 1019 Kingsway Dr.

Subscribed and sworn to before me this 14 day of Feb, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Feb. , 19 86 , *authorizing the joining together as husband and wife* DAVID P. HAND *and* NANCY L. SEWELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WENDELL W. MAYER *hereby certify that on the* 1st *day of* MARCH , *one thousand nine hundred and* 86 *at* INDIANAPOLIS , *County of* MARION , *State of Indiana, Groom* ~~DAVID P. HAND~~ *of* ~~HENDRICKS~~ *County, State of* ~~IN~~ , *and, Bride* NANCY L. SEWELL *of* HENDRICKS *County, State of* IN , *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* MARCH , 19 86 .

Signed /s/ WENDELL W. MAYER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* MARCH , 19 86 .

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 40

File

Feb. 14 1986
Date of Application

MALE
Medical Examination Report Dated 2-13-86
Name of Physician Robt Aiello

FEMALE
Medical Examination Report Dated 2-13-86
Name of Physician Aiello

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle L. Last Kreamer

Date of Birth: Month Mar Day 29 Year 1948

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 424 Magnolia City Plainfield County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lindsay Kreamer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph C. Kreamer
   Residence of father (if deceased so state) Kewanna, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Phyllis P. Braun
   Residence of mother (if deceased so state) Rochester, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry L Kreamer

New Address 424 Magnolia Dr. Plainfield, Indiana

Subscribed and sworn to before me this 14 day of Feb, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rufina Middle S. Last Sanchez

Date of Birth: Month Aug Day 11 Year 1958

Place of Birth (State or foreign country) Phillipines

Residence Address: Street or R. R. 424 Magnolia City Plainfield County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Pedro L. Sanchez
   Residence of father (if deceased so state) Phillipines
   Birthplace of father (State or foreign country) Phillipines
9. Full maiden name of mother Conchita L Sarosad
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Phillipines

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sanchez, Rufina S.

New Address 424 Magnolia Dr. Plainfield, In.

Subscribed and sworn to before me this 14 day of Feb, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 20 *day of* Feb., 19 86, *authorizing the joining together as husband and wife* JERRY KREAMER *and* RUFINA SACHEZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT JOE WALTERS *hereby certify that on the* 22nd *day of* FEBRUARY, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JERRY KREAMER *of* HENDRICKS *County, State of* IN *and, Bride* RUFINA SANCHEZ *of* THE PHILIPPINES *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* FEBRUARY, 19 86

Signed /s/ ROBERT JOE WALTERS

Official Designation UNITED METHODIST PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* FEB., 19 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 41

File

2-14-86
Date of Application

MALE
Medical Examination Report Dated 2-11-86
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 2-11-86
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle Philip Last Kehrein

Date of Birth: Month Dec. Day 1 Year 66

Place of Birth (State or foreign country) Danville, In 46122

Residence Address: Street or R. R. 1229 Salem Rd. City Mooresville County In State 46158

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Karl Edward Kehrein
   Residence of father (if deceased so state) R#1 Box 319 Clayton In
   Birthplace of father (State or foreign country) Indpls In
9. Full maiden name of mother Ruby Floy Pritchett
   Residence of mother (if deceased so state) R#1 Box 319 Clayton In.
   Birthplace of mother (State or foreign country) Danville In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Steve Kehrein

New Address

Subscribed and sworn to before me this 14 day of Feb, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Lisa Middle Lynne Last Durham

Date of Birth: Month April Day 24 Year 1966

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. R#1 Box 167B City Stilesville County In State 46180

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Max Compton Durham
   Residence of father (if deceased so state) R#1 Box 167B. Stilesville In.
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Dixie Coral Barnby
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indpls, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Lisa L. Durham

New Address 1229 Salem Road Mooresville 46158

Subscribed and sworn to before me this 14 day of Feb, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of February, 19 86, authorizing the joining together as husband and wife STEPHEN PHILIP KEHREIN and LISA LYNNE DURHAM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RALPH H. RICHARDSON hereby certify that on the 1st day of MARCH one thousand nine hundred and 86 at HENDRICKS CO. AT DANVILLE, County of HENDRICKS, State of Indiana, Groom STEPHEN P. KEHREIN of HENDRICKS County, State of IN and, Bride LISA LYNNE DURHAM of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of MARCH, 19 86

Signed /s/ RALPH H. RICHARDSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of MARCH, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 42

File

2-17-86 Date of Application

MALE
Medical Examination Report Dated 2.4.86
Name of Physician Michael Tuley M.D.

FEMALE
Medical Examination Report Dated 1-27-86
Name of Physician Michael Stark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Allen Last Kopp

Date of Birth: Month December Day 6 Year 1960

Place of Birth (State or foreign country) Louisville, Kentucky

Residence Address: Street or R. R. 641 Kentucky Ave City Plfd County Hnd. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Kapp
   Residence of father (if deceased so state) 410 S. Hebron Cemetery Dr
   Birthplace of father (State or foreign country) Jasper, Indiana
9. Full maiden name of mother Mary Catherine Boniface
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Ireland, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard A Kapp

New Address

Subscribed and sworn to before me this 17 day of Feb, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Sabrina Middle Last Parker

Date of Birth: Month August Day 9 Year 1961

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 527 Southmore City Plfd County Hnd. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jame Callahan Porter
   Residence of father (if deceased so state) 527 Southmore, Plfd In.
   Birthplace of father (State or foreign country) Knightstown Ind.
9. Full maiden name of mother Mary Elizabeth Riley
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Knightstown Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sabrina Parker

New Address 641 Kentucky Ave. Plainfield

Subscribed and sworn to before me this 17 day of Feb, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Feb., 1986, authorizing the joining together as husband and wife RICHARD ALLEN KAPP and SABRINA PARKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 1st day of MARCH, at PLAINFIELD, County of HENDRICKS, one thousand nine hundred and 86 State of Indiana, Groom RICHARD ALLEN KAPP of HENDRICKS County, State of IN, and, Bride SABRINA PARKER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of MARCH, 19 86. Signed /s/ WILLIAM R.CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of MARCH, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 43

File

2-18-86
Date of Application

MALE
Medical Examination Report Dated 2-18-86
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 2-18-86
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle D. Last Smith

Date of Birth: Month 7 Day 11 Year 195-4

Place of Birth (State or foreign country) Florida

Residence Address: Street or R. R. 37 Trails End City Greenwood County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert R. Smith
   Residence of father (if deceased so state) Tampa, Fla.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carline Zola Tuson
   Residence of mother (if deceased so state) Tampa Fla.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael D Smith

New Address 317 SOUTHMORE ST

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Toni Middle R. Last Gillum

Date of Birth: Month 3 Day 1 Year 195-3

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R. R. 317 Southmore City St. Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jaime 15 yrs.
   James 12
   Jill 8
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lee Williams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Rae Purson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Toni R. Dillum

New Address 317 Southmore St.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* Feb. *, 19* 86 *, authorizing the joining together as husband and wife* MICHAEL D. SMITH *and* TONI R. GILLUM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT JOE WALTERS *hereby certify that on the* 17th *day of* APRIL *, one thousand nine hundred and* 86 *at* PLAINFIELD *, County of* HENDRICKS *, State of Indiana, Groom* MICHAEL D. SMITH *of* JOHNSON *County, State of* INDIANA *and, Bride* TONI R. GILLUM *of* HENDRICKS *County, State of* INDIANA *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* APRIL *, 19* 86 .

Signed /s/ ROBERT J. WALTERS

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* APRIL *, 19* 86 .

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 44

File 2-19-86 Date of Application

MALE
Medical Examination Report Dated 2-18-86
Name of Physician Daniel Shull

FEMALE
Medical Examination Report Dated ~~Oct. 4 19~~ 2-18-86
Name of Physician Daniel Shull, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Marc Middle D'artagnan Last Siler

Date of Birth: Month Feb. Day 2 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 14 Canterbury Dr. City Danville County (Hen.) State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William M. Siler
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Jean Logsdon
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X D'artagnan Siler
New Address 14 Canterbury Dr.

Subscribed and sworn to before me this 19th day of February, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Christina Middle Marie Last Winter

Date of Birth: Month April Day 4 Year 1966

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. 3150 S. 975 E. City Zionsville County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 4

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Winter
   Residence of father (if deceased so state) Zionsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann Leonard
   Residence of mother (if deceased so state) Zionsville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Christina Winter
New Address 14 Canterbury

Subscribed and sworn to before me this 19th day of February, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior I Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of february, 19 86, authorizing the joining together as husband and wife MARC DARTAGNAN SILER and CHRISTINA MARIE WINTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, SHELLY L. MORGAN hereby certify that on the 22nd day of FEBRUARY, County of HENDRICKS, one thousand nine hundred and 86 at PLAINFIELD County, State of IN

State of Indiana, Groom MARC DARTAGNAN SILER of HENDRICKS County, State of IN, and, Bride CHRISTINA MARIE WINTER of BOONE County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of FEB., 19 86.

Signed /s/ SHELLY L. MORGAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of FEBRUARY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 45

File

2-20-86
Date of Application

MALE
Medical Examination Report Dated 1-21-86

Name of Physician Thomas M. Brogan

FEMALE
Medical Examination Report Dated 1-21-86

Name of Physician Thomas M. Brogan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-7-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donn Middle E. Last Perry

Date of Birth: Month 6 Day 3 Year 42

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9600 W. 86th Street City Hendricks County Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin A. Perry
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dolly B. Childers
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donn E. Perry

New Address 9600 W 86th St

Subscribed and sworn to before me this 20 day of Jan., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Doris Middle J. Last Yant

Date of Birth: Month 12 Day 3 Year 33

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 9600 W. 86th St. City Hendricks County Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Doris Draper
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Minnie May Wilson
   Residence of mother (if deceased so state) Illinois
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Doris Yant

New Address 9600 W 86th St Indpls

Subscribed and sworn to before me this 20 day of Jan., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of Jan, 19 86, authorizing the joining together as husband and wife DONN E. PERRY and DORIS J. YANT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WENDELL W. MAYER hereby certify that on the 8th day of March one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom DONN E. PERRY of HENDRICKS County, State of IN and, Bride DORIS J. YANT of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of MARCH, 19 86.

Signed /s/ WENDELL W. MAYER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~00~~ 48

File

2-21-86 Date of Application

MALE
Medical Examination Report Dated 2-20-86
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 2-20-86
Name of Physician M. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eddy Middle W. Last Brownewell Sr.
Date of Birth: Month 4 Day 28 Year 40
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1008½ Stafford Rd. City Plfd. County Hnd. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Todd Allen Downey
   Shawn Allen
   Eddy Wayne Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter H. Brownewell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hilda Crone
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Eddy W. Brownewell
New Address 1008 ½ Stafford
Subscribed and sworn to before me this 21 day of Feb., 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle L. Last Robbins
Date of Birth: Month 5 Day 15 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 602 North Bryant City Anpls. County Hnd. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Zane
   Sidney
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John A. Snider
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dora A. Milligan
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cynthia L. Robbins
New Address 1008 ½ Stafford Plainfield
Subscribed and sworn to before me this 21 day of Feb., 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* Feb., 19 86, *authorizing the joining together as husband and wife* EDDY W. BROWNEWELL SR. *and* CYNTHIA L. ROBBINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY LILLY *hereby certify that on the* 8th *day of* MARCH, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* EDDY W. BROWNEWELL SR. *of* HENDRICKS *County, State of* IN, *and, Bride* CYNTHIA L. ROBBINS *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* MARCH, 19 86. *Signed* /s/ LARRY LILLY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* MARCH, 19 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 49

File

2-24-86
Date of Application

MALE
Medical Examination Report Dated 2-8-86

Name of Physician J. Thompson

FEMALE
Medical Examination Report Dated 2-8-86

Name of Physician J. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John · Middle Thomas Joseph · Last Huff

Date of Birth: Month 12 · Day 6 · 60

Place of Birth (State or foreign country) West Virginia

Residence Address: 418 Street or R. R. Midland Dr. · City Danville · County · State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John T. Huff
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Mary J. Dilley
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John T. Huff

New Address 1002 W. Main, Danville

Subscribed and sworn to before me this 24 day of Jan., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Marianne · Middle Elizabeth · Last Herrmann

Date of Birth: Month 3 · Day 12 · Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: 478 Street or R. R. Midland Dr. · City · County Danville · State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Owen J. Herrmann
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Florence M. Anders
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Marianne Herrmann

New Address 1002 W. Main, Danville

Subscribed and sworn to before me this 24 day of Jan., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28th *day of* Feb., 19 86, *authorizing the joining together as husband and wife* JOHN THOMAS JOSEPH HUFF *and* MARIANNE ELIZABETH HERRMANN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DISMAS J. VEENEMAN *hereby certify that on the* 1 *day of* MARCH, *one thousand nine hundred and* 86 *at* TERRE HAUTE, *County of* VIGO, *State of Indiana, Groom* JOHN THOMAS JOSEPH HUFF *of* VIGO *County, State of* IN, *and, Bride* MARIANNE ELIZABETH HERRMANN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* FEB., 19 86.

Signed /s/ DISMAS J. VEENEMAN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* MARCH, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #850

File

2-24-86 Date of Application

MALE
Medical Examination Report Dated 2-15-86
Name of Physician Robert Anfield

FEMALE
Medical Examination Report Dated Feb 15, 1986
Name of Physician Robert Anfield

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle S. Last Arnett

Date of Birth: Month 3 Day 10 Year 60

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. 11820 Rockville Rd. City Indpls. County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andy Arnett
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Boyd Co. Ky.
9. Full maiden name of mother Jo Ann McCarney
   Residence of mother (if deceased so state) Indpls In
   Birthplace of mother (State or foreign country) Indpls In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Steven Arnett

New Address 11820 W. ROCKVILLE RD.

Subscribed and sworn to before me this 24 day of Feb, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lori Middle L. Last Redman

Date of Birth: Month 11 Day 25 Year 62

Place of Birth (State or foreign country) Boone County Indiana

Residence Address: Street or R. R. 11820 W. Rockville Rd. City Indpls County In State 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Allen Redmon
   Residence of father (if deceased so state) Lebanon, Indiana
   Birthplace of father (State or foreign country) Boone Co. Indiana
9. Full maiden name of mother Mary Lou Copeland
   Residence of mother (if deceased so state) Lebanon, Indiana
   Birthplace of mother (State or foreign country) Lebanon Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lori Lynn Redman

New Address .....

Subscribed and sworn to before me this 24 day of Feb, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 28 day of Feb, 19 86, authorizing the joining together as husband and wife Charles steven Arnett and Lori Lynn Redman.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Andy Arnett hereby certify that on the 1st day of March, one thousand nine hundred and 86 at Indianapolis, County of Marion, State of Indiana, Groom Charles Steven Arnett of Hendricks County, State of IN, and, Bride Lori Lynn Redman of Hendricks County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of March, 19 86. Signed /s/ Andy Arnett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of March, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4957
File
2-24-86
Date of Application

MALE
Medical Examination Report Dated 2-20-86
Name of Physician John R. DeGraw MD

FEMALE
Medical Examination Report Dated 2-20-86
Name of Physician John R. DeGraw MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Allen Last Kemp

Date of Birth: Month 6 Day 12 Year 67

Place of Birth (State or foreign country) Seymour, In.

Residence Address: Street or R. R. 445 Connie Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Arodie Kemp Sr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Texas.
9. Full maiden name of mother Judy Mae Young
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) W. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Mark a Kemp
New Address 445 connie Dr. Plainfield

Subscribed and sworn to before me this 24th day of February, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Michelle Middle Renee Last Plank

Date of Birth: Month 6 Day 24 Year 66

Place of Birth (State or foreign country) Orlando, Florida

Residence Address: Street or R. R. 445 Connie Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sanford Leroy Plank
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Elkart, In.
9. Full maiden name of mother Edith Luisa Suárez
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Cuba

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Michelle R. Plank
New Address 445 Connie Dr. Plainfield, In

Subscribed and sworn to before me this 24th day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3 day of March, 19 86, authorizing the joining together as husband and wife MARK ALLEN KEMP and MICHELLE RENEE PLANK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM FRANKLIN BOGARD hereby certify that on the 3rd day of MARCH one thousand nine hundred and 86 at MOORESVILLE, County of MORGAN, State of Indiana, Groom MARK ALLEN KEMP of HENDRICKS County, State of IN and, Bride MICHELLE RENEE PLANK of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of AMRCH, 19 86.

Signed /s/ WILLIAM FRANKLIN BOGARD
Official Designation JUDGE PRO TEM

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 52

File

2-25-86
Date of Application

MALE
Medical Examination Report Dated 2-20-86
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated 2-20-86
Name of Physician Philip Batista

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ricky Middle Thomas Last Lewis

Date of Birth: Month Sept. Day 21 Year 1963

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R. R. 538 Elderly Ave. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Finley Lewis
   Residence of father (if deceased so state) Illinois deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Caroline May Rumley
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ricky T. Lewis

New Address 538 Elderly Ave Brownsburg, IN

Subscribed and sworn to before me this 25th day of Feb., 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Deborah Middle Kay Last Perry

Date of Birth: Month March Day 16 Year 1965

Place of Birth (State or foreign country) Bloomington, In.

Residence Address: Street or R. R. 25 Ledgewood, City Danville, County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy L. Perry
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra A. Hammond
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debbie K. Perry

New Address 538 Enderly Av. Brownsburg

Subscribed and sworn to before me this 25th day of February, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of March, 19 86, authorizing the joining together as husband and wife Ricky Thomas Lewis and Deborah Kay Perry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, NOBLE R. BROWN hereby certify that on the 2nd day of MARCH, one thousand nine hundred and 86 at 25 Ledgewood Lane, County of HENDRICKS, State of Indiana, Groom RICKY THOMAS LEWIS of HENDRICKS County, State of IN, and, Bride DEBORAH KAY PERRY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of MARCH, 19 86. Signed /s/ NOBLE R. BROWN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 53
File
2-25-86
Date of Application

MALE
Medical Examination Report Dated 2-13-86
Name of Physician Philip Batista, MD

FEMALE
Medical Examination Report Dated 2-13-86
Name of Physician Philip Batista, MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle B. Last Roberts
Date of Birth: Month May Day 25 Year 1960
Place of Birth (State or foreign country) Philadelphia Pa.
Residence Address: Street or R. R. 203 Rained Dr. City Pfld. County Hend. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Burton Roberts
   Residence of father (if deceased so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Irene Garret Morris
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dale B. Roberts
New Address 8124 Sherock Ct, Indpls, IN
Subscribed and sworn to before me this 25 day of Feb., 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Michele Middle S. Last Roberts
Date of Birth: Month August Day 20 Year 1953
Place of Birth (State or foreign country) Miami Fla
Residence Address: Street or R. R. 8124 Sherock Ct. City Indpls. County Mar. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Otwell Roberts
   Residence of father (if deceased so state) Miami Fla.
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Ruth Bryson
   Residence of mother (if deceased so state) Miami Fla
   Birthplace of mother (State or foreign country) S. Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michele S. Roberts
New Address 8124 Sheroak Ct. Indianapolis
Subscribed and sworn to before me this 25 day of Feb., 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* Feb., 19 86, *authorizing the joining together as husband and wife* DALE B. ROBERTS *and* MICHELE S. ROBERTS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JEFFREY V. BOLES *hereby certify that on the* 28th *day of* FEBRUARY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DALE B. ROBERTS *of* HENDRICKS *County, State of* IN *and, Bride* MICHELE S. ROBERTS *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* FEB., 19 86.

Signed /s/ J. V. BOLES
Official Designation CIRCUIT JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* MARCH, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 54

File

2-27-86 Date of Application

MALE
Medical Examination Report Dated 2-24-86
Name of Physician James Black

FEMALE
Medical Examination Report Dated 2-24-86
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Leon Last Witty

Date of Birth: Month 1 Day 10 Year 45

Place of Birth (State or foreign country) Brazil Indiana

Residence Address: Street or R. R. 434 Norman Crt City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jeffrey B. Witty
   Matthew J. Witty

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Otis Witty
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred C. Bland
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ronald L Witty

New Address 434 Norman ct. Brownsburg Ind

Subscribed and sworn to before me this 27 day of Feb., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patty Middle Sue Last Bryant

Date of Birth: Month 5 Day 31 Year 42

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 434 Norman Ct. City Brownsburg County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Ronald A. Bryant

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul H. VanSoyoc
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie A. Bateman
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patty S. Bryant

New Address 434 Norman Ct. Brownsburg Ind 46112

Subscribed and sworn to before me this 27 day of Feb., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of March, 19 86, authorizing the joining together as husband and wife RONALD L. WITTY and PATTY S. BRYANT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEVIN L. O'BRIEN hereby certify that on the 14th day of MARCH one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of IN, Groom RONALD L. WITTY of HENDRICKS County, State of IN, and Bride PATTY S. BRYANT of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of MARCH, 19 86.

Signed /s/ KEVIN L. O'BRIEN

Official Designation DIRECTOR OF OUTREACH & EVANGELISM

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 55

File

Date of Application

MALE
Medical Examination Report Dated 2-22-86
Name of Physician Wm A. Edwards

FEMALE
Medical Examination Report Dated 2-22-86
Name of Physician William A. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keith Middle W. Last Godby

Date of Birth: Month 9 Day 25 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11225 N. Washington City Indpls County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leon K. Godby Sr.
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Lucille Trivett
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Keith W. Godby

New Address

Subscribed and sworn to before me this 27th day of February, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19 .....

..... Clerk

FEMALE APPLICANT

Name: First Carol Middle Ann Last Frazier

Date of Birth: Month 10 Day 17 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11225 N. Washington City Indpls County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde William Frazier
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred Simpson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol Frazier

New Address

Subscribed and sworn to before me this 27th day of February, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19 .....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* FEB. *, 19* 86 *, authorizing the joining together as husband and wife* KEITH W. GODBY *and* CAROL ANN FRAZIER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ELMER E. SMILEY *hereby certify that on the* 1st *day of* MARCH *, one thousand nine hundred and* 86 *at* NEW TEST BAPTIST CHURCH *, County of* HENDRICKS *, State of Indiana, Groom* KEITH W. GADBY *of* HENDRICKS *County, State of* IN *, and, Bride* CAROL ANN FRAZIER *of* HENDRICKS *County, State of* IN *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27th *day of* MARCH *, 19* 86 .

Signed /s/ ELMER E. SMILEY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* MARCH *, 19* 86 .

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 56

File

2-28-86 Date of Application

MALE
Medical Examination Report Dated 2-24-86
Name of Physician James Black

FEMALE
Medical Examination Report Dated 2-24-86
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Richard Last Watson

Date of Birth: Month Lebanon Day In. Year

Place of Birth (State or foreign country)

Residence Address: 425 Douglas Dr. Brownsburg 46112
Street or R. R. City County State

12-06-60

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Timothy R. Watson

New Address 535 Saratoga Dr Brownsburg, In. 46112

Subscribed and sworn to before me this 28th day of February, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Joy Middle Kathleen Last Hartsock

Date of Birth: Month Indianapolis Day In. Year

Place of Birth (State or foreign country)

7-25-59

Residence Address: 8827 N. Jackson Indianapolis In.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Joy K. Hartsock

New Address 535 Saratoga, Brownsbrg IN, 46112

Subscribed and sworn to before me this 28th day of February, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 4th day of March, 19 86, authorizing the joining together as husband and wife TIMOTHY RICHARD WATSON and JOY KATHLEEN HARTSOCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENVER J. NIEMEIER hereby certify that on the 14th day of MARCH, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom TIMOTHY RICHARD WATSON of HENDRICKS County, State of IN, and, Bride JOY KATHLEEN HARTSOCK of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of MARCH, 19 86 Signed /s/ DENVER J. NIEMEIER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of MARCH, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 57

File

Date of Application

MALE
Medical Examination Report Dated 2-18-1986
Name of Physician M. L. Neely

FEMALE
Medical Examination Report Dated 2-17-86
Name of Physician M. L. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle E. Last Downs

Date of Birth: Month 3 Day 25 Year 61

Place of Birth (State or foreign country) North Carolina

Residence Address: Street or R. R. 5214-Apt 5 Stonehedge City Ft Wayne County Allen State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Ray Downs
   Residence of father (if deceased so state) Noblesville, In
   Birthplace of father (State or foreign country) Kentuckey
9. Full maiden name of mother Betty Laverne Welburn
   Residence of mother (if deceased so state) Noblesville, In
   Birthplace of mother (State or foreign country) Kentuckey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenn E Downs

New Address

Subscribed and sworn to before me this 3rd day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lucenda Middle B. Last Galyan

Date of Birth: Month 5 Day 4 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 320 Lawndale City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Edwen Galyan
   Residence of father (if deceased so state) Plainfield In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Sue Titus
   Residence of mother (if deceased so state) Plainfield
   Birthplace of mother (State or foreign country) Michegan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lucinda B. Galyan

New Address

Subscribed and sworn to before me this 3rd day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of March, 1986, authorizing the joining together as husband and wife KENNETH EDWARD DOWNS and LUCINDA BETH GALYAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WM. SPENCER GILLESPIE hereby certify that on the 22nd day of MARCH one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom KENNETH EDWARD DOWNS of ALLEN County, State of INDIANA and, Bride LUCINDA BETH GALYAN of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of MARCH, 19 86.

Signed /s/ WILLIAM SPENCER GILLESPIE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 58

File

3-3-86 Date of Application

MALE
Medical Examination Report Dated 2-14-86
Name of Physician M. Jacobson

FEMALE
Medical Examination Report Dated 2-13-86
Name of Physician M. Jacobson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle M.J. Last Hogan

Date of Birth: Month 6 Day 28 Year 1948

Place of Birth (State or foreign country) Indiana

Residence Address: 6755 N. 550, Brownsburg, In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Eugene Hogan
   Residence of father (if deceased so state) LaPorte, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley June Reinolat
   Residence of mother (if deceased so state) LaPorte, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kevin M. Hogan

New Address SAME

Subscribed and sworn to before me this 3rd day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First ~~Jo~~ Jeanne Middle M. Last Guillaume

Date of Birth: Month 5 Day 10 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: 6755 N. 550, Brownsburg, In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Bruce Guillaume
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanne Roberta Balfe
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jeanne M. Guillaume

New Address Same

Subscribed and sworn to before me this 3rd day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of March, 19 86, authorizing the joining together as husband and wife KEVIN MICHAEL JAMES HOGAN and JEANNE MARIE GUILLAUME

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. KEITH MAIN hereby certify that on the 8th day of MARCH, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of IN, Groom KEVIN MICHAEL JAMES HOGAN of HENDRICKS County, State of IN, and, Bride JEANNE MARIE GUILLAUME of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of MARCH, 19 86. Signed /s/ P. KEITH MAIN

Official Designation CLERGY

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 59
File
Date of Application

MALE
Medical Examination Report Dated 2-18-86
Name of Physician Kenneth L. Gray

FEMALE
Medical Examination Report Dated 2-18-86
Name of Physician Kenneth L. Gray

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle J. Last Sparenblek

Date of Birth: Month 9 Day 24 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 514 Enderley Ave #7 City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Anthony Sparenblek
   Residence of father (if deceased so state) Adelphi In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Frances Skirt
   Residence of mother (if deceased so state) Adelphi In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen John Sparenblek

New Address

Subscribed and sworn to before me this 4th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Melinda Middle J. Last Justice

Date of Birth: Month 2 Day 7 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 514 Enderley City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bert R. Justice
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mildred Louise Miller
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melinda J. Justice

New Address

Subscribed and sworn to before me this 4th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of March, 19 86, authorizing the joining together as husband and wife STEPHEN JOHN SPARENBLEK and MELINDA JANE JUSTICE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARTIN A. PETER hereby certify that on the 15th day of MARCH one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom STEPHEN JOHN SPARENBLEK of HENDRICKS County, State of IN and, Bride MELINDA JANE JUSTICE of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of MARCH, 19 86.

Signed /s/ MARTIN A. PETER

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 60

File

March 4 1986
Date of Application

MALE
Medical Examination Report Dated 3-4-86
Name of Physician Dr. Jesse Overholser MD

FEMALE
Medical Examination Report Dated 3-1-86
Name of Physician Thomas Fesler MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Todd Middle Wayne Last Gamber

Date of Birth: Month Sept Day 3 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: 1401 S. Girl School Rd. Street or R. R. Addpls (Mar) City Marion County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Employee Card—

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Wayne Gamber
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kitty Diane Squire
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Todd W. Gamber
New Address 1401 S. Girlschool Rd.
Subscribed and sworn to before me this 4th day of March, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Terri Middle Lynn Last Rogers

Date of Birth: Month Oct Day 7 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: 860 Gary Dr. Street or R. R. Plainfield City (Marion) County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Leonard Rogers Sr.
   Residence of father (if deceased so state) Plainfield In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Lee Lewis
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terri Lynn Rogers
New Address 1401 S Girl School Rd.
Subscribed and sworn to before me this 4th day of March, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 4th day of March, 1986, authorizing the joining together as husband and wife TODD WAYNE GAMBER and TERRI LYNN ROGERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS R. FULTON hereby certify that on the 8th day of MARCH, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of IN, State of Indiana, Groom TODD WAYNE GAMBER of MARION County, State of IN, and, Bride TERRI LYNN ROGERS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of MARCH, 19 86

Signed /s/ DENNIS R. FULTON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of MARCH, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 61

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

3-5-86
Date of Application

MALE
Medical Examination Report Dated 3-3-86
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 3-3-86
Name of Physician Garnet R. Harris MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle L. Last Henricks

Date of Birth: Month 7 Day 10 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1, Box 392B City Coatesville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec. w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William D. Henricks
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lyla M. Flanders
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David L Henricks
New Address Rt. 1 Box 392-B Coatesville In
Subscribed and sworn to before me this 7 day of March, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sherral Middle D. Last Berry

Date of Birth: Month 7 Day 28 Year 1954

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R # 5 Box 8 City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forrest Wayne Meador
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Joan Olive Taylor
   Residence of mother (if deceased so state) Brownsburg In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sherral D. Berry
New Address Rt 1 Box 392-B Coatesville In.
Subscribed and sworn to before me this 5th day of March, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* March, 19 86, *authorizing the joining together as husband and wife* DAVID L. HENRICKS *and* SHERRAL D. BERRY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH R. SHEVENELL *hereby certify that on the* 8th *day of* MARCH, *one thousand nine hundred and* 86 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DAVID L. HENRICKS *of* HENDRICKS *County, State of* IN, *and, Bride* SHERRAL BERRY *of* HEDNRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* MARCH, 19 86.

Signed /s/ JOSEPH R. SHEVENELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* MARCH, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 62

File

Date of Application

MALE
Medical Examination Report Dated 2-18-86
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 2-18-86
Name of Physician Joseph Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle Joe Last Faulk

Date of Birth: Month 12 Day 7 Year 60

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. R#8, Box 378F City Indpls County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claude Delome Faulk
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Worthington, In
9. Full maiden name of mother Janie Sue Shoemake
   Residence of mother (if deceased so state) Worthington In
   Birthplace of mother (State or foreign country) Worthington, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Joe Faulk

New Address

Subscribed and sworn to before me this 6th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tamara Middle Lynn Last Gibson

Date of Birth: Month 6 Day 12 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R#8, Box 378F City Indpls County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul T. Gibson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margie Jane Day
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tamara Lynn Gibson

New Address

Subscribed and sworn to before me this 6th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of March, 19 86 authorizing the joining together as husband and wife GARY JOE FAULK and TAMARA LYNN GIBSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 14th day of MARCH, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GARY JOE FAULK of HENDRICKS County, State of IN, and, Bride TAMARA LYNN GIBSON of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of MARCH, 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE/SUPERIOR COURT #2

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1. 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 63

File

March 6, 1986
Date of Application

MALE
Medical Examination Report Dated 2-22-86
Name of Physician Norman H. Liebschutz Md.

FEMALE
Medical Examination Report Dated 2-22-86
Name of Physician Norman H Liebschutz Md.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Mark Last Alexander

Date of Birth: Month August Day 27 Year 1965

Place of Birth (State or foreign country): Marion Co. In.

Residence Address: 3570 Street or R. R. N. 950 E. City B'Burg (Vest.) County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phillip M. Alexander
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rita K. Veal
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert M. Alexander
New Address 3510 N 950 E Brownsburg 46112
Subscribed and sworn to before me this 6 day of March, 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carol Middle Ann Last VanZandt

Date of Birth: Month June Day 30 Year 1965

Place of Birth (State or foreign country): Battle Ground In.

Residence Address: 3205 Street or R. R. N. Lakewood Ln. City (Vest.) County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd D. VanZandt
   Residence of father (if deceased so state) Dead
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris E Battle
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol A. VanZandt
New Address 3510 N. 950 E Brownsburg 46112
Subscribed and sworn to before me this 6 day of March, 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of March, 19 86, authorizing the joining together as husband and wife ROBERT MARK ALEXANDER and CAROL ANN VAN ZANDT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 11th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT MARK ALEXANDER of HENDRICKS County, State of IN and, Bride CAROL ANN VAN ZANDT of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of APRIL, 19 86.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE, HENDRICKS SUPRIOR COURT II

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of APRIL, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 64

File

3-7-86 Date of Application

MALE
Medical Examination Report Dated 3-4-86

Name of Physician Jerry Oakman

FEMALE
Medical Examination Report Dated 3-4-86

Name of Physician Jerry Oakman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Patrick Middle D. Last Walter

Date of Birth: Month 3 Day 17 Year 52

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. 7815 Sunbonnet City Houston County Harris State Texas

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William M. Walter
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Anna Bell Gray
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patrick A Walter

New Address 7815 Sunbonnet Houston Tx 77064

Subscribed and sworn to before me this 7 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Annette Middle Y. Last Garrett

Date of Birth: Month 10 Day 14 Year 53

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 13722 Ravensway Dr. #D City Cypress County Harris State Texas

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eugene D. Garrett
   Residence of father (if deceased so state) Texas
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Pauline E. Padgett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Annette Y Garrett

New Address 7815 Sunbonnet Houston Tx 77064

Subscribed and sworn to before me this 7 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Ct Court by written order issued 3-Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of March, 19 86, authorizing the joining together as husband and wife PATRICK A. WALTER and ANNETTE Y. GARRETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM M. WALTER hereby certify that on the 8th day of MARCH, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom PATRICK A. WALTER of HARRIS County, State of TEXAS, and, Bride ANNETTE Y. GARRETT of HARRIS County, State of TEXAS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of MARCH, 19 86.

Signed /s/ WILLIAM M. WALTER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MARCH, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 65

File

Mar 7, 1986
Date of Application

MALE
Medical Examination Report Dated 2-28-86
Name of Physician Trierweiler

FEMALE
Medical Examination Report Dated 2-22-86
Name of Physician Trierweiler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randall Middle Lee Last Parker

Date of Birth: Month Nov Day 10 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 38 Cedar Run Dr. City Brownsburg County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~Roger Parker~~ Leonard Parker
   Residence of father (if deceased so state) ~~Indiana~~ Indpls.
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Judy Spears
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy Parker

New Address 38 Cedar Run Dr.

Subscribed and sworn to before me this 7 day of Mar, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Keli Middle Lane Last Peterson

Date of Birth: Month Oct Day 20 Year 1965

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6821 W. 11th St City Indpls County Marion State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phil Peterson
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Janice Davis
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Keli Peterson

New Address 38 Cedar Run Dr.

Subscribed and sworn to before me this 7 day of Mar, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of March, 1986, authorizing the joining together as husband and wife RANDALL LEE PARKER and KELI LANE PETERSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EDWARD DEAN DICKINSON hereby certify that on the 19th day of APRIL, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom RANDALL LEE PARKER of HENDRICKS County, State of IN and, Bride KELI LANE PETERSON of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of APRIL, 1986.

Signed /s/ EDWARD DEAN DICKINSON

Official Designation MINISTER OF GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of APRIL, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 66

File

3-10-86 Date of Application

MALE
Medical Examination Report Dated 2-26-86
Name of Physician Alice Minter Sauer

FEMALE
Medical Examination Report Dated 2-26-86
Name of Physician Alice Minter Sauer

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Karl Middle T. Last Buetow

Date of Birth: Month 4 Day 20 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: 30 Janeandr Dr Street or R. R. Brownsburg City Hendricks County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Elmer Buetow
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Doris Marjorie Martin
   Residence of mother (if deceased so state) Brownsburg In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....

New Address .....

Subscribed and sworn to before me this 10th day of March, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Bridget Middle A. Last Allen

Date of Birth: Month 8 Day 10 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: R.R. #1 Box 87E Street or R. R. Lizton City Hendricks County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Philip Robert Allen
   Residence of father (if deceased so state) Lizton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Yuka Darlene Hayden
   Residence of mother (if deceased so state) Lizton In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....

New Address .....

Subscribed and sworn to before me this 10th day of March, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* March, 19 86, *authorizing the joining together as husband and wife* KARL P. BUETOW *and* BRIDGET A. ALLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED W. FIEDLER *hereby certify that on the* 22nd *day of* MARCH, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* KARL P. BUETOW *of* HENDRICKS *County, State of* IN, *and, Bride* BRIDGET A. ALLEN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* MARCH, 19 86. *Signed* /s/ FRED W. FIEDLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* MARCH, 19 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 67

File

Mar. 8, 1986
Date of Application

MALE
Medical Examination Report Dated 3-1-86
Name of Physician T. Walker

FEMALE
Medical Examination Report Dated 3-1-86
Name of Physician T. Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Stuart Last Chilewski

Date of Birth: Month April Day 22 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3035 N. 200 E City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Linnes

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Julia Nicole Chilewski
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Milton S. Chilewski
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Wisc.
9. Full maiden name of mother Janice S. Money
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark S. Chilewski
New Address 110 FRANKLIN ST #5

Subscribed and sworn to before me this 8 day of March, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Luann Middle Last Huston

Date of Birth: Month March Day 3 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 110 E. Franklin Apt. 5 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Huston
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Juanita Williams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Luann Huston
New Address 110 Franklin St #5

Subscribed and sworn to before me this 8 day of March, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of March, 19 86, authorizing the joining together as husband and wife MARK STUART CHILEWSKI and LUANN HUSTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JANICE S. CHILEWSKI hereby certify that on the 15th day of MARCH, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom MARK STUART CHILEWSKI of HENDRICKS County, State of IN, and, Bride LUANN HUSTON of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of MARCH, 19 86.

Signed /s/ JANICE S. CHILEWSKI

Official Designation 1st DEPUTY CLERK HENDRICKS CIRCUIT COURT

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of MARCH, 19 86th

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 68

File

3-10-86 Date of Application

MALE
Medical Examination Report Dated March 6, 1986
Name of Physician David Haggard, M.D

FEMALE
Medical Examination Report Dated March 6, 1986
Name of Physician David Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle G. Last Stadler (Stabler)

Date of Birth: Month 10 Day 20 Year 1948

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1, Box 6B City Clayton County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) D. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Stephanie Elaine Stadler
   Danelle Maureen Stadler
   Stephen G. Stadler, II
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard G. Stadler
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Margaret Nevins
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen G. Stadler

New Address Same

Subscribed and sworn to before me this 10th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle D. Last Ayers

Date of Birth: Month 5 Day 1 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 1, Box 6B City Clayton County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Charles Ernest Bloomfield
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Curtis Greitzer
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cynthia D. Cline
   Residence of mother (if deceased so state) Ingalls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa D. Ayers

New Address RR 1 Box 6B

Subscribed and sworn to before me this 10th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* March, *19* 86, *authorizing the joining together as husband and wife* STEPHEN G. STADLER *and* THERESA D. AYERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HUBERT GREER *hereby certify that on the* 14th *day of* MARCH, *one thousand nine hundred and* 86 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* STEPHEN G. STADLER *of* HENDRICKS *County, State of* IN, *and, Bride* THERESA D. AYERS *of* CLAYTON *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* MARCH, *19* 86.

Signed /s/ HUBERT GREER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MARCH, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 69

File

3-12-86
Date of Application

MALE
Medical Examination Report Dated 2-26-86

Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 2-26-86

Name of Physician Joseph Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary, Middle Don, Last Houser, Jr.

Date of Birth: Month Dec., Day 22, Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR6, Box 286A, City Danville, County, State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary Don Houser, Sr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis E. Rogers
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Don Houser Jr.

New Address 84 W. Clinton, Danville IN 46122

Subscribed and sworn to before me this 12th day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary, Middle Kay, Last Ballman

Date of Birth: Month 2, Day 7, Year 1962

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. 7460 Waterfront Dr. City Indpls. County In State 46224

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Verne Ballman
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Carolyn Jane Whitsel Whitsel
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Kay Ballman

New Address 84 W. Clinton, In 46122

Subscribed and sworn to before me this 12th day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* March, 19 86, *authorizing the joining together as husband and wife* GARY DON HOUSER, JR. *and* MARY KAY BOLLMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RONALD E. McDUGLE *hereby certify that on the* 22nd *day of* MARCH, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* GARY DON HOUSER, JR. *of* HENDRICKS *County, State of* IN, *and, Bride* MARY KAY BOLLMAN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* MARCH, 19 86.

Signed /s/ RONALD E. McDUGLE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* MARCH, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 70

File B-1486

Date of Application

MALE
Medical Examination Report Dated 3-12-86
Name of Physician Harnet R. Harris

FEMALE
Medical Examination Report Dated 5-2-86
Name of Physician Susi Gust

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Glenn Last Gulley

Date of Birth: Month April Day 14 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 550 E. Broadway City Danville County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman W. Gulley
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Olton Illinois
9. Full maiden name of mother Gloria N. Jurnett
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenn Gulley
New Address 3100 Jane pl. NE. I-102 Albq. N.M. 87111

Subscribed and sworn to before me this 14th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lynne Middle Norma Last Apolinar

Date of Birth: Month March Day 18 Year 1963

Place of Birth (State or foreign country) Long Island New York

Residence Address: Street or R. R. 550 E. Broadway City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Marcus Apolinar
   Residence of father (if deceased so state) Long Island N.Y.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Linda Jean Sarmiento
   Residence of mother (if deceased so state) Long Island N.Y.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynne N. Apolinar
New Address 3100 Jane pl. NE. Albq N.M. 87111 Apt I-102

Subscribed and sworn to before me this 9th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 9th day of May, 19 86 authorizing the joining together as husband and wife of JOSEPH GLENN GULLEY and LYNNE NORMA APOLINAR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. HUBER hereby certify that on the 28th day of JUNE, one thousand nine hundred and 86 at INDIANAPOLIS, County of MAIRON, State of Indiana, Groom JOSEPH GLENN GULLEY of BERNILLILO County, State of NEW MEXICO, and, Bride LYNNE NORMA APOLINAR of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of JUNE, 19 86.

Signed /s/ WILLIAM A. HUBER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JULY, 1986

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 71

File

3-14-86
Date of Application

MALE
Medical Examination Report Dated 2-27-86
Name of Physician E. D. Clark, M.D.

FEMALE
Medical Examination Report Dated 2-27-1986
Name of Physician E. D. Clark, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Wayne Last Doub

Date of Birth: Month 10 Day 17 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2, Box 126, City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Marian Doub
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Louise Walton
   Residence of mother (if deceased so state) North Salem, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Wayne Doub

New Address SAME

Subscribed and sworn to before me this 14th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jamie Middle Lee Last Keyt

Date of Birth: Month 8 Day 23 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 37, City Arno, In. County 46103 State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Keyt
   Residence of father (if deceased so state) Bainbridge, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Julia Ann Birch
   Residence of mother (if deceased so state) Arno, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jamie L. Keyt

New Address .....

Subscribed and sworn to before me this 14th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19th *day of* MARCH, *19* 86, *authorizing the joining together as husband and wife* RICHARD WAYNE DOUB *and* JAMIE LEE KEYT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 21st *day of* MARCH, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD WAYNE DOUB *of* HENDRICKS *County, State of* IN *and, Bride* JAMIE LEE KEYT *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* MARCH, *19* 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE, HENDRICKS COUNTY SUP. CT. II

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* MARCH, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 72

File

3-17-86 Date of Application

MALE
Medical Examination Report Dated 2-27-86
Name of Physician M. James Black

FEMALE
Medical Examination Report Dated 2-20-86
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle J. Last Faille Sr.

Date of Birth: Month 12 Day 11 Year 61

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 7125 Islander Dr. #E City Indpls. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard J. Faille Sr.
   Residence of father (if deceased so state) Atlanta Georgia
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Jean E. Finch
   Residence of mother (if deceased so state) Atlanta Georgia
   Birthplace of mother (State or foreign country) Florida

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Richard J. Faille II

New Address 7125 Islander Dr #E Indpls 46224

Subscribed and sworn to before me this 17 day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Shawn Middle Ann Last Rogers

Date of Birth: Month 7 Day 14 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1235 Eldin Dr. City Plfd. County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold D. Rogers
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Constance B. Kirk
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Shawn A. Rogers

New Address 1125 Islander Dr. Apt #E Indpls. IN 46224

Subscribed and sworn to before me this 17 day of March, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of March, 19 86, authorizing the joining together as husband and wife RICHARD JOSEPH FAILLE II and SHAWN ANN ROGERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. CURRY hereby certify that on the 29th day of MARCH, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RICHARD JOSEPH FAILLE II of MARION County, State of IN, and, Bride SHAWN ANN ROGERS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of MARCH, 19 86.

Signed /s/ GEORGE W. CURRY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of APRIL, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 73

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 3-17-86
Date of Application

MALE
Medical Examination Report Dated 2-24-86
Name of Physician M. Pinjate

FEMALE
Medical Examination Report Dated 2-24-86
Name of Physician ~~Carol~~ M. Pinjate

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First ~~Larry~~ Larry Middle M Last Clark
Date of Birth: Month 9 Day 17 Year 1942
Place of Birth (State or foreign country) Indiana
Residence Address: 448 Street or R. R. Charles D. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Fls.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. None

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Clark
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) ?
9. Full maiden name of mother Marjorie Hess
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) ?

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Larry M. Clark
New Address 448 Charles Dr. Brownsburg
Subscribed and sworn to before me this 17 day of March, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carol Middle A Last Land
Date of Birth: Month 8 Day 27 Year 45
Place of Birth (State or foreign country) Indiana
Residence Address: 448 Street or R. R. Charles Dr. City County State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. None

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Helms
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Hoagland
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carol A. Land
New Address 448 Charles Dr. Brownsburg
Subscribed and sworn to before me this 17 day of March, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of March, 19 86, authorizing the joining together as husband and wife LARRY M. CLARK and CAROL ANNE LAND
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, FRANK E. KNIGHT hereby certify that on the 12th day of APRIL, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom LARRY MILTON CLARK of HENDRICKS County, State of IN, and, Bride CAROL ANNE LAND of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12th day of april, 19 86.

Signed /s/ FRANK E. KNIGHT
Official Designation MOORESVILLE TOWN JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of APRIL, 19 86.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 74

File

March 19, 1986 Date of Application

MALE
Medical Examination Report Dated 3-6-86
Name of Physician Michael Neby MD.

FEMALE
Medical Examination Report Dated 3-6-86
Name of Physician Michael Neby MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Patrick Middle S. Last O'Riley

Date of Birth: Month September Day 7 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 518 Enderly Ave. Apt. 3 City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Lewis O'Riley Sr.
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Elizabeth Neff
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patrick S. O'Riley

New Address Same

Subscribed and sworn to before me this 19th day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Brenda Middle L. Last Spears

Date of Birth: Month June Day 8 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 518 Enderly Ave. Apt. 3 City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley C. Spears
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Velera Eledee Sutton
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda L Spears

New Address 518 Enderly Ave #3

Subscribed and sworn to before me this 19 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of March, 19 86, authorizing the joining together as husband and wife PATRICK S. O'RILEY and BRENDA L. SPEARS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARTIN A. PETER hereby certify that on the 5th day of APRIL, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom PATRICK S. O'RILEY of HENDRICKS County, State of IN, and, Bride BRENDA L. SPEARS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of APRIL, 19 86 Signed /s/ MARTIN A. PETER

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of APRIL, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 75

File

3-19-86
Date of Application

MALE
Medical Examination Report Dated 3-18-86
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 3-18-86
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Grant Last Rodgers

Date of Birth: Month 4 Day 28 Year 57

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 510 S. School St PO. Box 81 City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lyle.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley Wing Rodgers
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Phyllis Jean Gordon
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Ohio.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy Grant Rodgers
New Address 6417 Stockport Rd, Indpls

Subscribed and sworn to before me this 19 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jana Middle Sue Last Teets

Date of Birth: Month 3 Day 2 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 125 Welcome Way Blvd Apt 308-D City Indpls. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lyle.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Thomas Teets
   Residence of father (if deceased so state) Illinois
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan Kay Miller
   Residence of mother (if deceased so state) Illinois
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jana Sue Teets
New Address

Subscribed and sworn to before me this 19 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of March, 19 86, authorizing the joining together as husband and wife TIMOTHY G. RODGERS and JANA SUE TEETS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS hereby certify that on the 17th day of MAY one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom TIMOTHY G. RODGERS of HEDNRICKS County, State of IN and, Bride JANA SUE TEETS of MARION County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of MAY, 19 86.

Signed /s/ GEORGE W. DAVIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of MAY, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 76

File

3-19-86 Date of Application

MALE
Medical Examination Report Dated 3-17-86
Name of Physician M. A. Oliver

FEMALE
Medical Examination Report Dated 3-17-86
Name of Physician M. A. Oliver

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lance Middle Wayne Last Hollers

Date of Birth: Month 7 Day 13 Year 67

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R. R. 31 Crown Dr. City Brownsburg County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert M. Hollars
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pamela A. Hollars Hicks
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lance Hollars
New Address 31 Crown Dr.

Subscribed and sworn to before me this 19 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle Jo Last Page

Date of Birth: Month 5 Day 11 Year 65

Place of Birth (State or foreign country) Danville, Ind

Residence Address: Street or R.,R. RR 3, Box 31 City Danville County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Even Page
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dixie Morris
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa Page
New Address 31 Crown Drive Brownsburg Ind

Subscribed and sworn to before me this 19 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of March, 1986, authorizing the joining together as husband and wife LANCE WAYNE HOLLERS and LISA JO PAGE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID K. HARMAN hereby certify that on the 29th day of MARCH, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom LANCE WAYNE HOLLERS of HENDRICKS County, State of IN, and, Bride LISA JO PAGE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29th day of MARCH, 19 86.. Signed /s/ REV. DAVID K. HARMAN

Official Designation PASTOR NEW LIFE APOSTOLIC CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this ~~15th~~ 7th day of APRIL, 19 86..

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 77

File

3-20-86
Date of Application

MALE
Medical Examination Report Dated 3-5-86

Name of Physician L. Trammell

FEMALE
Medical Examination Report Dated 3-5-86

Name of Physician L. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle B. Last Kraus

Date of Birth: Month 7 Day 31 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9506 Harmoney Dr. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. file

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Alexandra
   Melissa
   Kimberly
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman J. Kraus
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacqueline J. Sheetz
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Kevin B. Kraus

New Address 9506 Harmoney Dr.

Subscribed and sworn to before me this 20 day of March, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Leslie Middle P. Last Jarrett

Date of Birth: Month 8 Day 25 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9506 Harmoney Dr. City Indpls. County Hendricks Co. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. file

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Zachery
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl R. Jarrett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara K. Miller
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Leslie P. Jarrett

New Address 9506 Harmoney Dr.

Subscribed and sworn to before me this 20 day of March, 86

~~Mary~~ Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of March, 1986, authorizing the joining together as husband and wife KEVIN KRAUS and LESLIE JARRETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LINDA SNIDER hereby certify that on the 5th day of APRIL one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom ~~KEVIN KRAUS~~ of ~~HENDRICKS~~ County, State of ~~IN~~, and, Bride LESLIE JARRETT of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of APRIL, 19 86

Signed /s/ REV. LINDA M. SMITH

Official Designation UNITED METH. MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of APRIL, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~78~~ 78

File

3-21-86
Date of Application

MALE
Medical Examination Report Dated March 7, 1986
Name of Physician M.E. McLelland, M.D.

FEMALE
Medical Examination Report Dated March 7, 1986
Name of Physician M.E. McLelland, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wayne Middle John Last Pullam

Date of Birth: Month 2 Day 8 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1, Box 238K City Lizton, In County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Robert Pullam
   Residence of father (if deceased so state) Lizton, In
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Doris Mae Butler
   Residence of mother (if deceased so state) Scipio, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ~~Wayne J Pullam~~ Wayne J Pullam

New Address same

Subscribed and sworn to before me this 21st day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janette Middle Rae Last Swearingen

Date of Birth: Month Aug. Day 14 Year 1964

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 4624 3B Road City Bremen, In County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dean Donald Swearingen
   Residence of father (if deceased so state) Bremen, In.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Judith Jane Boyer
   Residence of mother (if deceased so state) Bremen, In
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ~~Janette Rae Swearingen~~ Janette Rae Swearingen

New Address same

Subscribed and sworn to before me this 21st day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of APRIL, 19 86, authorizing the joining together as husband and wife WAYNE JOHN PULLAM and JANETTE RAE SWEARINGEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM T. HEATH hereby certify that on the 17th day of MAY, one thousand nine hundred and 86 at BREMEN, County of MARSHALL, State of Indiana, Groom WAYNE JOHN PULLAM of HENDRICKS County, State of IN, and, Bride JANETTE RAE SWEARINGEN of MONROE County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of MAY, 19 86.

Signed /s/ WILLIAM T. HEATH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of MAY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 7879

File

3-21-86
Date of Application

MALE
Medical Examination Report Dated 3-20-86
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 3-20-86
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Allen Last Adams

Date of Birth: Month Oct Day 13 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1, Box 131 City Rosedale County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Bennett Adams
   Residence of father (if deceased so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Rose Louise Lenges
   Residence of mother (if deceased so state) Terre Haute, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Allen Adams

New Address

Subscribed and sworn to before me this 21st day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle Ann Last Jones

Date of Birth: Month Aug Day 16 Year ~~19~~ 1963

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 306 W. Broadway City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Eugene Jones
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Louise McCullough
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mary Ann Jones

New Address

Subscribed and sworn to before me this 21st day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* March, *19* 86, *authorizing the joining together as husband and wife* JAMES ALLEN ADAMS *and* MARY ANN JONES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG *hereby certify that on the* 3rd *day of* MAY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JAMES ALLEN ADAMS *of* PARKE *County, State of* INDIANA, *and, Bride* MARY ANN JONES *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* MAY, *19* 86.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* MAY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 80

File

Mar. 21, 1986
Date of Application

MALE
Medical Examination Report Dated 3-20-86
Name of Physician Bradburn

FEMALE
Medical Examination Report Dated 3-19-86
Name of Physician Bradburn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle D. Last Record

Date of Birth: Month Dec. Day 24 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10310 W. Bradford Rd. City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Record
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother L. Pauline Kappel
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles D. Record

New Address 7540 Apt. D W. St. Clair Indpls.

Subscribed and sworn to before me this 21 day of Mar, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Michelle Middle T. Last Kvidera

Date of Birth: Month June Day 18 Year 1955

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. 5909 Winston Dr. City Indpls County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Kvidera
   Residence of father (if deceased so state) Traer, Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Patricia Morrissey
   Residence of mother (if deceased so state) Traer, Iowa
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michelle Kvidera appl. D

New Address 7540 W. St. Clair St. Indpls.

Subscribed and sworn to before me this 21 day of Mar, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of March, 19 86, authorizing the joining together as husband and wife CHARLES D. RECORD and MICHELLE T. KVIDERA

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT J. GILDAY hereby certify that on the 12th day of APRIL one thousand nine hundred and 86 at ST. CHRISTOPHER CHURCH, County of MARION, State of Indiana, Groom CHARLES D. RECORD of HEDNRICKS County, State of IN, and, Bride MICHELLE T. KVIDERA of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of APRIL, 19 86.

Signed /s/ ROBERT J. GILDAY

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of APRIL, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 81

File

3-21-86
Date of Application

MALE
Medical Examination Report Dated 3-8-86
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 3-8-86
Name of Physician Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle O. Last Groce

Date of Birth: Month Mar Day 31 Year 1947

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 617 Hillcrest City Plainfield County Ha. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Glen
   David
   Kimberly
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Odell Groce
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Hager
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry O Groce
New Address 606 D Lakeside Dr. Plainfield

Subscribed and sworn to before me this 21 day of Mar, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle S. Last Whitaker

Date of Birth: Month Apr. Day 12 Year 1953

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 606 D Lakeside Dr. City Plainfield County ____ State ____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W Whitaker
   Residence of father (if deceased so state) Chandler, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Lovera Mikelvic
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen S. Whitaker
New Address 606-D Lakeside Dr Plainfield, In. 46

Subscribed and sworn to before me this 21 day of Mar, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* March, *19* 86, *authorizing the joining together as husband and wife* LARRY O. GROCE *and* KAREN S. WHITAKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL AKARD RILEY *hereby certify that on the* 28th *day of* MARCH, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* LARRY O. GROCE *of* HENDRICKS *County, State of* IN, *and, Bride* KAREN S. WHITAKER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* MARCH, *19* 86.

Signed /s/ CARL AKARD RILEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this ~~2nd~~ *day of* APRIL, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 82

File 3-21-86 Date of Application

MALE
Medical Examination Report Dated 3-20-86
Name of Physician Dr. David Haggard

FEMALE
Medical Examination Report Dated 3-20-86
Name of Physician Dr. David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Chester Middle C. Last Hoop

Date of Birth: Month Day 22 Year 1941

Place of Birth (State or foreign country) Iowa

Residence Address: 105 South Rd 150 E. Street or R. R. Danville City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Hoop Jr.
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Darrough
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Chester Hoop

New Address 105 South Rd 150 E

Subscribed and sworn to before me this 21st day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mable Middle M. Last Shimfessel

Date of Birth: Month 12 Day 22 Year 1943

Place of Birth (State or foreign country) Indiana

Residence Address: RR 2, Box 317A Street or R. R. Danville City County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Ratcliff
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Stone
   Residence of mother (if deceased so state) Petersburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mable Shimfessel

New Address 105 S Rd 150 E.

Subscribed and sworn to before me this 21st day of March, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of March, 1986, authorizing the joining together as husband and wife CHESTER C. HOOP and MABLE M. SHIMFESSEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MAUREEN E. GADDY hereby certify that on the 27th day of MARCH one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom CHESTER C. HOOP of HENDRICKS County, State of IN, and, Bride MABLE M. SHIMFESSEL of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of MARCH, 1986.

Signed /s/ MAUREEN E. GADDY

Official Designation JUDGE PRO TEM

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of MARCH, 1986.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 83

File

3/24/86 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 3/18/86
Name of Physician Ronald Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 3/18/86
Name of Physician Ronald Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Wesley Last Chambers

Date of Birth: Month 12 Day 30 Year 1964

Place of Birth (State or foreign country): Clinton Indiana

Residence Address: Street or R. R. R.#2 Box 469C City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernard Lee Chambers
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Elnore, Indiana
9. Full maiden name of mother Sharon Kay McWethy
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. Chambers

New Address BOX 162 Amo IN 46103

Subscribed and sworn to before me this 24 day of March, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kelly Middle Michelle Last Rollin

Date of Birth: Month 4 Day 8 Year 1966

Place of Birth (State or foreign country) Gallatin, Tn.

Residence Address: Street or R. R. Box 162 City Amo County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Douglas Rollin
   Residence of father (if deceased so state) Amo, Indiana
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Janice Johnson
   Residence of mother (if deceased so state) Amo, Indiana
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kelly Rollin

New Address Box 162 Amo IN 46103

Subscribed and sworn to before me this 24 day of March, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of April, 19 86, authorizing the joining together as husband and wife DAVID WESLEY CHAMBERS and KELLY MICHELLE ROLLIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN O. McINTYRE hereby certify that on the 12th day of APRIL, one thousand nine hundred and 86 at CLAYTON, County of HENDRICKS, State of Indiana, Groom DAVID WESLEY CHAMBERS of HENDRICKS County, State of IN, and, Bride KELLY MICHELLE ROLLIN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of APRIL, 19 86.

Signed /s/ JOHN O. McINTYRE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of APRIL, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 84

File

March 24 1986
Date of Application

MALE
Medical Examination Report Dated 3-21-86
Name of Physician James Black

FEMALE
Medical Examination Report Dated 3-21-86
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle Lee Last Ridner

Date of Birth: Month 6 Day 10 Year 61

Place of Birth (State or foreign country) Kokomo, Indiana

Residence Address: Street or R. R. 4445 N. 900 E City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kendall Lee Ridner
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Sue Hoskins
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry Ridner

New Address

Subscribed and sworn to before me this 24th day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Dawn Last Spellman

Date of Birth: Month 1 Day 11 Year 1965

Place of Birth (State or foreign country) Beck Grove Indiana

Residence Address: Street or R. R. 4445 N. 900 E City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lee T. Spellman
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra K. Herron
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa D Spellman

New Address

Subscribed and sworn to before me this 24th day of March, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of March, 19 86 authorizing the joining together as husband and wife of TERRY LEE RIDNER and TERESA DAWN SPELLMAN.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 27th day of MARCH, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom TERRY LEE RIDNER of HENDRICKS County, State of IN, and, Bride TERESA DAWN SPELLMAN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of MARCH, 19 86. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of MARCH, 19 86. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 85

File

3-25-86
Date of Application

MALE
Medical Examination Report Dated 3-11-86
Name of Physician S. H. Pennal

FEMALE
Medical Examination Report Dated 3-11-86
Name of Physician S. H. Pennal

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth, Middle W., Last Cobb

Date of Birth: Month 1, Day 19, Year 35

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 88, City Fishers, County —, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Temple Cobb
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helen E. Davis
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth W Cobb

New Address PO Box 88 Fishers, Indiana

Subscribed and sworn to before me this 25 day of March, 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Clara, Middle M., Last Smith

Date of Birth: Month 10, Day 25, Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 191 N. Cross St., City Danville, County —, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Janet

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Wesley Johnson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Clara Belle Shields
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Clara M. Smith

New Address P.O. Box 88 Fishers In. 46038

Subscribed and sworn to before me this 25 day of March, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* April, 19 86, *authorizing the joining together as husband and wife* KENNETH W. COBB *and* CLARA M. SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY J. RENIHAN *hereby certify that on the* 11th *day of* APRIL, *one thousand nine hundred and* 86 *at* NOBLESVILLE, *County of* HAMILTON, *State of Indiana, Groom* KENNETH W. COBB *of* HAMILTON *County, State of* IN, *and, Bride* CLARA M. SMITH *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13th *day of* APRIL, 19 86.

Signed /s/ LARRY J. RENIHAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* APRIL, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 86

File

3-25-86 Date of Application

MALE
Medical Examination Report Dated 3-18-86
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 3-18-86
Name of Physician M. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Earl Middle Lee Last Mink

Date of Birth: Month 12 Day 4 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR3 Box 311 City Clayton County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Othel H Mink
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jeanette Nelson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Earl Mink 46122
New Address RR6 Box 125 Danville 46118

Subscribed and sworn to before me this 25 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

FEMALE APPLICANT

Name: First Denise Middle Irene Last Grounds

Date of Birth: Month 10 Day 3 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR6, Box 125 City Danville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Denise I. Grounds
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley J. Grounds
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Denise Grounds
New Address RR6 Box 125 Danville 46122

Subscribed and sworn to before me this 25 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Deceased Father

Signed X Shirley J. Grounds Mother

Subscribed and sworn to before me this 25 day of March, 19 86

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* March, 19 86, *authorizing the joining together as husband and wife* EARL LEE MINK *and* DENISE IRENE GROUNDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN O. McINTYRE *hereby certify that on the* 19th *day of* APRIL, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* EARL LEE MINK *of* HENDRICKS *County, State of* IN, *and, Bride* DENISE IRENE GROUNDS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* APRIL, 19 86.

Signed /s/ JOHN O. McINTYRE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* APRIL, 19 86

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 87

File

3-26-86
Date of Application

MALE
Medical Examination Report Dated 3-8-86

Name of Physician J. T. Thompson

FEMALE
Medical Examination Report Dated 3-8-86

Name of Physician J. T. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kurt Middle Charles Last Jones

Date of Birth: Month 9 Day 24 Year 59

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 243 N. Jefferson City Brownsburg County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles T. Jones
   Residence of father (if deceased so state) (?)
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara J. Wenrick
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kurt Jones

New Address 243 N. JEFFERSON

Subscribed and sworn to before me this 26 day of March, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kelley Middle Suzanne Last Purkiser

Date of Birth: Month 1 Day 14 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 243 N. Jefferson City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas A. Purkiser
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda A. Potts
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kelley S. Purkiser

New Address 243 N. Jefferson

Subscribed and sworn to before me this 26 day of March, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* April, 1986, *authorizing the joining together as husband and wife* KURT CHARLES JONES *and* KELLEY SUZANNE PURKISER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BEVERLY J. PERRY *hereby certify that on the* 5th *day of* APRIL, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* KURT CHARLES JONES *of* HENDRICKS *County, State of* IN *and, Bride* KELLEY SUZANNE PARKISER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* APRIL, 19 86.

Signed /s/ BEVERLY J. PERRY

Official Designation UNITES METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* APRIL, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 88

File

3-26-86 Date of Application

MALE
Medical Examination Report Dated 3-17-86
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 3-17-86
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jack Middle L. Last Inman

Date of Birth: Month 2 Day 15 Year 1947

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 939 Vestal Rd City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   ~~Jack~~ Sean E. Inman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father LeRoy Inman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dr. Emogene City
   Residence of mother (if deceased so state) Mitansville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jack L. Inman

New Address 187 N. Richie, Indianapolis 46234

Subscribed and sworn to before me this 26th day of March, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Renee Middle E. Last Brawner

Date of Birth: Month 2 Day 15 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 187 N. Richie City Indpls County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   John David Brezko
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John S. White
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Audrey Mae Jackson
   Residence of mother (if deceased so state) Speedway, In
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Renee Brawner

New Address 187 N. Richie Indpls. In 46234

Subscribed and sworn to before me this 26th day of March, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31 day of March, 19 86, authorizing the joining together as husband and wife JACK L. INMAN and RENEE E. BRAWNER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 1st day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JACK L. INMAN of HENDRICKS County, State of IN, and, Bride RENEE E. BRAWNER of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of APRIL, 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of APRIL, 1986.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 89

File

3-31-86
Date of Application

MALE
Medical Examination Report Dated 3-27-86
Name of Physician Robert D. Drills

FEMALE
Medical Examination Report Dated 3-27-86
Name of Physician Robert D. Aille

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Eugene Last Dailey

Date of Birth: Month Dec. Day 28 Year 1966

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. 270 Avon Avenue #4 City Plfd. County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Lee Bailey
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Elaine McMillian
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald E. Dailey
New Address 270 AVON AVE. #4

Subscribed and sworn to before me this 31st day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle Dianne Last Rohrer

Date of Birth: Month April Day 8 Year 1967

Place of Birth (State or foreign country) Lafayette, In

Residence Address: Street or R. R. 413 Lisa Lane City Plainfield County In State 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Franklin Rohrer
   Residence of father (if deceased so state) Plfd, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Joyce Ann Cole
   Residence of mother (if deceased so state) Plfd In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debbie Rohrer
New Address 270 Avon Ave Apt 4

Subscribed and sworn to before me this 31st day of March, 19 86

~~March~~ Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of April, 19 86, authorizing the joining together as husband and wife RONALD EUGENE DAILEY and DEBORAH DIANNE ROHRER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL AKARD RILEY hereby certify that on the 4th day of APRIL, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS State of Indiana, Groom RONALD EUGENE DAILEY of HENDRICKS County, State of IN and, Bride DEBORAH DIANNE ROHRER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of APRIL, 19 86.

Signed /s/ CARL AKARD RILEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of APRIL, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 90

File

3-31-86 Date of Application

MALE
Medical Examination Report Dated 3-26-86
Name of Physician J. Craig Miller

FEMALE
Medical Examination Report Dated 3-26-86
Name of Physician J. Craig Miller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randall Middle Dale Last Hoffman

Date of Birth: Month 4 Day 16 Year 63

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 101 E. Mill St. City Danville County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

   —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Danny D. Hoffman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon L. McGary
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randall D Hoffman

New Address 7351 Aruba Lane B Indianapolis In 46254

Subscribed and sworn to before me this 31 day of March, 1986.

MaryJane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Connie Middle Ruth Last Kelley

Date of Birth: Month 10 Day 30 Year 63

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. 101 E. Mill St. City Danville County Hend. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

   —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester H. Kelley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty R. Allen
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Connie R. Kelley

New Address 2351 Aruba Lane B, Indy, In 46254

Subscribed and sworn to before me this 31 day of March, 86

MaryJane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of April, 1986, authorizing the joining together as husband and wife RANDALL D. HOFFMAN and CONNIE R. KELLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN O. THOMAS hereby certify that on the 26th day of APRIL one thousand nine hundred and 86 at ALFORDSVILLE U.M. CHURCH County of DAVIESS, State of IN, Groom RANDALL D. HOFFMAN of HENDRICKS County, State of IN, and, Bride CONNIE R. KELLEY of DAVIESS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of APRIL, 19 86. Signed /S/ JOHN O. THOMAS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of APRIL, 19 86

Signed MaryJane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 91

File

March 31, 1986
Date of Application

MALE
Medical Examination Report Dated March 15, 1986
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated March 15, 1986
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle L. Last Petre

Date of Birth: Month 6 Day 13 Year 61

Place of Birth (State or foreign country): Albany New York

Residence Address: 1001 Edgewood Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Elwyne Petre
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Frankfort, Indiana
9. Full maiden name of mother Sally Lou Emens
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Frankfort, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Lee Petre

New Address 1001 Edgewood Rd

Subscribed and sworn to before me this 31 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Angela Middle S. Last Perardi

Date of Birth: Month 6 Day 21 Year 64

Place of Birth (State or foreign country) Canton, Illinois

Residence Address: 9103 E. Mercury Dr. Indpls In. Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Joseph Perardi
   Residence of father (if deceased so state) Depue
   Birthplace of father (State or foreign country) Canton, Ill.
9. Full maiden name of mother Carolyn Elizabeth Rous
   Residence of mother (if deceased so state) Depue
   Birthplace of mother (State or foreign country) Bureautown Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Angela Sue Perardi

New Address.....

Subscribed and sworn to before me this 31 day of March, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* April, *19* 86, *authorizing the joining together as husband and wife* MICHAEL L. PETRE *and* ANGELA S. PERARDI

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS *hereby certify that on the* 19th *day of* APRIL, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL L. PETRE *of* HENDRICKS *County, State of* IN *and, Bride* ANGELA S. PERARDI *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* APRIL, *19* 86.

Signed /s/ GEORGE W. DAVIS

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* APRIL, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 92

File

4-2-86 Date of Application

MALE
Medical Examination Report Dated 3-11-86
Name of Physician D. Shull

FEMALE
Medical Examination Report Dated 3-11-86
Name of Physician D. Shull

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle J. Last Myles

Date of Birth: Month 1 Day 4 Year 56

Place of Birth (State or foreign country) Canada

Residence Address: Street or R. R. RR5 Box 10 City Danville County Hnd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter E. Myles
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Mary Cole
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert J. Myles

New Address 4703 N. Washington St.

Subscribed and sworn to before me this 2 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Joyce Middle M. Last Jennings

Date of Birth: Month 1 Day 27 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR5 Box 10 City Danville County Hnd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George E. Jennings
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Frances B. Wendling
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joyce M. Jennings

New Address 4703 N. Washington St. Danville

Subscribed and sworn to before me this 2 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of April, 1986, authorizing the joining together as husband and wife ROBERT J. MYLES and JOYCE M. JENNINGS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES A. STERLING hereby certify that on the 3rd day of MAY, at INDPLS., County of MARION, one thousand nine hundred and 86 at HENDRICKS County, State of IN, State of Indiana, Groom ROBERT J. MYLES of HENDRICKS County, State of IN, and, Bride JOYCE M. JENNINGS of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of APRIL, 1986. Signed /s/ JAMES A. STERLING

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of MAY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 93

File

4-3-86
Date of Application

MALE
Medical Examination Report Dated March 24, 1986
Name of Physician R. K. Stegemoller, M.D.

FEMALE
Medical Examination Report Dated March 27, 1986
Name of Physician R. K. Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Allen Last Hadley

Date of Birth: Month May Day 24 Year 1964

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R. R. 220 East Rd, 200 S. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Hilden Hadley
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Phyllis Deyo
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul A. Hadley
New Address 822 Harding Plainfield In 46168
Subscribed and sworn to before me this 3rd day of April, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last Jenkins

Date of Birth: Month Jan. Day 5 Year 1966

Place of Birth (State or foreign country) Naples, In.

Residence Address: Street or R. R. RR6, Box 295, City Danville County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Asa Charles Jenkins, Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Diane Gekiere
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca S. Jenkins
New Address 822 Harding Plainfield, In. 46168
Subscribed and sworn to before me this 3rd day of April, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of April, 19 86, authorizing the joining together as husband and wife PAUL ALLEN HADLEY and REBECCA SUE JENKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WALLACE W. DEYO hereby certify that on the 12th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom PAUL ALLEN HADLEY of HENDRICKS County, State of IN, and, Bride REBECCA SUE JENKINS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of APRIL, 19 86.

Signed /s/ WALLACE W. DEYO
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of APRIL, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 94

File

4-4-86 Date of Application

MALE
Medical Examination Report Dated 3-31-86
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 3-31-86
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle M. Last Peters

Date of Birth: Month 8 Day 29 Year 1942

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 2, Box 31 City Fairland County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Phyllis Michelle Peters
   Jody Lynn Peters
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Vincent Peters
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jesse Fern Rybolt
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Robert M. Peters

New Address 202 S. Green St

Subscribed and sworn to before me this 4th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cathryn Middle J. Last Pickett

Date of Birth: Month 11 Day 22 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 202 S. Green City Brownsburg County In. State 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Greg Spears
   Chrystal Pickett
   Jerry Pickett, Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Johnny Marvin Juassy
   Residence of father (if deceased so state) Indpls, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Delores Mavis
   Residence of mother (if deceased so state) Indpls, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Cathryn J. Pickett

New Address 202 S. Green St

Subscribed and sworn to before me this 4th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3-day - waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of APRIL, 19 86, authorizing the joining together as husband and wife ROBERT M. PETERS and CATHRYN I. PICKETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT A. BORGMANN hereby certify that on the 5th day of APRIL, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom ROBERT M. PETERS of HENDRICKS County, State of IN, and, Bride CATHRYN I. PICKETT of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of APRIL, 19 86. Signed /s/ ROBERT A. BORGMANN

Official Designation JUDGE PRO TEM

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of APRIL, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 95

File

4-4-86
Date of Application

MALE
Medical Examination Report Dated 3-27-86
Name of Physician Richard Bloomer

FEMALE
Medical Examination Report Dated 4-1-86
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle G. Last Joyce

Date of Birth: Month Dec Day 26 Year 1962

Place of Birth (State or foreign country) San Diego Calef.

Residence Address: Street or R. R. R#4 City Rockville County In State 47872

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth E. Joyce
   Residence of father (if deceased so state) Rockville In.
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Violet R. Wiseman
   Residence of mother (if deceased so state) Rockville, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth E. Joyce
New Address RR#4 Rockville In.

Subscribed and sworn to before me this 4th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jackie Middle A. Last Goins

Date of Birth: Month Dec Day 8 Year 1962

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R. R. 2120 W. Griswold Rd City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Easley Lee Goins
   Residence of father (if deceased so state) Stilesville, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Paulina J. Cooper
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jackie Goins
New Address RR 4 Rockville, In. 47872

Subscribed and sworn to before me this 4th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8th *day of* April, *19* 86, *authorizing the joining together as husband and wife* KENNETH J. JOYCE *and* JACKIE A. GOINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON *hereby certify that on the* 19th *day of* APRIL, *one thousand nine hundred and* 86 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* KENNETH J. JOYCE *of* PARK *County, State of* IN, *and, Bride* JACKIE A. GOINS *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* APRIL, *19* 86.

Signed /s/ STEVAN W. RANSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* APRIL, *19* 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 96

File

Apr 4 1986
Date of Application

MALE
Medical Examination Report Dated 3-31-86
Name of Physician J. Thomas

FEMALE
Medical Examination Report Dated 3-31-86
Name of Physician J. Landis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle David Last Bolt

Date of Birth: Month Sept Day 18 Year 1961

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 1 Box 226 City Lizton County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David C. Boltz
   Residence of father (if deceased so state) Kingsport, Tn.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Barbara Martin
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark David Boltz

New Address RR1 Box 226 Lizton IN

Subscribed and sworn to before me this 4 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last McCormick

Date of Birth: Month Aug Day 5 Year 1963

Place of Birth (State or foreign country) N. Y.

Residence Address: Street or R. R. Rt 1 Box 226 City Lizton County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lucas

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald McCormick
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Joan Schmelzer
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) N.Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth Ann McCormick

New Address RR1 Box 226 Lizton In

Subscribed and sworn to before me this 4 day of Apr, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of April, 1986 authorizing the joining together as husband and wife MARK DAVID BOLTZ and ELIZABETH ANN McCORMICK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 15th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MARK DAVID BOLTZ of HENDRICKS County, State of IN, and, Bride ELIZABETH ANN McCormick of Hendricks County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of APRIL, 1986. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this ~~15th~~ 16th day of APRIL, 1986.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 97

File

4-7-86
Date of Application

MALE
Medical Examination Report Dated 3.31.86

Name of Physician Maynard MD.

FEMALE
Medical Examination Report Dated 4-1-86

Name of Physician Landis MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First J. Middle Russell Last Washburne

Date of Birth: Month October Day 25 Year 1959

Place of Birth (State or foreign country) Mass.

Residence Address: Street or R. R. 606 a Lakeside Dr. City Plfsd County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Russell Washburne
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) New York.
9. Full maiden name of mother Marion Calvert Smith
   Residence of mother (if deceased so state) California
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed J Russell Washburn

New Address 606 Lakeside Dr., Plainfield, In.

Subscribed and sworn to before me this 7 day of apr, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shirley Middle anne Last Sargent

Date of Birth: Month December Day 27 Year 1960

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 847 Jefferson City Indpls County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Edwin Wenzlaff
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Hazel adele Homrich
   Residence of mother (if deceased so state) Ill deceased
   Birthplace of mother (State or foreign country) Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shirley A Sargent

New Address 606 a Lakeside Dr Plainfield, IN

Subscribed and sworn to before me this 7 day of apr, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* April, 19 86, *authorizing the joining together as husband and wife* J. RUSSELL WASHBURNE *and* SHIRLEY ANNE SARGENT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT CAMERON MILLER *hereby certify that on the* 11th *day of* APRIL, *one thousand nine hundred and* 86 *at* ST. MATTHEW'S CHURCH, *County of* MARION, *State of Indiana, Groom* J. RUSSELL WASHBURNE *of* HENDRICKS *County, State of* IN, *and, Bride* SHIRLEY ANNE SARGENT *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11th *day of* APRIL, 19 86.

Signed /s/ ROBERT CAMERON MILLER

Official Designation RECTOR, ST. MATTHEW'S

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* APRIL, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 98

File

4-7-86 Date of Application

MALE
Medical Examination Report Dated 4-1-86
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 4-1-86
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle T Last Lee

Date of Birth: Month 4 Day 11 Year 1942

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 26, City Amo, County Hendricks, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Lee
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Lee Courtney
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert T. Lee

New Address

Subscribed and sworn to before me this 7th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Shirley Middle A. Last Poff

Date of Birth: Month 1 Day 17 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 26, City Amo, County Hendricks, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence White
   Residence of father (if deceased so state) Coatesville Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Effie Trent
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shirley A. Poff

New Address

Subscribed and sworn to before me this 7th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of April, 19 86, authorizing the joining together as husband and wife ROBERT T. LEE and SHIRLEY A. POFF

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOWARD CUPP hereby certify that on the 12th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT T. LEE of HENDRICKS County, State of IN, and, Bride SHIRLEY A. POFF of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of APRIL, 19 86.

Signed /s/ HOWARD CUPP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of APRIL, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99

File

4-7-86
Date of Application

MALE
Medical Examination Report Dated 3-29-86
Name of Physician Kenneth M. Maynard, D.O.

FEMALE
Medical Examination Report Dated 3-29-86
Name of Physician Kenneth M. Maynard, D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle J. Last Livingston

Date of Birth: Month 10 Day 16 Year 1950

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R.R. 2341 2nd St. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Junior Livingston
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Bess Bernice Thomas
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Michael J. Livingston
New Address 2341 2nd St.

Subscribed and sworn to before me this 7 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle R. Last Bradley

Date of Birth: Month 5 Day 08 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2341 2nd. St. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Wayne Steward
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Joan Bilbilli
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda R. Bradley
New Address 2341 2nd Street

Subscribed and sworn to before me this 7 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of April, 1986, authorizing the joining together as husband and wife MICHAEL J. LIVINGSTON and BRENDA R. BRADLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANNY NELSON hereby certify that on the 12th day of APRIL one thousand nine hundred and 86 at COATSVILLE, County of HENDRICKS, State of Indiana, Groom MICHAEL J. LIVINGSTON of HENDRICKS County, State of IN and, Bride BRENDA R. BRADLEY of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of ARPIL, 19 86.

Signed /s/ DANNY R. NELSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of ARPIL, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 100

File

4-7-86 Date of Application

MALE
Medical Examination Report Dated 3-31-86
Name of Physician Joseph J. Gormley, M.D.

FEMALE
Medical Examination Report Dated 4-3-86
Name of Physician David Huggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mitchell Middle Van Last Speaks

Date of Birth: Month 12 Day 15 Year 1960

Place of Birth (State or foreign country) Lancaster, Ky.

Residence Address: Street or R.R. R.R. #1 Box 219C City Paragon County Morgan State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Van Speaks
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Grovena Powell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mitchell Van Speaks

New Address 219c Paragon In

Subscribed and sworn to before me this 7th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lee Middle Anna Last McDole

Date of Birth: Month 1 Day 05 Year 1968

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 427 Avon Ave., Clfd. City Hendricks County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Perry Franklin McDole
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Lee Edmonds
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) N. Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lee McDole

New Address 219c Paragon Ind.

Subscribed and sworn to before me this 7th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 11th day of April, 19 86, authorizing the joining together as husband and wife of ..... and .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ....., one thousand nine hundred and ..... at ....., County of ....., State of Indiana, Groom ..... of ....., County, State of ....., and, Bride ..... of ....., County, State of ....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ..... day of ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Clerk

Signed .....

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 101

File

April 8, 1986
Date of Application

MALE
Medical Examination Report Dated March 27, 1986
Name of Physician R.K. Stegemoller

FEMALE
Medical Examination Report Dated March 27, 1986
Name of Physician R.K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Virgil; Middle W.; Last Neal

Date of Birth: Month 1; Day 27; Year 47

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. R.R. #2 Box 135; City Danville; County Marion; State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Julie J. Neal
   Brian D. Neal
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold W. Neal
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Lola Imogene Williams
   Residence of mother (if deceased so state) ~~Danville In~~ Indpls. In
   Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Virgil W. Neal

New Address

Subscribed and sworn to before me this 8 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Ellen; Middle L.; Last Maupin

Date of Birth: Month 7; Day 19; Year 46

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. RR #6 Box 172; City Danville; County Marion; State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chalmers L. Wright
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Vera P. Ewert
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen L. Maupin

New Address RR 6 Box 172 Danville

Subscribed and sworn to before me this 8 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* April, 1986, *authorizing the joining together as husband and wife* VIRGIL W. NEAL *and* ELLEN L. MAUPIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG *hereby certify that on the* 20th *day of* APRIL, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* VIRGIL W. NEAL *of* HENDRICKS *County, State of* IN, *and, Bride* ELLEN L. MAUPIN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* APRIL, *19* 86.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* APRIL, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 102

File

4-8-86 Date of Application

MALE
Medical Examination Report Dated 4-3-86
Name of Physician Michael Neely MD.

FEMALE
Medical Examination Report Dated 4-3-86
Name of Physician Michael Neely MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Troy Middle Lee Last Maupin

Date of Birth: Month 2 Day 21 Year 1964

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R. R. R#6 Box 172 City Danville County In State 46122

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George L. Maupin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Plainfield, In.
9. Full maiden name of mother Ellen L. Wright
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Troy Maupin
New Address 111 Brumfield Lizton

Subscribed and sworn to before me this 8th day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sharin Middle Kaye Last Austin

Date of Birth: Month 12 Day 28 Year 1965

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R. R. R#1 Box 225 City Lizton County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edwin L. Austin
   Residence of father (if deceased so state) Paoli, In.
   Birthplace of father (State or foreign country) Ala.
9. Full maiden name of mother Rosa Lee Johnson
   Residence of mother (if deceased so state) Paoli In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharin K. Austin
New Address 111 Brumfield, Lizton

Subscribed and sworn to before me this 8th day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of April, 19 86, authorizing the joining together as husband and wife TROY LEE MAUPIN and SHARIN KAYE AUSTIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG hereby certify that on the 20th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom TROY LEE MAUPIN of HENDRICKS County, State of IN, and, Bride SHARIN KAYE AUSTIN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of APRIL, 19 86.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of APRIL, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 103

File

4-10-86
Date of Application

MALE
Medical Examination Report Dated 4-5-86
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 4-5-86
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle W. Last Cheek

Date of Birth: Month Jan. Day 22 Year 1961

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. 6058 Georgetown Rd #A City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John B. Cheek
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Virgie J. Brown
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin W. Cheek

New Address 6058 A GEORGETOWN RD INDPLS IN

Subscribed and sworn to before me this 10 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathleen Middle J. Last Summerville

Date of Birth: Month June Day 26 Year 1963

Place of Birth (State or foreign country): Indianapolis, In

Residence Address: Street or R. R. 113 Jarean Dr. City Brownsburg, County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis Summerville
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Brotherton
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) New York.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen J. Summerville

New Address 6058 A Georgetown Rd. Indpls IN

Subscribed and sworn to before me this 10th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of April, 19 86, authorizing the joining together as husband and wife KEVIN W. CHEEK and KATHLEEN J. SUMMERVILLE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY LILLY hereby certify that on the 26th day of APRIL, one thousand nine hundred and 86 at AVON, County of HENDRICKS, State of Indiana, Groom KEVIN W. CHEEK of MARION County, State of IN, and, Bride KATHLEEN J. SUMMERVILLE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of ARPIL, 19 86.

Signed /S/ Larry Lilly

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of APRIL, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 104

File

4-10-86 Date of Application

MALE
Medical Examination Report Dated 3-27-86
Name of Physician R. K. Stegemoller MD

FEMALE
Medical Examination Report Dated March 27, 1986
Name of Physician R. K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle R. Last Cook

Date of Birth: Month 7 Day 22 Year 1939

Place of Birth (State or foreign country) Bloomington In.

Residence Address: Street or R. R. 260 South Rd. 300E City Danville County , State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michelle M. Cook. 16 yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Relus G. Cook.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emma E. Hays
   Residence of mother (if deceased so state) Brownsburg. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas R. Cook

New Address 260 South 2nd 300E Dnvl. 46

Subscribed and sworn to before me this 10th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Geraldine Middle Last Heller

Date of Birth: Month May Day 5 Year 1949

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. 8910 Eby City Overland County Park State Ka.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kendra Ann Heller 9yrs.
   Mrs custody
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Burnard H. Lohr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Virgie Lee Sanders
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Geraldine A. Heller

New Address 260 S. Rd. 300E Danville, Ind.

Subscribed and sworn to before me this 10th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 15 day of April, 19 86, authorizing the joining together as husband and wife THOMAS R. COOK and GERALDINE HELLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 15th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom THOMAS R. COOK of HENDRICKS County, State of IN, and, Bride GERALDINE A. HELLER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of APRIL, 19 86. Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of APRIL, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 105

File

April 14, 1986
Date of Application

MALE
Medical Examination Report Dated 3-21-86
Name of Physician Mark K. Stein MD.

FEMALE
Medical Examination Report Dated 4-2-86
Name of Physician Thomas C. Dascalis M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randall Middle W. Last Crowe

Date of Birth: Month May Day 8 Year 1962

Place of Birth (State or foreign country) Indpls (Marion) In.

Residence Address: Street or R. R. 7211 Hatteras Ln City Indpls (Marion) County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Lee Crowe
   Residence of father (if deceased so state) Banita Springs Fla.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elbertine Rose Burkett
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randall W. Crowe
New Address 6052 #C West Lake N. Dr. Indpls, IN

Subscribed and sworn to before me this 11 day of April, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle S. Last Jenkins

Date of Birth: Month August Day 31 Year 1963

Place of Birth (State or foreign country) Germany

Residence Address: Street or R. R. 14 Tulip Dr. City Brownsburg County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roger Carl Jenkins
   Residence of father (if deceased so state) Logansport In.
   Birthplace of father (State or foreign country) Wabash Ohio
9. Full maiden name of mother Gladys Cecile Weaver
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed.....

New Address.....

Subscribed and sworn to before me this 25 day of April, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of April, 19 86, authorizing the joining together as husband and wife RANDALL W. CROWE and TERESA S. JENKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS hereby certify that on the 26th day of APRIL, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RANDALL W. CROWE of MARION County, State of IN, and, Bride TERESA S. JENKINS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of APRIL, 19 86.

Signed /s/ GEORGE W. DAVIS

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of APRIL, 1986.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 106

File

April 11, 1986 Date of Application

MALE
Medical Examination Report Dated 3-22-86
Name of Physician Kenneth M. Maynard

FEMALE
Medical Examination Report Dated 4-9-86
Name of Physician Thomas E Moran

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle Alan Last Storen

Date of Birth: Month Day 19 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5 Fox Trail City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesse P. Storen
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bonnie Deaton
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Greg A. Storen

New Address 5628 Lexington Green Centerville, OH 45459

Subscribed and sworn to before me this 11 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Michelle Middle Last Waggoner

Date of Birth: Month August Day 15 Year 1963

Place of Birth (State or foreign country) Marion

Residence Address: Street or R. R. 5628 E. Saddle City Bren County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold D. Waggoner Jr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother June D. Acre
   Residence of mother (if deceased so state) Logansport, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michelle Waggoner

New Address 5628 Lexington Green Centerville, OH

Subscribed and sworn to before me this 11 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of April, 19 86, authorizing the joining together as husband and wife GREGORY ALAN STOREN and MICHELLE WAGGONER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Davis hereby certify that on the 19th day of APRIL, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom GREGORY A. STOREN of HENDRICKS County, State of IN, and, Bride MICHELLE WAGGONER of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of APRIL, 19 86.

Signed /s/ GEORGE W. DAVIS

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of APRIL, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 107

File

April 11, 1986
Date of Application

MALE
Medical Examination Report Dated 4-8-86
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 4-8-86
Name of Physician Ronald Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretens shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle S. Last Rooker

Date of Birth: Month April Day 25 Year 1962

Place of Birth (State or foreign country) Mooresville In.

Residence Address: Street or R. R. 8002 S Keeway Rd. City Camby County Ma. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold H. Rooker
   Residence of father (if deceased so state) Camby In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Powers
   Residence of mother (if deceased so state) Camby In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold S. Rooker

New Address 7815 B. BASSWOOD DR. GREENWOOD

Subscribed and sworn to before me this 11th day of April 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Kathy Middle Jo Last Seemann

Date of Birth: Month August Day 13 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. #3 Box 295 City Danville County (Hend.) State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Heather Marie Seemann

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i compliance with any court order or orders issued for their support.
8. Full name of father Chester Leroy Bottom
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lois Marie Morris
   Residence of mother (if deceased so state) Mooresville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information give in this application is true and correc

Signed Kathy Jo Seemann

New Address ~~RR3 Box 295 Danville~~

Subscribed and sworn to before me this 11th day of April, 19..

Mary Jane Russell Clerk HENDRICKS Circuit Cou

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one paren signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Fathe

Signed ..... Moth

Subscribed and sworn to before me this ..... day of ....., 19....

..... Cle

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, th
HENDRICKS County ..... Court by written order issued ..... and file
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Cou*
of Indiana dated the 15th *day of* April, *19* 86, *authorizing the joining together as husband and wi*
HAROLD S. ROOKER *and* KATHY JO SEEMANN
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, BILL ROOKER *hereby certify that on the* 26th *day of* APRIL
one thousand nine hundred and 86 *at* MOORESVILLE, *County of* MORGAN
State of Indiana, Groom HAROLD S. ROOKER *of* HENDRICKS *County, State of* IN
and, Bride KATHY JO SEEMANN *of* HENDRICKS *County, State of* IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 26th *day of* APRIL, *19* 86.

Signed /s/ BILL ROOKER
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* MAY, *19* 86.

Signed Mary Jane Russell *Cle*
HENDRICKS *Circuit Cou*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 108

File

4-11-86 Date of Application

MALE
Medical Examination Report Dated 4-10-86
Name of Physician Robert Arillo, M.D.

FEMALE
Medical Examination Report Dated 4-10-86
Name of Physician Robert Arillo, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle H. Last Zeller

Date of Birth: Month 9 Day 27 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4496 N. Washington St. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Watts Zeller
   Residence of father (if deceased so state) Shelbyville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Freda Lane Elston
   Residence of mother (if deceased so state) Shelbyville, In
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Ronald H. Zeller

New Address

Subscribed and sworn to before me this 11th day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle A. Last Hayden

Date of Birth: Month 2 Day 16 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1, Box 304, North City Webster, In County 46555 State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Shawn Michael Hayden

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Mitchell Kruger
   Residence of father (if deceased so state) North Webster, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Marie Wagner
   Residence of mother (if deceased so state) North Webster
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Patricia A. Hayden

New Address

Subscribed and sworn to before me this 11th day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 86, authorizing the joining together as husband and wife of Indiana dated the 21st day of April and RONALD H. ZELLER and PATRICIA HAYDEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KATHLEEN KINSER hereby certify that on the 3rd day of MAY, one thousand nine hundred and 86 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom RONALD H. ZELLER of HENDRICKS County, State of IN, and, Bride PATRICIA HAYDEN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of MAY, 19 86. Signed /s/ KATHLEEN J. KINSER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of MAY, 1986.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 109

File

April 12 1986
Date of Application

MALE
Medical Examination Report Dated 4-9-86
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 4-9-86
Name of Physician Joseph Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bruce Middle Douglas Last Scharf

Date of Birth: Month July Day 13 Year 1950

Place of Birth (State or foreign country) Terre Haute Vigo In.
City County State

Residence Address: Street or R. R. 195 E. Main St. #4 City Danville County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) License # 305-56-7448

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman S Scharf
   Residence of father (if deceased so state) Brazil In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Marie Sampson
   Residence of mother (if deceased so state) Brazil, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce D Scharf
New Address 195 E. Main #4 Danville IN 46122

Subscribed and sworn to before me this 12 day of April, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Gina Middle Lynn Last Neel

Date of Birth: Month Feb. Day 10 Year 1966

Place of Birth (State or foreign country) New Castle In.

Residence Address: Street or R. R. 195 E. Main St. #4 City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Carl Neel
   Residence of father (if deceased so state) Coatesville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Ingle
   Residence of mother (if deceased so state) Coatesville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gina Lynn Neel
New Address 195 E. Main St. #4 Danville IN 46122

Subscribed and sworn to before me this 12 day of April, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above-named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of April, 19 86, authorizing the joining together as husband and wife BRUCE DOUGLAS SCHARF and GINA LYNN NEEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANNY P. BYRD hereby certify that on the 12th day of APRIL, one thousand nine hundred and 86 at COATESVILLE, County of HENDRICKS, State of Indiana, Groom BRUCE DOUGLAS SCHARF of HENDRICKS County, State of IN, and, Bride GINA LYNN NEEL of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of APRIL, 19 86.

Signed /s/ DANNY P. BYRD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of APRIL, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 110
File
Date of Application

MALE
Medical Examination Report Dated 4-9-86
Name of Physician Robert Marks

FEMALE
Medical Examination Report Dated 4-9-86
Name of Physician Robert Marks

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle W. Last Crayton
Date of Birth: Month 7 Day 28 Year 39
Place of Birth (State or foreign country) Buffalo, N.Y.
Residence Address: Street or R. R. 6940 S. Constance City Chicago County State Il. 60649
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sherman D. Creyton
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Deceased
9. Full maiden name of mother Lois Sherwood Shirley
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ams, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×Signed John W. Crayton
New Address 6940 S. Constance

Subscribed and sworn to before me this 14th day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Ann Middle Dillon Last
Date of Birth: Month 6 Day 30 Year 42
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 6940 So Constance City Chicago County State Il 60649
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Franklin Hurd
   Residence of father (if deceased so state) Butler, Il.
   Birthplace of father (State or foreign country) Butler, Il.
9. Full maiden name of mother Dorothy Ann Davis
   Residence of mother (if deceased so state) Springfield, Ill.
   Birthplace of mother (State or foreign country) Litchfield, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×Signed Mary Ann Dillon
New Address 6940 Constance Chicago 60649

Subscribed and sworn to before me this 14th day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court I Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* APRIL, *19* 86., *authorizing the joining together as husband and wife* JOHN W. CRAYTON *and* MARY ANN DILLON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER *hereby certify that on the* 14th *day of* APRIL, *at* DANVILLE, *County of* HENDRICKS, *one thousand nine hundred and* 86, *State of Indiana, Groom* JOHN W. CRAYTON *of* COOK *County, State of* ILLINOIS, *and, Bride* MARY ANN DILLON *of* COOK *County, State of* ILLINOIS, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* APRIL, *19* 86.

Signed /s/ MARY LEE COMER
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* APRIL, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 111

File

4-15-86
Date of Application

MALE
Medical Examination Report Dated April 9, 1986
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated April 10, 1986
Name of Physician Philip Batista, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle Robert Last Osmun

Date of Birth: Month June Day 2 Year 1945

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 112 N. Grant City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Stephanie Ann Osmun
   Sean Christian Osmun
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Hamlin Osmun
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Evelyn Stickroe
   Residence of mother (if deceased so state) Farmington, Mi.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ~~X~~ Stephen Osmun
New Address 31 STONYBROOK DR. BBURG

Subscribed and sworn to before me this 15th day of April, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sheila Middle R. Last Deboer

Date of Birth: Month 3 Day 1 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 112 N. Grant City Brownsburg, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jason Brent Deboer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John J. Hertier
   Residence of father (if deceased so state) Inapls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Yolanda R. ~~Sh~~ Sciortino
   Residence of mother (if deceased so state) Inapls, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ~~X~~ Sheila R. deBoer
New Address 31 Stonybrook BBURG

Subscribed and sworn to before me this 15th day of April, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* April, 19 86, *authorizing the joining together as husband and wife* STEPHEN R. OSMUN *and* SHEILA R. DE BOER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS *hereby certify that on the* 3rd *day of* MAY, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* STEPHEN R. OSMUN *of* HENDRICKS *County, State of* IN, *and, Bride* SHEILA R. DE BOER *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* MAY, *19* 86.

Signed /s/ GEORGE W. DAVIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this ~~7th~~ *day of* ~~MAY~~, *19* 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 112

File

4-15-86 Date of Application

MALE
Medical Examination Report Dated 4-11-86
Name of Physician Dallas E. Coate

FEMALE
Medical Examination Report Dated 4-11-86
Name of Physician Dallas E. Coate

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle A. Last Bell

Date of Birth: Month 5 Day 21 Year ~~55~~ 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3005 E. 700 N. City Brownsburg County Hend. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ivan Maynard Bell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Evelyn Estes
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ron Bell

New Address 3826 Terrace Ave Clermont Ind

Subscribed and sworn to before me this 15 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Diana Middle M. Last Strong

Date of Birth: Month 5 Day 8 Year 55

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 3826 Terrace Ave City Clermont County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Bonnie Cain
   John Thomas Cain
   Anthony Michael Cain
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ward John Joseph Strong
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Agnes Rose Tuzi
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Diana M Strong

New Address 8826 Terrace Ave Clermont Ind

Subscribed and sworn to before me this 15 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent sig... the consent of the other parent unnecessary.

Please Do Not Publish

..... Father

..... Mother

....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of April, 19 86, authorizing the joining together as husband and wife IVAN RONALD BELL and DIANA M. STRONG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 15th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom IVAN RONALD BELL of HEDNRICKS County, State of IN and, Bride DIANA M. STRONG of MARION County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of APRIL, 19 86.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of APRIL, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 113

File

4-15-86
Date of Application

MALE
Medical Examination Report Dated 4-8-86

Name of Physician Joyce Cooper

FEMALE
Medical Examination Report Dated 4-8-86

Name of Physician Joyce Cooper

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Armon Middle — Last Adams

Date of Birth: Month 4 Day 30 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10 Manor Dr. S. City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hall Adams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Howe
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Armon Adams

New Address 10 Manor Dr S

Subscribed and sworn to before me this 15 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle — Last Howard

Date of Birth: Month 12 Day 20 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 344 Riviera Dr. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jason

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Karl B. Siler
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Mae Tyrrell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa L Howard

New Address 10 Manor Dr. S.

Subscribed and sworn to before me this 15 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of April, 19 86, authorizing the joining together as husband and wife ARMON ADAMS and LISA HOWARD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE LANHAM hereby certify that on the 19th day of APRIL one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ARMON ADAMS of HENDRICKS County, State of IN and, Bride LISA HOWARD of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of APRIL, 19 86.

Signed /s/ GEORGE LANHAM

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of April, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114

File

4-16-86 Date of Application

MALE
Medical Examination Report Dated 4-8-86
Name of Physician Ken Maynard

FEMALE
Medical Examination Report Dated 4-8-86
Name of Physician Ken Maynard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle H. Last Holt

Date of Birth: Month 11 Day 8 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10036 Lake O Lanterns North Dr. City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Henry Holt
   Residence of father (if deceased so state) Fort Wayne Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Barbara Marie Swearingen
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ William H. Holt

New Address 10036 Lake-o-Lanterns N. Dr.

Subscribed and sworn to before me this 16 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle C. Last Ridenour

Date of Birth: Month 11 Day 14 Year 44

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10036 Lake O Lanterns North Dr. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Shannon
   Melissa
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forest L. Neal
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean L. Arbuckle
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Sandra C. Ridenour

New Address 10036 Lake O Lantern N. Dr.

Subscribed and sworn to before me this 16 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of April, 19 86, authorizing the joining together as husband and wife WILLIAM H. HOLT and SANDRA C. RIDENOUR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES D. CLAYTON hereby certify that on the 25th day of APRIL one thousand nine hundred and 86 at INDPLS., County of HENDRICKS, State of IN, State of Indiana, Groom WILLIAM H. HOLT of HENDRICKS County, State of IN, and, Bride SANDRA C. RIDENOUR of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of APRIL, 19 86. Signed /s/ JAMES D. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of APRIL, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 115

File

4-16-86
Date of Application

MALE
Medical Examination Report Dated 3-28-86

Name of Physician Joseph T. Thompson

FEMALE
Medical Examination Report Dated 3-28-86

Name of Physician Joseph T. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dana Middle J. Last Snapp

Date of Birth: Month 5 Day 15 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 110 Franklin Apt 3 City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Shana
   Sheryl
   Jason
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth J. Snapp
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa (?)
9. Full maiden name of mother Dana E. Nelson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dana J. Snapp

New Address 110 FRANKLIN APT#3 BROWNSBURG IND. 46112

Subscribed and sworn to before me this 16 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First April Middle D. Last Manera

Date of Birth: Month 4 Day 6 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 110 Franklin Apt 3 City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur Junior Manera
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna J. Small
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X April D. Manera

New Address 110 Franklin Apt #3 Brownsburg IN 46112

Subscribed and sworn to before me this 16 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* April, *19* 86, *authorizing the joining together as husband and wife* ..... *and* .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...*hereby certify that on the*.....*day of*.....,

one thousand nine hundred and.....*at*....., *County of*.....,

State of Indiana, Groom.....*of*.....*County, State of*.....

and, Bride.....*of*.....*County, State of*.....,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....*day of*....., *19*.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....*day of*....., *19*.....

Signed.....*Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 116

File

April 16, 1986 Date of Application

MALE
Medical Examination Report Dated 3-20-86
Name of Physician David B. Haggard MD.

FEMALE
Medical Examination Report Dated 3-20-86
Name of Physician David B. Haggard MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Albert Middle E. Last Ashcraft

Date of Birth: Month January Day 3 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10233 Bradford Rd. City (Ind.) County Indpls. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Census Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Ashcraft
   Residence of father (if deceased so state) Ind. U. Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dellorise Lawson
   Residence of mother (if deceased so state) Ind. U. Plainfield In.
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed albert e ashcraft

New Address 10233 Bradford Rd Indpls, In

Subscribed and sworn to before me this 16 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Elsie Middle M. Last Clanton

Date of Birth: Month July Day 19 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Bellwood Dr. City (Marion) County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Census Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Foust Clanton
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ellen Elizabeth Littlejohn
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [signature]

New Address 10233 Bradford Rd Indpls, IN

Subscribed and sworn to before me this 16 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* April, 19 86, *authorizing the joining together as husband and wife* ALBERT E. ASHCRAFT *and* ELISE M. CLANTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEWEY A. THACKSTON *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ALBERT E. ASHCRAFT *of* MARION *County, State of* IN, *and, Bride* ELISE M. CLANTON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* JUNE, 19 86. *Signed* /s/ DEWEY A. THACKSTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JULY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 117

File

Apr. 17 1986
Date of Application

MALE
Medical Examination Report Dated 4-15-86
Name of Physician R. Anfield

FEMALE
Medical Examination Report Dated 4-15-86
Name of Physician R. Anfield

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle W. Last Shorter

Date of Birth: Month Apr. Day 8 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 2249 Brayles Rd S. Dr. City Plainfield County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd C. Shorter
   Residence of father (if deceased so state) Bainbridge In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Kathleen Snyder
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Tn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Timothy Shorter

New Address 2249 Brayles Rd S Dr Plainfield

Subscribed and sworn to before me this 17 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Terry Middle M. Last Bivins

Date of Birth: Month Dec Day 2 Year 1962

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 2249 Brayles Rd S. Dr. City Plainfield County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James D. Bivins
   Residence of father (if deceased so state) Owensboro, Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Nora Dean
   Residence of mother (if deceased so state) Hopkins Co.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry Michelle Bivins

New Address 2249 Brayles Rd. S. Dr., Plainfield

Subscribed and sworn to before me this 17 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of April, 19 86, authorizing the joining together as husband and wife TIMOTHY W. SHORTER and TERRY M. BIVINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID PITCHER hereby certify that on the 26th day of APRIL, one thousand nine hundred and 86 at INDPLS., County of MARION, State of Indiana, Groom TIMOTHY W. SHORTER of HENDRICKS County, State of IN, and, Bride TERRY MICHELLE BIVINS of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of APRIL, 19 86.

Signed /s/ DAVID PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of APRIL, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 118

File

4-17-86 Date of Application

MALE
Medical Examination Report Dated 4-15-86
Name of Physician R. D. Riello

FEMALE
Medical Examination Report Dated 4-18-86
Name of Physician D. Driesseiker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Philip Middle E. Last Smith

Date of Birth: Month 5 Day 31 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 480 City Clayton County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph N. Smith
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie A. Hutson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Philip E Smith
New Address RR1 Box 480 Clayton IN.

Subscribed and sworn to before me this 17 day of April, 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle D. Last Beard

Date of Birth: Month 11 Day 7 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3914 Eisenhower Dr. City Kokomo County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James F. Beard
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Susan K. Robbins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Linda D Beard
New Address RR1 Box 480 Clayton Ind. 46118

Subscribed and sworn to before me this 17 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22 day of April, 1986, authorizing the joining together as husband and wife PHILIP E. SMITH and LINDA D. BEARD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOE RIDENOUR hereby certify that on the 26th day of APRIL, one thousand nine hundred and 86 at R. 1, Box 480, County of HENDRICKS, State of Indiana, Groom PHILIP E. SMITH of HENDRICKS County, State of IN, and, Bride LINDA BEARD of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of APRIL, 19 86.

Signed /s/ JOE RIDENOUR

Official Designation ASSOCIATE MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of APRIL, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1. 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 119

File

4-17-86
Date of Application

MALE
Medical Examination Report Dated 4-2-86

Name of Physician L. M. Landis

FEMALE
Medical Examination Report Dated 3-31-86

Name of Physician L. M. Landis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Harold Last Williams

Date of Birth: Month 9 Day 3 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1150 E. Hadley Rd. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oregon Kinne Williams
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Barbara Mae Clymer
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mark H. Williams

New Address 1150 E. Hadley Rd Plainfield In

Subscribed and sworn to before me this 17 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ardyth Middle Louise Last Martiny

Date of Birth: Month 7 Day 11 Year 56

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 1150 E. Hadley Rd. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Victor Albert Martiny
   Residence of father (if deceased so state) Illinois
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Marie Mae Anderson
   Residence of mother (if deceased so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ardyth L Martiny

New Address 1150 E. HADLEY RD

Subscribed and sworn to before me this 17 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* April, 19 86, *authorizing the joining together as husband and wife* MARK H. WILLIAMS *and* ARDYTH L. MARTINY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN STROM *hereby certify that on the* 26th *day of* APRIL, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MARK H. WILLIAMS *of* HENDRICKS *County, State of* IN, *and, Bride* ARDYTH L. MARTINY *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26th *day of* APRIL, 19 86.

Signed /s/ JOHN STROM

Official Designation LUTHERAN PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* APRIL, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 120

File

4-8-86
Date of Application

MALE
Medical Examination Report Dated 4-5-86
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 4-5-86
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Mark Last Mitchell

Date of Birth: Month July Day 30 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 21 Twin St. City Brownsburg County Ch. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Ray Mitchell
   Residence of father (if deceased so state) Great Falls, Montana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Verda Ila Marie Ledford
   Residence of mother (if deceased so state) Great Falls, Montana
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ John Mark Mitchell

New Address 21 Twin St. Brownsburg IN

Subscribed and sworn to before me this 18th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle L. Last Cory

Date of Birth: Month 8 Day 1 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10316 St. Rd. 267 N. City Brownsburg County Ch. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Amanda Nicolle Cory
   Andrew Allen Cory

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Latham, Sr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Irma Ernestine Baker
   Residence of mother (if deceased so state) Brownsburg In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Cynthia L. Cory

New Address 21 Twin Street, Brownsburg

Subscribed and sworn to before me this 18th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 28th day of April, 19 86 authorizing the joining together as husband and wife JOHN MARK MITCHELL and CYNTHIA L. CORY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN R. MITCHELL hereby certify that on the 10th day of MAY, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JOHN MARK MITCHELL of HENDRICKS County, State of IN, and, Bride CYNTHIA L. CORY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of APRIL, 19 86. Signed /s/ JOHN R. MITCHELL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 121

File

4-18-86
Date of Application

MALE
Medical Examination Report Dated 4-16-86
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 4-18-86
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle E. Last Smith

Date of Birth: Month 6 Day 8 Year 1947

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 170 Hillcrest Dr. City Morrisville County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles N. Smith
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta R. Stirn
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A Smith
New Address SAME AS ABOVE

Subscribed and sworn to before me this 18 day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jane Middle E. Last Graham

Date of Birth: Month 5 Day 10 Year 1955

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. 170 Hillcrest Dr. City Morrisville County Hend., State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father N. Malcolm Graham
   Residence of father (if deceased so state) Lebanon, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gayle L. Hutchison
   Residence of mother (if deceased so state) Lebanon, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jane E Graham
New Address Same as above

Subscribed and sworn to before me this 18 day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of April, 19 86, authorizing the joining together as husband and wife JAMES A. SMITH and JANE E. GRAHAM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD W. HAINER hereby certify that on the 25th day of APRIL, one thousand nine hundred and 86 at PLEASANT VIEW CHURCH, County of BOONE, State of Indiana, Groom JAMES A. SMITH of HENDRICKS County, State of IN, and, Bride JANE E. GRAHAM of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of APRIL, 19 86.

Signed /s/ DONALD W. HAINER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of MAY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 122

File

4-21-86 Date of Application

MALE
Medical Examination Report Dated 4-16-86
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 4-16-86
Name of Physician Michael Pizzato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Earl Last Shumaker

Date of Birth: Month June Day 3 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: 118 Hanley St. Plainfield, In
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Enos Earl Shumaker
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane Prentice
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin Shumaker

New Address 118 Henley St.

Subscribed and sworn to before me this 21st day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Beth Middle Anne Last Giesen

Date of Birth: Month 9 Day 1 Year 1959

Place of Birth (State or foreign country) California (Los Angeles)

Residence Address: 118 Hanley St. Plainfield Hend. In.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray Leo Giesen
   Residence of father (if deceased so state) St. Louis, Mo.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Mary Margaret Molitor
   Residence of mother (if deceased so state) St. Louis, Mo.
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beth Giesen

New Address Same

Subscribed and sworn to before me this 24 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of April, 19 86, authorizing the joining together as husband and wife KEVIN EARL SHUMAKER and BETH ANNE GIESEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 30th day of APRIL, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom KEVIN EARL SHUMAKER of HENDRICKS County, State of IN, and, Bride BETH ANNE GIESEN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of APRIL, 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 123

File

4-21-86
Date of Application

MALE
Medical Examination Report Dated 4-14-86
Name of Physician K. Maynard

FEMALE
Medical Examination Report Dated 4-14-86
Name of Physician M. Pyatt

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leroy Middle [illegible] Last Eberwein

Date of Birth: Month 3 Day 16 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 140 S. Maple P.O. Box 102 City Pittsboro County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leonard J. Eberwein
   Residence of father (if deceased so state) Indiana, Pkg.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie Maxine Willsite
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Leroy Eberwein

New Address 140 S. Maple. P.O. Box 102 Pittsboro

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Teri Middle [illegible] Last Esquerdo

Date of Birth: Month 4 Day 17 Year 61

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. P.O. Box 102 City Pittsboro County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leonard Eduardo Esquerdo
   Residence of father (if deceased so state) Indiana, Indpls.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Margarita M. Rodriguez
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Puerto Rico

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Teri Esquerdo

New Address 140 S. MAPLE P.O. BOX 102 Pittsboro

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* April, 19 86, *authorizing the joining together as husband and wife* LEROY EBERWEIN *and* TERI ESQUERDO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL G. SOLIS *hereby certify that on the* 3rd *day of* MAY, *one thousand nine hundred and* 86 *at* GREENWOOD, *County of* JOHNSON, *State of Indiana, Groom* LEROY EBERWEIN *of* HENDRICKS *County, State of* IN, *and, Bride* TERI ESQUERDO *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* MAY, *19* 86.

Signed /s/ DANIEL G. SOLIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* MAY, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 124

File

4-22-86 Date of Application

MALE
Medical Examination Report Dated 4-3-86
Name of Physician Maynard

FEMALE
Medical Examination Report Dated 4-3-86
Name of Physician Maynard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Patrick Last Retzlaff

Date of Birth: Month Mar Day 15 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 506 School St City Brownsburg County Hr. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John B. Retzlaff
   Residence of father (if deceased so state) Ellisville, Mo.
   Birthplace of father (State or foreign country) Wisc.
9. Full maiden name of mother Diane Kaasch
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Wisc.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John Retzlaff

New Address 335 Apt 1C Alta Drive Grayslake IL 60030

Subscribed and sworn to before me this 23 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ronetta Middle Lynn Last Stocking

Date of Birth: Month June Day 5 Year 1967

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7 Timberbrook City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Stocking
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bobetta Gray
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronetta Stocking

New Address 335 Apt 1C Alta Dr. Grayslake

Subscribed and sworn to before me this 23 day of Apr, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of April, 1986, authorizing the joining together as husband and wife JOHN PATRICK RETZLAFF and RONETTA LYNN STOCKING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LYNN COLEMAN hereby certify that on the 21st day of MAY, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JOHN PATRICK RETZLAFF of HENDRICKS County, State of IN, and, Bride RONETTA LYNN STOCKING of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of MAY, 19 86.

Signed /s/ LYNN COLEMAN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of MAY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 125

File

April 23 1986
Date of Application

MALE
Medical Examination Report Dated April 17, 1986
Name of Physician E. D. Clark, MD.

FEMALE
Medical Examination Report Dated April 17, 1984
Name of Physician E. D. Clark MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffery Middle Lee Last Bell

Date of Birth: Month 4 Day 26 Year 1967

Place of Birth (State or foreign country) Henderson Co. Ky.

Residence Address: Street or R. R. 3702 Dan Jones Rd. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Joe Bell
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nina Mason
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeff Bell
New Address 3702 Dan Jones

Subscribed and sworn to before me this 23 day of April, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Michelle Middle Melana Last Nevois

Date of Birth: Month June Day 8 Year 1967

Place of Birth (State or foreign country) St. Louis Mo.

Residence Address: Street or R. R. 3702 Dan Jones Rd. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lylburn Arthur Nevois
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Edna Eppens Preyer
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michelle Melana Nevois
New Address 3702 Dan Jones ~~Plfd~~ Plainfield

Subscribed and sworn to before me this 23 day of April, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* April, 1986, *authorizing the joining together as husband and wife* JEFFERY LEE BELL *and* MICHELLE MELANA NEVOIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 1st *day of* MAY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JEFFERY LEE BELL *of* HENDRICKS *County, State of* IN, *and, Bride* MICHELLE MELANA NEVOIS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* MAY, 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 126

File

April 23, 1986 Date of Application

MALE
Medical Examination Report Dated 4-21-86
Name of Physician Owen Slaughter

FEMALE
Medical Examination Report Dated 4-21-86
Name of Physician Owen Slaughter

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle G. Last Mc Eachran

Date of Birth: Month 6 Day 1 Year 45

Place of Birth (State or foreign country) Murdo S. Dakota

Residence Address: Street or R. R. R #2 Box 61 City Danville County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Cory Mc Eachran
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen Mc Eachran
   Residence of father (if deceased so state) Hot Springs, S. Dakota
   Birthplace of father (State or foreign country) Ord, Neb.
9. Full maiden name of mother Genevive Hickman
   Residence of mother (if deceased so state) Hot Springs, S. Dakota
   Birthplace of mother (State or foreign country) Decatur, ~~Nebraska~~ Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles G. M Eachran

New Address RR2 Box 61 Danville, In

Subscribed and sworn to before me this 23 day of April, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Vicki Middle L. Last Jones

Date of Birth: Month 2 Day 8 Year 54

Place of Birth (State or foreign country) Midwest City, Oklahoma

Residence Address: Street or R. R. 632 Broken Bow Trl City Indpls County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Blu Holmes
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Samuel Charles Hudson
   Residence of father (if deceased so state) Miami, Oklahoma
   Birthplace of father (State or foreign country) Muskogee, Oklahoma
9. Full maiden name of mother Judith Colleen Warner
   Residence of mother (if deceased so state) Miami, Oklahoma
   Birthplace of mother (State or foreign country) Same

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Vicki Lynn Jones

New Address.....

Subscribed and sworn to before me this 23 day of April, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of MAY, 19 86, authorizing the joining together as husband and wife CHARLES GLEN MC EACHRAN and VICKI LYNN JONES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF hereby certify that on the 3rd day of MAY one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom CHARLES GLEN MC EACHRAN of HENDRICKS County, State of IN, and, Bride VICKI LYNN JONES of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of MAY, 19 86.

Signed /s/ JOHN P. ROOF

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 127

File

4-23-86
Date of Application

MALE
Medical Examination Report Dated 4-18-86
Name of Physician Balista

FEMALE
Medical Examination Report Dated 4-21-86
Name of Physician D. Wells

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle E. Last Trout

Date of Birth: Month May Day 7 Year 1937

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5 South Dr. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr's Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Clair Trout
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Beaute Reed
   Residence of mother (if deceased so state) Indpls. Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry E. Trout
New Address 1119 Forest Dr. Brownsburg IN.
Subscribed and sworn to before me this 24 day of apr, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carol Middle S. Last Rehn

Date of Birth: Month 6 Day 14 Year 46

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1119 Forest Dr. City W. Brownsburg County Hd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jennifer

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis W. Waltemath
   Residence of father (if deceased so state) Wiggitts, Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lena M. Clark
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Carol S. Rehn
New Address 1119 FOREST DR. W. BROWNSBURG, IN
Subscribed and sworn to before me this 23 day of April, 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* apr, 19 86, *authorizing the joining together as husband and wife* LARRY E. TROUT *and* CAROL S. REHN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS *hereby certify that on the* 10th *day of* MAY, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* LARRY E. TROUT *of* HEDNRICKS *County, State of* IN *and, Bride* CAROL SUE REHN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11 *day of* May, 19 86.

Signed /s/ GEORGE W. DAVIS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 128
File
Date of Application

MALE
Medical Examination Report Dated 4-14-86
Name of Physician Patrick L. Foley, M.D.

FEMALE
Medical Examination Report Dated 4-14-86
Name of Physician Patrick L. Foley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Samuel Middle Lee Last Hardman
Date of Birth: Month 12 Day 14 Year 67
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 25 Casa Loma Trailer Park City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vincent Leroy Hardman
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indianapolis In.
9. Full maiden name of mother Billie Pauline White
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Samuel Lee Hardman
× New Address 25 Casa Loma Ct.

Subscribed and sworn to before me this 24th day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Shannon Middle Sue Last McKinney
Date of Birth: Month 12 Day 29 Year 68
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 2170 S. Burke City Indianapolis County In. State 46231
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lee McKinney
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Somerset, Ky.
9. Full maiden name of mother Mary Ellen Mayhew
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Shannon McKinney
× New Address 25 Casa Loma Ct.

Subscribed and sworn to before me this 24th day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed × Mary McKinney Father
Signed × Charles McKinney Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of May, 1986, authorizing the joining together as husband and wife SANUEL LEE HARDMAN and SHANNON SUE McKINNEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD W. CLEVENGER hereby certify that on the 3rd day of MAY one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom SAMUEL LEE HARDMAN of HENDRICKS County, State of IN and, Bride SHANNON SUE McKINNEY of MARION County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of MAY, 19 86. Signed /s/ RICHARD W. CLEVENGER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of MAY, 19 86.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 129

File

4-25-86
Date of Application

MALE
Medical Examination Report Dated 4-14-86
Name of Physician Greg. A. Miller M.D.

FEMALE
Medical Examination Report Dated 4-14-86
Name of Physician Greg A. Miller M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle L. Last Heinlein

Date of Birth: Month 12 Day 28 Year 43

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 682 Wisp Crt. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis Robert Heinlein
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls In.
9. Full maiden name of mother Catherine A. Bray
   Residence of mother (if deceased so state) 230 Wilsome Way Blvd Indpls
   Birthplace of mother (State or foreign country) Indpls In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Stephen L. Heinlein
New Address 682 Wisp Ct. Brownsburg

Subscribed and sworn to before me this 25 day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra Middle K. Last Hoffa

Date of Birth: Month 8 Day 3 Year 44

Place of Birth (State or foreign country) Sarasota Fla

Residence Address: Street or R. R. 682 Wisp Crt. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frankie Irwin Goins
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls In.
9. Full maiden name of mother Frances Rose Haywood
   Residence of mother (if deceased so state) 1250 N. Lexington Indpls.
   Birthplace of mother (State or foreign country) Indpls In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Sandra K. Hoffa
New Address

Subscribed and sworn to before me this 25 day of April, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of May, 19 86, authorizing the joining together as husband and wife STEPHEN L. HEINLEIN and SANDRA K. HOFFA

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN hereby certify that on the 31st day of MAY, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom STEPHEN L. HEINLEIN of HENDRICKS County, State of IN, and, Bride SANDRA K. HOFFA of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of MAY, 19 86.

Signed /s/ CHRIS E. WYNN
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of JULY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 130

File

4-25-86 Date of Application

MALE
Medical Examination Report Dated N/A
Name of Physician

FEMALE
Medical Examination Report Dated N/A
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Edgar Last Adams

Date of Birth: Month 11 Day 3 Year 1919

Place of Birth (State or foreign country) Hammond, In.

Residence Address: Street or R. R. 3794 County Farm Rd. City Howell County State Michigan

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jacob Abram Adams
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dona May Coffin
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Joseph E. Adams

New Address 25 Clinton Court Danville Ind

Subscribed and sworn to before me this 25th day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Betty Middle Jane Last Haas

Date of Birth: Month 4 Day 8 Year 1919

Place of Birth (State or foreign country) Montezuma, In.

Residence Address: Street or R. R. 25 Clinton Ct. City Danville County State In. 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Elmer Garard
   Residence of father (if deceased so state) deceased.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Newman
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Betty Jane Haas

~~New~~ Address 25 Clinton Ct. Danville In.

Subscribed and sworn to before me this 25th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of April, 1986., authorizing the joining together as husband and wife JOSEPH EDGAR ADAMS and BETTY JANE HAAS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. POTTER hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at ~~MARION~~ Indpls. County of GRANT State of Indiana, Groom JOSEPH EDGAR ADAMS of LIVINGSTON County, State of MICHIGAN and, Bride BETTY JANE HAAS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86. Signed /s/ JOHN P. PORTER

Official Designation JUDGE, 19 86

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of JUNE 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 131

File

4-25-86
Date of Application

MALE
Medical Examination Report Dated April 21, 1986
Name of Physician W. L. Sharp M.D.

FEMALE
Medical Examination Report Dated April 19, 1986
Name of Physician M.L. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lorne Middle N. Last Pickens

Date of Birth: Month 6 Day 19 Year 1965

Place of Birth (State or foreign country) Hendricks Co. Danville, In.

Residence Address: Street or R. R. R#1 Box 172 City North Salem County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary Ray Pickens
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Karen Ann Persall
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Lorne D Pickens

New Address 2120 North Griswold IN 46234

Subscribed and sworn to before me this 25th day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Joannie Middle Last Goins

Date of Birth: Month 12 Day 8 Year 1962

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R. R. 2120 North Griswold City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cooley Lee Goins
   Residence of father (if deceased so state) R#1 139 Stilesville In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Pauline Janetta Cooper
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joannie Goins

New Address 2120 N Griswold Ct Indpls 46234

Subscribed and sworn to before me this 25th day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* May, 19 86, *authorizing the joining together as husband and wife* LORNE D. PICKENS *and* JOANNIE GOINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON *hereby certify that on the* 10th *day of* MAY, *one thousand nine hundred and* 86 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* LORNE D. PICKENS *of* HENDRICKS *County, State of* IN, *and, Bride* JOANNIE GOINS *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th *day of* MAY, 19 86.

Signed /s/ STEVAN W. RANSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 132

File

April 25, 1986 Date of Application

MALE
Medical Examination Report Dated 4-24-86
Name of Physician C. D. Clark, M.D.

FEMALE
Medical Examination Report Dated 4-11-86
Name of Physician Paul Gerles Schoon, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Allen Last Schaaf

Date of Birth: Month X Day 1 Year 5 62

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 619 Pike Lane City Plainfield County Hendricks State In 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Schaaf
   Residence of father (if deceased so state) Camby, Indiana
   Birthplace of father (State or foreign country) Staten Island N.Y.
9. Full maiden name of mother Mary Alice White
   Residence of mother (if deceased so state) Camby, In.
   Birthplace of mother (State or foreign country) Hamilton City, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Michael A. Schaaf

☒ New Address 619 pike lane

Subscribed and sworn to before me this 25th day of April, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rose Middle Marie Last Price

Date of Birth: Month 9 Day 23 Year 57

Place of Birth (State or foreign country) Waynesburg, Pa.

Residence Address: Street or R. R. 619 Pike Lane City Plainfield County Hendricks State In 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hayward Dupree Price, Sr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Hadestown, W. Va.
9. Full maiden name of mother Betty Lee Yost
   Residence of mother (if deceased so state) ~~Independence, W. Va.~~ Hundred, W. Va.
   Birthplace of mother (State or foreign country) Hundred, W. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Rose M. Price

☒ New Address 619 Pike Lane Plainfield

Subscribed and sworn to before me this 25th day of April, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of May, 19 86, authorizing the joining together as husband and wife MICHAEL A. SCHAAF and ROSE MARIE PRICE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, AARON POYNTER hereby certify that on the 3rd day of MAY, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom MICHAEL A. SCHAAF of HENDRICKS County, State of IN, and, Bride ROSE MARIE PRICE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of MAY, 19 86. Signed /s/ AARON POYNTER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 133

File

4-28-86
Date of Application

MALE
Medical Examination Report Dated 4-22-86
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 4-22-86
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle B. Last Koll
Date of Birth: Month 1 Day 22 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 5 Box 126 City Danville County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Hic. Hpist.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald B. Koll
   Residence of father (if deceased so state) Arlington, Texas
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Charlotte A. Woodey
   Residence of mother (if deceased so state) Texas
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin B. Koll

New Address

Subscribed and sworn to before me this 23 day of April, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Teresa Middle Anne Last Wundrum
Date of Birth: Month 10 Day 26 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2531 Deborah Terrace #92 City Indpls. County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Hic. Hpist.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Kent Wundrum
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Jane Ann Burgess
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa Anne Wundrum

New Address 1057 Norman Road B-burg

Subscribed and sworn to before me this 25 day of April, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of May, 19 86, authorizing the joining together as husband and wife KEVIN B. KOLL and TERESA A. WUNDRUM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVEN U. JARRETT hereby certify that on the 2nd day of MAY one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom KEVIN B. KOLL of HENDRICKS County, State of IN and, Bride TERESA A. WUNDRUM of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of MAY, 19 86.

Signed /s/ STEVEN U. JARRETT

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of MAY, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134
File
4 28 86
Date of Application

MALE
Medical Examination Report Dated 4.21.86
Name of Physician P. Batista

FEMALE
Medical Examination Report Dated 4.21.86
Name of Physician P. Batista

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First anthony Middle Wayne Last Wilson
Date of Birth: Month Feb Day 2 Year 1956
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. 10929 Rockville Rd Lot #21 City Indpls County Hendricks State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree 29 328896
☐ Other (Specify) Drafter Ticket (Insp. for Ref.)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jason M. Wilson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James L. Wilson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline B. Freeman
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anthony W. Wilson
New Address 10929 Rockville Rd. Lot 21 Indpls. Ind. 46234
Subscribed and sworn to before me this 28 day of April, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tammy Middle Rose Last Collisi
Date of Birth: Month April Day 16 Year 1965
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R. R. 10929 Rockville Rd Lot #21 City Indpls County Hendricks State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Meggan Lynn Riddle
   Patrick Ryan Collisi
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Harry Garnett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Margaret Joan Compton
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tammy Collisi
New Address 10929 Rockville Rd. Lot 21 Indpls. In. 46234
Subscribed and sworn to before me this 28 day of April, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 2 day of May, 19 86, authorizing the joining together as husband and wife ANTHONY WAYNE WILSON and TAMMY ROSE COLLISI

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT M. HOOTEN hereby certify that on the 3 day of MAY, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of IN, State of Indiana, Groom ANTHONY WAYNE WILSON of HENDRICKS County, State of IN, and, Bride TAMMY ROSE COLLISI of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of MAY, 19 86 Signed /s/ ROBERT M. HOOTEN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of MAY, 19 86
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 135

File

April 29, 1986
Date of Application

MALE
Medical Examination Report Dated April 24, 1986
Name of Physician Eric Clark M.D.

FEMALE
Medical Examination Report Dated April 24, 1986
Name of Physician Eric Clark M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle David Last Little

Date of Birth: Month May Day 24 Year 1965

Place of Birth (State or foreign country): Danville. Indiana

Residence Address: Street or R. R. RR 3 Box 350 City Clayton County In. State 46118

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Lewis Little
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Clayton, Indiana
9. Full maiden name of mother Patricia Ann Kasch
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

X Signed John David Little

New Address 4631 Lynnfield Dr. Apt. 1007 Indpls.

Subscribed and sworn to before me this 29 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Carolyn Last Simmons

Date of Birth: Month December Day 8 Year 1966

Place of Birth (State or foreign country): Marion Co. Indpls In.

Residence Address: Street or R. R. Rt 2 Box 192 City Danville County State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe Mike Simmons
   Residence of father (if deceased so state) Danville Indiana
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Marilyn Louise Roppel
   Residence of mother (if deceased so state) Dayville, Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

X Signed Cynthia Carolyn Simmons

New Address.....

Subscribed and sworn to before me this 29 day of April, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* May, 19 86, *authorizing the joining together as husband and wife* JOHN DAVID LITTLE *and* CYNTHIA CAROLYN SIMMONS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LEOPOLE R. KEFFLER *hereby certify that on the* 10th *day of* MAY, *one thousand nine hundred and* 86 *at* ST. SUSANNA CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* JOHN DAVID LITTLE *of* HENDRICKS *County, State of* IN *and, Bride* CYNTHIA CAROLYN SIMMONS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th *day of* MAY, 19 86.

Signed /s/ LEOPOLE R. KEFFLER

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* MAY, 19 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 136

File

4-30-86 Date of Application

MALE
Medical Examination Report Dated 4-29-86
Name of Physician D Walker

FEMALE
Medical Examination Report Dated 4-29-86
Name of Physician D. Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Allen Last Smith

Date of Birth: Month 6 Day 24 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 61 City Pittsboro County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter J. Smith Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Hopkins
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David A. Smith

New Address 412 W main Lizton In.

Subscribed and sworn to before me this 30 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Yowanda Middle Lynne Last Knoth

Date of Birth: Month 12 Day 18 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 61 City Pittsboro County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jesse James Knoth

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Alford Alfred Knoth
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kettie Johnnie Ritchie
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Yowanda L Knoth

New Address 411 W. Main Lizton 46149

Subscribed and sworn to before me this 30 day of April, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of May, 1986., authorizing the joining together as husband and wife DAVIS ALLEN SMITH and YOWANDA LYNNE KNOTH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LAWRENCE STEWART hereby certify that on the 10th day of MAY, one thousand nine hundred and 86 at LIZTON, County of HENDRICKS, State of Indiana, Groom DAVID ALLEN SMITH of HENDRICKS County, State of IN, and, Bride YOWANDA LYNNE KNOTH of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of MAY, 19 86. Signed /s/ LAWRENCE STEWART

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of MAY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 137

File

4-30-86
Date of Application

MALE
Medical Examination Report Dated 4-14-86

Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 4-14-86

Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle J. Last Landis

Date of Birth: Month 5 Day 6 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3124 Willow Rd. City Plfd County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald N. Landis
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eloise Taylor
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald J Landis

New Address RR 3 Box 126 A Morgantown IN

Subscribed and sworn to before me this 30 day of April, 86

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Polly Middle A. Last Mitchell

Date of Birth: Month 11 Day 25 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 8030 Madison Ave. City Apt 9 Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Raynard Mitchell
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Jane Stitt
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Polly A Mitchell

New Address RR3 Box 126A Morgantown In

Subscribed and sworn to before me this ..... day of ....., 19....

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* May, 19 86, *authorizing the joining together as husband and wife* DONALD J. LANDIS *and* POLLY A. MITCHELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MICHAEL BULLORD *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* JUNE, *County of* 86, *State of Indiana, Groom* DONALD J. LANDIS *of* HENDRICKS *County, State of* IN, *and, Bride* POLLY ANN MITCHELL *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, *19* 86.

Signed /s/MICHAEL BULLORD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 138

File

5-1-86 Date of Application

MALE
Medical Examination Report Dated 4-7-86
Name of Physician M Neely

FEMALE
Medical Examination Report Dated 4-7-86
Name of Physician M Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Keith Last Laws

Date of Birth: Month 2 Day 5 Year 60

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 508 S. Center St. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald K. Laws
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Ruth Bork
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald K Laws

New Address 508 S Center - Plainfield Ind

Subscribed and sworn to before me this 1 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Connie Middle Sue Last Brown

Date of Birth: Month 8 Day 15 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 318½ Avondale City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl R. Brown
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sarah F. Wilmeth
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Connie Brown

New Address 508 S. Center

Subscribed and sworn to before me this 1 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of May, 19 86, authorizing the joining together as husband and wife DONALD KEITH LAWS and CONNIE SUE BROWN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 9th day of MAY one thousand nine hundred and 86, at DANVILLE, County of HENDRICKS, State of IN, State of Indiana, Groom DONALD KEITH LAWS of HENDRICKS County, State of IN, and, Bride CONNIE SUE BROWN of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of MAY, 19 86. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 129

File

May 1, 1986
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name — First: Carleton — Middle: H. — Last: Fowler

Date of Birth — Month: June — Day: 18 — Year: 1913

Place of Birth (State or foreign country): Martinsville

Residence Address — Street or R. R.: 6955 Stillwater Dr. — City — County: Morgan — State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this day of , 19.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19.

Clerk

FEMALE APPLICANT

Name — First — Middle — Last

Date of Birth — Month — Day — Year

Place of Birth (State or foreign country)

Residence Address — Street or R. R. — City — County — State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this day of , 19.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the day of , 19, authorizing the joining together as husband and wife and*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, hereby certify that on the day of , one thousand nine hundred and at , County of , State of Indiana, Groom of County, State of , and, Bride of County, State of , were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this day of , 19.

Signed

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this day of , 19.

Signed Clerk

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-13-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 139 ~~140~~

File

5-1-86 Date of Application

MALE
Medical Examination Report Dated 4-26-86
Name of Physician Alice Minter-Sauer

FEMALE
Medical Examination Report Dated 4-26-86
Name of Physician Alice Minter-Sauer

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Farnham Last Van Duzer

Date of Birth: Month 3 Day 29 Year 65

Place of Birth (State or foreign country) Indpls. Ind

Residence Address: Street or R. R. 7820 Swallowtail Dr. City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George F. Van Duzer
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Carolyn A. Naylor
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael Van Duzer

New Address 7820 Swallowtail

Subscribed and sworn to before me this 1 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Angela Middle Sue Last Sullivan

Date of Birth: Month 6 Day 25 Year 63

Place of Birth (State or foreign country) Terre Haute Ind.

Residence Address: Street or R. R. 7 Kings Crt City Danville County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. Sullivan
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Sue Bridgewater
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Angela Sue Sullivan

New Address 7820 Swallowtail Dr. Indpls

Subscribed and sworn to before me this 1 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of May, 19 86, authorizing the joining together as husband and wife MICHAEL F. VAN DUZER and ANGELA SUE SULLIVAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH McNALLY hereby certify that on the 17th day of MAY one thousand nine hundred and 86 at ST. SUSANNA CHURCH, County of HENDRICKS, State of Indiana, Groom MICHAEL F. VAN DUZER of MARION County, State of IN, and, Bride ANGELA SUE SULLIVAN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of MAY, 19 86. Signed /s/ JOSEPH McNALLY

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 140

File

5-2-86
Date of Application

MALE
Medical Examination Report Dated 4-29-86
Name of Physician Michael Puzzato

FEMALE
Medical Examination Report Dated 4-28-86
Name of Physician James Fenoglio, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Alan Last Meece

Date of Birth: Month 11 Day 03 Year 1956

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 1003 Valley View Dr. Apt 3 City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Bowen Meece
   Residence of father (if deceased so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Somerset, Ky.
9. Full maiden name of mother Winifred Lorene Morris
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) New Harmony, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A Meece
New Address 1003 Valley View Dr. Apt 3

Subscribed and sworn to before me this 2nd day of May, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jo Anne Middle Michelle Last Jennings

Date of Birth: Month 9 Day 30 Year 1969

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. 3251 Wellsley Rd. City Plainfield, County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Paul Jennings
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie Kay Van Buskirk
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jo Anne Jennings
New Address 1013 Valley View Dr. Apt #3

Subscribed and sworn to before me this 2nd day of May, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed John P. Jennings Father

Signed Bonnie Kay Jennings Mother

Subscribed and sworn to before me this 2nd day of May, 1986.
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of May, 1986, authorizing the joining together as husband and wife JAMES ALAN MEECE and JO ANNE MICHELLE JENNINGS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~RONALD RICKETTS~~ hereby certify that on the 3rd day of MAY one thousand nine hundred and 86 at BAPTIST CHURCH, County of MARION, State of Indiana, Groom JAMES ALAN MEECE of HENDRICKS County, State of IN and, Bride JO ANNE MICHELLE JENNINGS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of MAY, 19 86.

Signed /s/ RONALD RICKETTS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of MAY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 141

File

5-2-86 Date of Application

MALE
Medical Examination Report Dated 4-30-86
Name of Physician M. L. Neely

FEMALE
Medical Examination Report Dated 4-30-86
Name of Physician M. L. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jon Middle Earl Last Childs

Date of Birth: Month 1 Day 24 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 202 South Jefferson City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernard Newton Childs
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Esther Collins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jon Earl Childs
New Address 202 S Jefferson

Subscribed and sworn to before me this 2 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tina Middle E. Last Redding

Date of Birth: Month 12 Day 2 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 202 S. Jefferson City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Vanessa Redding
   Justin Redding

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orman Hall Adams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Lou B Howell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tina E Redding
New Address 202 S Jefferson Danville

Subscribed and sworn to before me this 2 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* May, 19 86, *authorizing the joining together as husband and wife* JON EARL CHILDS *and* TINA EUNICE REDDING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEITH A. KRIESEL *hereby certify that on the* 17th *day of* MAY, *one thousand nine hundred and* 86 *at* 2:00 P.M., *County of* BENTON, *State of Indiana, Groom* JON EARL CHILDS *of* HENDRICKS *County, State of* IN, *and, Bride* TINA EUNICE REDDING *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* MAY, 19 86.

Signed /s/ KEITH A. KRIESEL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 142

File

5-2-86
Date of Application

MALE
Medical Examination Report Dated 4-1-86 Extended

Name of Physician Edwin C. Zandier

FEMALE
Medical Examination Report Dated 4-23-86

Name of Physician D. Grist

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle Lee Last Kraner

Date of Birth: Month 7 Day 5 Year 32

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 712 E. Sycamore City Kokomo County Howard State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

   —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

father Harold E. Kraner

father (if deceased so state) Deceased

father (State or foreign country) Indiana

name of mother Osa Howe

mother (if deceased so state) Deceased

mother (State or foreign country) Indiana

na, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jerry Lee Kraner

New Address 304 Dover Rd Brownsburg

d sworn to before me this 2 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

F PARENTS, PARENT OR GUARDIAN

nts, of this applicant hereby give consent for this marriage. If only one parent facts which render the consent of the other parent unnecessary

iana, HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

nd sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon (Shari) Middle Lou Last Savage

Date of Birth: Month 9 Day 4 Year 42

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. 304 Dover Rd. City Brownsburg County Hendricks State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

   Scott
   Robert
   Shelley

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Louis Savage

   Residence of father (if deceased so state) Deceased

   Birthplace of father (State or foreign country) Minnesota

9. Full maiden name of mother Eve McRae

   Residence of mother (if deceased so state) Minnesota

   Birthplace of mother (State or foreign country) Minnesota

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Shari Luedke

New Address 304 Dover Rd.

Subscribed and sworn to before me this 2 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* May, *19* 86, *authorizing the joining together as husband and wife* JERRY LEE KRANER *and* SHARI LOU LUEDKE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. VANDIVIER, JR. *hereby certify that on the* 10th *day of* MAY, *one thousand nine hundred and* 86 JERRY LEE KRANER *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* HOWARD *of* IN *County, State of* IN, *and, Bride* SHARI LOU LUEDKE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th *day of* MAY, *19* 86.

Signed /s/ JOHN C. VANDIVIER

Official Designation ~~JUDGE~~ SPECIAL JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* MAY, *19* 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 142

File

5-2-86
Date of Application

MALE
Medical Examination Report Dated 4-1-86 Extended

Name of Physician Edwin C. Zandler

FEMALE
Medical Examination Report Dated 4-23-86

Name of Physician D. Hurst

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle Lee Last Kraner

Date of Birth: Month 7 Day 5 Year 32

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 712 E. Sycamore City Kokomo County , Ind State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in

FEMALE APPLICANT

Name: First Sharon (Shari) Middle Lou Last Savage

Date of Birth: Month 9 Day 4 Year 42

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. 304 Dover Rd. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Scott
   Robert
   Shelley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in

Comes now Jerry L. Kraner AND Shari Lou Lee and orally petitions the court for an extension of the date on their Premarital Examination Certificate.

The Court being advised, finds that extension should be granted to and including May 2, 1986.

Jerry R. Jessup
JUDGE Hendricks Superior Court No. 2

...Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ... and filed in ... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of May, 19 86, authorizing the joining together as husband and wife JERRY LEE KRANER and SHARI LOU LUEDKE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. VANDIVIER, JR. hereby certify that on the 10th day of MAY, one thousand nine hundred and 86, JERRY LEE KRANER at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom, and, Bride SHARI LOU LUEDKE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of MAY, 19 86.

Signed /s/ JOHN C. VANDIVIER

Official Designation ~~JUDGE~~ SPECIAL JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of MAY, 19 86.

Signed Mary Jane Purcell ...Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 143

File

5/2/86 Date of Application

MALE
Medical Examination Report Dated 4/21/86
Name of Physician Billie R. Gosnell

FEMALE
Medical Examination Report Dated Billie R. Gosnell
Name of Physician 4/21/86

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle William Last Rothrock, Jr.

Date of Birth: Month 4 Day 14 Year 1953

Place of Birth (State or foreign country) Oakland City, Gibson Co. Indiana

Residence Address: Street or R.R. 1752 Aho Dr. City Danville County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John William Rothrock
   Residence of father (if deceased so state) Winslow, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Ellen Coutz
   Residence of mother (if deceased so state) Winslow, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John William Rothrock Jr.
New Address 1752 Aho Drive, Danville In 46122

Subscribed and sworn to before me this 2nd day of May, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle Elaine Last Stath

Date of Birth: Month 4 Day 07 Year 1956

Place of Birth (State or foreign country) Rensselaer, Jasper, Indiana

Residence Address: Street or R.R. 5838 Wildflower Cir. City Indpls. County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Newton Stath
   Residence of father (if deceased so state) Rensselaer, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother June Ruth Licks
   Residence of mother (if deceased so state) Rens., In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa Elaine Stath
New Address 1752 AHO Drive, Danville IN. 46122

Subscribed and sworn to before me this 2nd day of May, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* May, 19 86, *authorizing the joining together as husband and wife* JOHN WILLIAM ROTHROCK, JR. *and* LISA ELAINE STATH,

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES F. MORIN *hereby certify that on the* 17th *day of* MAY, *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* JOHN WILLIAM ROTHROCK JR. *of* HENDRICKS *County, State of* IN, *and, Bride* LISA ELAINE STATH *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* MAY, 19 86. *Signed* /s/ JAMES F. MORIN *Official Designation* MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 144

File

5/2/86
Date of Application

MALE
Medical Examination Report Dated 4/28/86
Name of Physician Kenneth M. Maynard

FEMALE
Medical Examination Report Dated 4/28/86
Name of Physician Kenneth M. Maynard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bart Middle E. Last Richards

Date of Birth: Month 2 Day 5 Year 1955

Place of Birth (State or foreign country) Dayton Ohio

Residence Address: Street or R. R. 314 Janet Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Richards
   Residence of father (if deceased so state) Englewood, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Margaret R. Cull
   Residence of mother (if deceased so state) Englewood, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bart E. Richards
New Address 314 Janet Dr.

Subscribed and sworn to before me this 2nd day of May, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Donna Middle L. Last Greene

Date of Birth: Month 6 Day 23 Year 1952

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: Street or R. R. 314 Janet Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard Hall, Jr.
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Mary Alberta Ratcliff
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Greene
New Address 314 Janet Dr.

Subscribed and sworn to before me this 2nd day of May, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of May, 19 86, authorizing the joining together as husband and wife BART EVAN RICHARDS and DONNA LYNN GREENE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVE KOVALOW-ST. JOHN hereby certify that on the 10th day of MAY, one thousand nine hundred and 86 at 6:30 P.M., County of HENDRICKS, State of Indiana, Groom BART EVAN RICHARDS of HENDRICKS County, State of IN, and, Bride DONNA LYNN GREENE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of MAY, 19 86.

Signed /s/ DAVE KOVALOW- ST. JOHN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of MAY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 145

File

May 5, 1986
Date of Application

MALE
Medical Examination Report Dated 5-5-86
Name of Physician Dr. Poy

FEMALE
Medical Examination Report Dated 5-5-86
Name of Physician Dr. Poy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edwin Middle L. Last Spellman

Date of Birth: Month 8 Day 5 Year 42

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 712 N. Linwood City Indpls. County State 46201

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Melissa Elyssa Spellman
   Patrick Spellman
   Regina Spellman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Joseph Spellman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls In.
9. Full maiden name of mother Mary K. Putnam
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edwin L Spellman

New Address 712 N. LINWOOD INDPLS

Subscribed and sworn to before me this 5 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle S. Last Reed

Date of Birth: Month 3 Day 22 Year 41

Place of Birth (State or foreign country) Flatrock, Ill.

Residence Address: Street or R. R. 10929 W. Rockville Rd. City Indpls. County State 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Lenard Geesaman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Thelma Irene Smith
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Sue Reed

New Address .....

Subscribed and sworn to before me this 5 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of May, 19 86, authorizing the joining together as husband and wife EDWIN LEE SPELLMAN and CAROLYN SUE REED

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, W. WAYNE YEATER hereby certify that on the 16th day of MAY one thousand nine hundred and 86 at SEYMOUR, County of JACKSON, State of Indiana, Groom EDWIN LEE SPELLMAN of MARION County, State of IN, and, Bride CAROLYN SUE REED of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of MAY, 19 86.

Signed /s/ W. WAYNE YEATER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of MAY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 146

File

5-5-86
Date of Application

MALE
Medical Examination Report Dated 4-7-86
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 4-7-86
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rick Middle [illegible] Last Finley

Date of Birth: Month [illegible] Day [illegible] Year [illegible]

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. Rt 6 Box 93 City Danville County [illegible] State [illegible]

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Army order

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hayes Randall Finley
   Residence of father (if deceased so state) Louisville, Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Vivian Norris
   Residence of mother (if deceased so state) South
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jack R Finley
New Address RR 6 Box 93 Danville

Subscribed and sworn to before me this 5 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle [illegible] Last Pedigo

Date of Birth: Month 11 Day 26 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. F. 115 Heather Dr. City Dodge County [illegible] State [illegible]

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
   Heather Mae

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Lee Pedigo
   Residence of father (if deceased so state) Hunter Lane
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Peggy Ellis
   Residence of mother (if deceased so state) Dodge Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda L Pedigo
New Address RR Box 93 Danville

Subscribed and sworn to before me this 5 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the ..... day of ....., 19....., authorizing the joining together as husband and wife ..... and ..... Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, ... hereby certify that on the ..... day of ....., one thousand nine hundred and ..... at ....., County of ....., State of Indiana, Groom ..... of ..... County, State of ....., and, Bride ..... of ..... County, State of ....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this ..... day of ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Signed ..... Clerk

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 147

File

5-5-86 Date of Application

MALE
Medical Examination Report Dated 4-29-86
Name of Physician M. James Black

FEMALE
Medical Examination Report Dated 4-29-86
Name of Physician M. James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Max Middle D. Last Lewandowski

Date of Birth: Month 5 Day 28 Year 62

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 120 Williams Dr. Apt B City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Francis Hillard Lewandowski
   Residence of father (if deceased so state) (2.)
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Theresa Mae Herring
   Residence of mother (if deceased so state) Indiana, Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Max Lewandowski

New Address 129 Williams DR Apt B Brownsburg IN 5 86

Subscribed and sworn to before me this 5 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Shiela Middle A. Last Carney

Date of Birth: Month 3 Day 25 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Same. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Martin Carney
   Residence of father (if deceased so state) Bedford Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Burdine
   Residence of mother (if deceased so state) Jamestown Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Shiela A. Carney

New Address 120 Apt B. Williams Dr. Brownsburg 5 May 86

Subscribed and sworn to before me this 5 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* May, 19 86, *authorizing the joining together as husband and wife* MAX A. LEWANDOWSKI *and* SHIELA A. CARNEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES A. JONES *hereby certify that on the* 16th *day of* MAY *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of* IN, *Groom* MAX A. LEWANDOWSKI *of* HENDRICKS *County, State of* IN, *and, Bride* SHIELA A. CARNEY *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16th day of MAY, 19 86. Signed /s/ JAMES A. JONES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 148

File

5-6-86
Date of Application

MALE
Medical Examination Report Dated 4/25/86
Name of Physician Jack M. McCabe, M.D.

FEMALE
Medical Examination Report Dated 4-17-86
Name of Physician Robert Aiello MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle W. Last Freeman

Date of Birth: Month 1 Day 30 Year 1964

Place of Birth (State or foreign country) Mobile, Alabama

Residence Address: Street or R. R. 4610 Eubank, N.E. Apt. 920 City Albuquerque County Bernalillo State N.M.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. D. Freeman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Betty Jeane Anderson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Freeman

New Address SAME AS ABOVE

Subscribed and sworn to before me this 9 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Arlene Middle Dee Last Keeney

Date of Birth: Month Aug. Day 31 Year 1965

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R. R. 401 S. California City North Salem County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy Phillip Keeney
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Jean Keeney
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Arlene Dee Keeney

New Address 4610 Eubank Albuquerque N.M.

Subscribed and sworn to before me this 9 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of May, 19 86, authorizing the joining together as husband and wife DAVID W. FREEMAN and ARLENE DEE KEENEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG hereby certify that on the 10th day of MAY, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID W. FREEMAN of BERNILLILO County, State of NEW MEXICO and, Bride ~~ARLENE DEE KEENEY~~ of ~~HENDRICKS~~ County, State of ~~IN~~, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ~~10th~~ day of MAY, 19 86.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of MAY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 149

File

5-7-86 Date of Application

MALE
Medical Examination Report Dated 4-25-86

Name of Physician M. E. Chavers

FEMALE
Medical Examination Report Dated 4-25-86

Name of Physician M. E. Chavers

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle I. Last Goode II

Date of Birth: Month 6 Day 7 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1, Box 219 City North Salem County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Hw.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas I. Goode I
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Gladys Mae Clark
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Thomas I Goode II

New Address RR 1 Box 219 N Salem Ind

Subscribed and sworn to before me this 7 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle J. Last McGuinness

Date of Birth: Month 10 Day 18 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 219 City North Salem County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Hw.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward D. McGuinness
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy E. Warren
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Mary J. McGuinness

New Address RR 1 Box 219 North Salem Ind.

Subscribed and sworn to before me this 7 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of MAY, 19 86, authorizing the joining together as husband and wife THOMAS I. GOODE II and MARY F. McGUINNESS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. THOMAS BURTON hereby certify that on the 10th day of MAY one thousand nine hundred and 86 at EMMANUEL BAPTIST CHURCH, County of HENDRICKS, State of Indiana, Groom THOMAS I. GOODE II of HENDRICKS County, State of IN and, Bride MARY F. McGUINNESS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of MAY, 1986. Signed /s/ THOMAS BURTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of MAY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 150

File

5-7-86
Date of Application

MALE
Medical Examination Report Dated 5-3-86

Name of Physician Robert K. Stirling

FEMALE
Medical Examination Report Dated 5-3-86

Name of Physician Robert K. Stirling

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daryl Middle [illegible] Last Bratcher

Date of Birth: Month 4 Day 28 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 2 Box 130 City Danville County [illegible] State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice C. Bratcher
   Residence of father (if deceased so state) Indpls. Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lilly Rose Thompson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Daryl Bratcher

New Address RR2 Box 130 Danville, IN

Subscribed and sworn to before me this 7 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle L. Last Lawrence

Date of Birth: Month 4 Day 21 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold D. Lawrence
   Residence of father (if deceased so state) Cowby Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha C. Bennette
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy L. Lawrence

New Address RR2 Box 130 Danville, In

Subscribed and sworn to before me this 7 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* May, 19 86, *authorizing the joining together as husband and wife* DARYL BRATCHER *and* NANCY L. LAWRENCE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MAURICE BRATCHER *hereby certify that on the* 24 *day of* MAY, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MAIRON, *State of Indiana, Groom* DARYL BRATCHER *of* HENDRICKS *County, State of* IN, *and, Bride* NANCY L. LAWRENCE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* MAY, 19 86.

Signed /s/ MAURICE BRATCHER

Official Designation ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 151

File

5-7-86 Date of Application

MALE
Medical Examination Report Dated 5-6-86
Name of Physician Glenn Thomas Walker

FEMALE
Medical Examination Report Dated 5-6-86
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Marshall Middle J. Last Quearry III

Date of Birth: Month 8 Day 20 Year 1965

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. 224 N. Green St. City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marshall J. Quearry II
   Residence of father (if deceased so state) ~~Hendricks~~ Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Julia A. Olmstead
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marshall J. Quearry II

New Address 224 N. Green St. Brownsburg

Subscribed and sworn to before me this 7th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle L. Last Newton

Date of Birth: Month / Day 19 Year 1966

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 224 N. Green St. City Brownsburg County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Newton
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley Marie Shemwell
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rhonda L. Newton

New Address 224 N. Green St. Brownsburg

Subscribed and sworn to before me this 7 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* MAY, 19 86, *authorizing the joining together as husband and wife* MARSHALL J. QUEARRY, III *and* RHONDA L. NEWTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY R. NASH *hereby certify that on the* 10th *day of* MAY, *one thousand nine hundred and* 86 *at* BROWNBURG, *County of* HENDRICKS, *State of* IN, *State of Indiana, Groom* MARSHALL J. QUEARRY, III *of* HENDRICKS *County, State of* IN, *and, Bride* RHONDA L. NEWTON *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th *day of* MAY, 19 86. *Signed* /s/ JERRY R. NASH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* MAY, 1986.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

480

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 152

File

5-7-86
Date of Application

MALE
Medical Examination Report Dated 4-29-86
Name of Physician Dr. Miller

FEMALE
Medical Examination Report Dated 4-29-86
Name of Physician Dr. Miller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roger Middle W. Last Cooper

Date of Birth: Month 5 Day 26 Year 66

Place of Birth (State or foreign country) Flint, Michigan

Residence Address: Street or R. R. 2166 Fontana City Indpls County Dr. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roscoe Conelly Cooper
   Residence of father (if deceased so state) Montrose, Mich.
   Birthplace of father (State or foreign country) Flint, Mich.
9. Full maiden name of mother Sondra Lucy Murdock
   Residence of mother (if deceased so state) Bay City, Mich.
   Birthplace of mother (State or foreign country) Flint, Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger W Cooper

New Address

Subscribed and sworn to before me this 7 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Laura Middle A. Last Burgess

Date of Birth: Month 9 Day 25 Year 67

Place of Birth (State or foreign country) Flint Michigan

Residence Address: Street or R. R. 2166 Fontana City Indpls County Dr. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Lewis Burgess
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Campbell, Mo.
9. Full maiden name of mother Aletta Bertha Cross
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Caro, Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura A Burgess

New Address

Subscribed and sworn to before me this 7 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Supt Court by written order issued 3-Day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* May, 19 86, *authorizing the joining together as husband and wife* ROGER W. COOPER *and* LAURA A. BURGESS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CLARENCE D. BOLDEN *hereby certify that on the* 10th *day of* MAY, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* ROGER W. COOPER *of* HENDRICKS *County, State of* IN *and, Bride* LAURA A. BURGESS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th *day of* MAY, *19* 86.

Signed /s/ CLARENCE D. BOLDEN

Official Designation JUDGE, MARION COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this ~~13th~~ *day of* MAY, *19* 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 153

File

5-8-86 Date of Application

MALE
Medical Examination Report Dated 5-1-86

Name of Physician Jacobson

FEMALE
Medical Examination Report Dated 5-1-86

Name of Physician Jacobson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Wayne Last Christian Jackson

Date of Birth: Month 5 Day 7 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1330 Rushmore Blvd. City West Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles L. Jackson
   Residence of father (if deceased so state) 4 Martinsville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia S. Adams
   Residence of mother (if deceased so state) Clayton, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert W Christian

New Address 1330 Rushmore Blvd West

Subscribed and sworn to before me this 8 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Amy Middle Susan Last Asher

Date of Birth: Month 8 Day 16 Year 68

Place of Birth (State or foreign country) Wilmington Del.

Residence Address: Street or R. R. RR3 Box 291-A City Danville County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard C. Asher
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cindy D. Myers
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Amy S. Asher

New Address 1330 Rushmore Blvd. West

Subscribed and sworn to before me this 8 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed x Cindy D Morlan Mother

Subscribed and sworn to before me this 8 day of May, 19 86

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of May, 19 86, authorizing the joining together as husband and wife ROBERT W. CHRISTIAN and AMY S. ASHER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 23 day of MAY, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT W. CHRISTIAN of MARION County, State of IN, and, Bride AMY S. ASHER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of MAY, 19 86. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of MAY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 154

File

5-8-86
Date of Application

MALE
Medical Examination Report Dated 5-5-86

Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-5-86

Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Craig Middle C. Last Cummings

Date of Birth: Month Sept. Day 3 Year 1959

Place of Birth (State or foreign country) Hendricks Hamilton G. In.
City County State

Residence Address: Street or R. R. 337 Cartersburg Rd. Clayton In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (Indiana)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herschel James Cummings
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn June Costin
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Craig C Cummings

New Address 337 Cartersburg Rd. Clayton In.

Subscribed and sworn to before me this 13 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Michelle Middle Ann Last Elliott

Date of Birth: Month 12 Day 28 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 337 Cartersburg Rd. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support..
8. Full name of father Ronald D. Bristow
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley J. Worrell
   Residence of mother (if deceased so state) Indpls. Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michelle A. Elliott

New Address 337 Cardersburg Rd.

Subscribed and sworn to before me this 8 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* May, *19* 86, *authorizing the joining together as husband and wife* CRAIG C. CUMMINGS *and* MICHELLE ANN ELLIOTT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MICHAEL EARL BRISTOW *hereby certify that on the* 17th *day of* MAY, *one thousand nine hundred and* 86 *at* 1:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* CRAIG C. CUMMINGS *of* HENDRICKS *County, State of* IN *and, Bride* MICHAELLE ANN ELLIOTT *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* MAY, *19* 86.

Signed /s/ MICHAEL EARL BRISTOW

Official Designation REVERAND

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* MAY, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 155

File

5-9-86 Date of Application

MALE
Medical Examination Report Dated 4-25-86
Name of Physician Joan A. Hood

FEMALE
Medical Examination Report Dated 4-25-86
Name of Physician Joan A. Hood

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle C. Last Rogers

Date of Birth: Month 2 Day 8 Year 1949

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. R.R. 1, Box 163 City Clayton County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Dexter Rogers
   Residence of father (if deceased so state) Arkansas
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred Brown
   Residence of mother (if deceased so state) Arkansas
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael C Rogers

New Address

Subscribed and sworn to before me this 9th day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Carol Middle D. Last Heinz

Date of Birth: Month 2 Day 16 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7541 Towpath Lane City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Elmer Schoeff
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Evelyn Hughes
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol D. Heinz

New Address

Subscribed and sworn to before me this 9th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of May, 19 86, authorizing the joining together as husband and wife MICHAEL C. ROGERS and CAROL D. HEINZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEXTER ROGERS hereby certify that on the 16th day of MAY, one thousand nine hundred and 86 at GREENWOOD, County of JOHNSON, State of Indiana, Groom MICHAEL C. ROGERS of HENDRICKS County, State of IN, and, Bride CAROL D. HEINZ of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of MAY, 19 86. Signed /s/ DEXTER ROGERS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of MAY, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 156

File

5-9-86
Date of Application

MALE
Medical Examination Report Dated 5-7-86

Name of Physician Hadley

FEMALE
Medical Examination Report Dated 5-8-86

Name of Physician Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robin Middle Lee Last Rice

Date of Birth: Month Mar Day 18 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6027 D Chestnut Rd City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glenn L. Rice
   Residence of father (if deceased so state) Carmel, In.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Evelyn Dassey
   Residence of mother (if deceased so state) Carmel, In.
   Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tobin Lee Rice

New Address 156 N. Mill St., Plainfield, IN.

Subscribed and sworn to before me this 9 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lynette Middle Last Jenkins

Date of Birth: Month Jan Day 1 Year 1952

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 156 N. Mill City Plainfield County In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Gregory A. Jenkins
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Taylor
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Norma Lee
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynette Jenkins

New Address 156 N. Mill St., Plainfield

Subscribed and sworn to before me this 9 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of May, 19 86, authorizing the joining together as husband and wife TOBIN LEE RICE and LYNETTE JENKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 7th day of JUNE one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom TOBIN LEE RICE of MARION County, State of IN and, Bride LYNETTE JENKINS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of JUNE, 19 86.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 157

File

5-9-86 Date of Application

MALE
Medical Examination Report Dated 4-26-86
Name of Physician Sinkovic

FEMALE
Medical Examination Report Dated 4-26-86
Name of Physician Sinkovic

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Lee Last Moore

Date of Birth: Month May Day 5 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7185 E. 400 N. City Brownsburg County Ha. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm R. Moore
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jo Ann White
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Lee Moore

New Address 4600 Georgetown Court #6

Subscribed and sworn to before me this 9 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Melissa Middle Dawn Last Charboneau

Date of Birth: Month April Day 26 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5537 W. 35th St City Indpls County Marion State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Charboneau
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Minn
9. Full maiden name of mother Lois Livingston
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa D. Charboneau

New Address 4600 Georgetown Ct #6

Subscribed and sworn to before me this 9 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of May, 19 86, authorizing the joining together as husband and wife RICHARD LEE MOORE and MELISSA DAWN CHARBONEAU

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KENNETH T. JEWELL hereby certify that on the 31 day of MAY, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom RICHARD LEE MOORE of HENDRICKS County, State of IN, and, Bride MELISSA DAWN CHARBONEAU of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of MAY, 19 86. Signed /s/ KENNETH T. JEWELL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 158

File

5-9-86
Date of Application

MALE
Medical Examination Report Dated 4-30-86
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 4-30-86
Name of Physician Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Martin Middle Douglas Last Moore

Date of Birth: Month Feb Day 17 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7844 Tamarka Trail #210, City Indpls County Marion State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Holland L. Moore
   Residence of father (if deceased so state) Camby, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marolyn Sheets
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martin Douglas Moore
New Address 609 Brentwood Dr East, Plainfield In 46168

Subscribed and sworn to before me this 9 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Katherine Middle Elaine Last White

Date of Birth: Month Oct Day 23 Year 1951

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 925 Highlander City Plainfield County Ha. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Bryan White
   Stacy White
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. Nolley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty J. Sheetz
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Katherine Elaine White
New Address 609 Brentwood Dr East, Plainfield In

Subscribed and sworn to before me this 9 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd. *day of* May, 19 86, *authorizing the joining together as husband and wife* MARTIN DOUGLAS MOORE *and* KATHERINE ELAINE WHITE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALLEN D. KIRK *hereby certify that on the* 15th *day of* JUNE, *one thousand nine hundred and* 86 *at* HERITAGE LAKE, *County of* PUTNAM, *State of Indiana, Groom* MARTIN DOUBLAS MOORE *of* MARION *County, State of* INDIANA *and, Bride* KATHERINE ELAINE WHITE *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23rd *day of* MAY, 19 86.

Signed /s/ ALLEN D. KIRK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JUNE, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 159

File

5-12-86 Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated N/A

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Clayton Middle E. Last Merritt

Date of Birth: Month 6 Day 30 Year 10

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 2205 Lake Pleasant Dr. City Indpls. County E. State 46224

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James L. Merritt
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Mary E. Willetts
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Clayton E Merritt

New Address 1236 S. Dukane Way Indpls 46241

Subscribed and sworn to before me this 12 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Florence Middle E. Last McKinney

Date of Birth: Month 9 Day 13 Year 17

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1236 S. Dukane Way City Indpls. County Ind. State 46241

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claude Featherman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cora Burks
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Florence McKinney

New Address 1236 S. Dukane Way, Indianapolis Ind 46241

Subscribed and sworn to before me this 12 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of May, 1986, authorizing the joining together as husband and wife CLAYTON E. MERRITT and FLORENCE E. McKINNEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY L. WILLIAMS hereby certify that on the 3rd day of JUNE one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom CLAYTON E. MERRITT of HENDRICKS County, State of IN and, Bride FLORENCE E. McKINNEY of MARION County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of JUNE, 19 86. Signed /s/ JERRY L. WILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 160

File

5-12-86
Date of Application

MALE
Medical Examination Report Dated 4-18-86

Name of Physician J. Drannell

FEMALE
Medical Examination Report Dated 4-18-86

Name of Physician H. W. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jonathon Middle L. Last Lund

Date of Birth: Month 6 Day 30 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 961 W. 46 Hadley Rd City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James D. Lund
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary D. Small
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jonathon L. Lund

New Address 696 Lafayette Ave Terre Haute 47809 IN

Subscribed and sworn to before me this 12 day of May, 19 86.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle E. Last Eads

Date of Birth: Month 10 Day 18 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5895 E. 100N City Lebanon, Ind. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Wood Eads
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Marie Hildebrand
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) S Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cheryl E. Eads

New Address 696 Lafayette Ave Terre Haute Id 47809 86

Subscribed and sworn to before me this 12 day of May, 19 86.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* MAY, *19* 86, *authorizing the joining together as husband and wife* Lt. JONATHAN L. LUND *and* CHERYL E. EADS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. K. WARRICK *hereby certify that on the* 17th *day of* MAY, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* Lt. JONATHAN L. LUND *of* HENDRICKS *County, State of* IN *and, Bride* CHERYL E. EADS *of* BOONE *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* MAY, *19* 86.

Signed /s/ J. K. WARRICK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* MAY, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161

File

5-12-86 Date of Application

MALE
Medical Examination Report Dated 4-30-86
Name of Physician Robert A. Heavrin

FEMALE
Medical Examination Report Dated 4-30-86
Name of Physician Robert A. Heavrin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle H. Last Taylor

Date of Birth: Month 11 Day 8 Year 1964

Place of Birth (State or foreign country) Delaware

Residence Address: Street or R. R. 253 So. Indiana, Apt 2, City Danville, County Hendricks, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Laurence Allen Taylor
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Carolyn Louise Cosner
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James H. Taylor

New Address

Subscribed and sworn to before me this 12th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janet Middle S. Last Noesges

Date of Birth: Month 5 Day 31 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 368 W. Main, City Danville, County Hendricks, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Gerald Noesges
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Nancy Elizabeth Hilliker
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet S. Noesges

New Address

Subscribed and sworn to before me this 12th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of May, 1986, authorizing the joining together as husband and wife JAMES H. TAYLOR and JANET S. NOESGES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C.S. CHESEBROUGH hereby certify that on the 24th day of MAY one thousand nine hundred and 86 at ST. MARY, QUEEN OF PEACE, County of HENDRICKS, State of Indiana, Groom JAMES H. TAYLOR of HENDRICKS County, State of IN and, Bride JANET S. NOESGES of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of MAY, 19 86. Signed /s/ C. S. CHESEBROUGH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of MAY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1. 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 162

File

May 12, 1986
Date of Application

MALE
Medical Examination Report Dated 5-5-86
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 5-5-86
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Thomas Last Malberg

Date of Birth: Month March Day 7 Year 1949

Place of Birth (State or foreign country): Battle Creek Michigan

Residence Address: 715 Street or R. R. Martin Rd. City Pitt. County Hend. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Heather Dawn Malberg
   Martin Daniel Malberg
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur Albert Malberg
   Residence of father (if deceased so state) Los Angeles Ca.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Loretta Pesnire
   Residence of mother (if deceased so state) Zephyr Hills Fla.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Thomas Malberg
New Address P.O. BOX 2766 INDIANAPOLIS IN 46206

Subscribed and sworn to before me this 12 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Connie Middle L. Last Neuenschwander

Date of Birth: Month Aug. Day 29 Year 1951

Place of Birth (State or foreign country): Newton Kansas

Residence Address: 1904 E. 65th Street or R. R. Indpls City Marion County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Connie License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gordon James Neuenschwander
   Residence of father (if deceased so state) Berne, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Matilda Irene Goertzen
   Residence of mother (if deceased so state) Berne, In.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Connie L Neuenschwander
New Address P.O. Box 2766, Indpls, Ind. 46206

Subscribed and sworn to before me this 20th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of May, 19 86, authorizing the joining together as husband and wife JOHN THOMAS MALBERG and CONNIE IRENE NEUENSCHWANDER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GORDON J. NEUENSCHWANDER hereby certify that on the 24th day of MAY, one thousand nine hundred and 86 at CLAYTON, County of HENDRICKS, State of Indiana, Groom JOHN THOMAS MALBERG of HENDRICKS County, State of IN and, Bride CONNIE IRENE NEUENSCHWANDER of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of MAY, 1986.

Signed /s/ GORDON J. NEUENSCHWANDER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of JUNE, 19 86

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 163

File

5-12-86 Date of Application

MALE
Medical Examination Report Dated 5-9-86
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 5-9-86
Name of Physician Joseph Kerlin M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Scott Middle Wendell Last Garnett

Date of Birth: Month 3 Day 14 Year 1967

Place of Birth (State or foreign country) Michegan

Residence Address: Street or R. R. 215 N. Vine City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Harrey Garnett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Michegan
9. Full maiden name of mother Margaret Joanne Bonfert
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Michegan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Scott W. Garnett

New Address

Subscribed and sworn to before me this 12th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Allison Middle K. Last Edwards

Date of Birth: Month 12 Day 7 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 215 N. Vine City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William C. Edwards
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maxine Leola Shertzer
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Allison K. Edwards

New Address

Subscribed and sworn to before me this 12th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of MAY, 19 86, authorizing the joining together as husband and wife SCOTT WENDELL GARNETT and ALLISON KAY EDWARDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL hereby certify that on the 12th day of MAY one thousand nine hundred and 86 at DANVILLE, County of IN State of Indiana, Groom SCOTT WENDELL GARNETT of HENDRICKS County, State of IN and, Bride ALLISON KAY EDWARDS of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of MAY, 19 86. Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of MAY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 164

File

5/13/86
Date of Application

MALE
Medical Examination Report Dated 5/12/86

Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 5/12/86

Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle Lee Last Strycker

Date of Birth: Month 9 Day 2 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. #1 Box 80 City Danville County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward L. Strycker
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Chowing
   Residence of mother (if deceased so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas L. Strycker

New Address SAME AS ABOVE

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Sarah Middle Jane Last Bryant

Date of Birth: Month 10 Day 27 Year 1961

Place of Birth (State or foreign country) Indpls., In.

Residence Address: Street or R. R. 5870 Lakeland Blvd. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Dean Bryant
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen LaRee Miller
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Pa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sarah J Bryant

New Address RR 1 #80 Danville IN 46122

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* May, 19 86, *authorizing the joining together as husband and wife* THOMAS LEE STRYCKER *and* SARAH JANE BRYANT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOE RIDENOUR *hereby certify that on the* 17th *day of* MAY, *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* THOMAS LEE STRYCKER *of* HENDRICKS *County, State of* IN *and, Bride* SARAH JANE BRYANT *of* HEDNRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* MAY, *19* 86.

Signed /s/ JOE RIDENOUR

Official Designation ASSOC. MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* MAY, *19* 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 165

File

5-13-86 Date of Application

MALE
Medical Examination Report Dated 5-12-86
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 5-12-86
Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Denzel Middle B. Last Shuler

Date of Birth: Month 2 Day 23 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5963 Coquinaka Key City D Indpls. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth F. Shuler
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Carpenter
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Denzel B. Shuler

New Address 5963 Coquinaka Key #D

Subscribed and sworn to before me this 13 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debbie Middle E. Last Summers

Date of Birth: Month 1 Day 2 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1216 Bluff Rd. City Plfd. County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Max Summers
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn E. Mulley
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debbie Summers

New Address 5963 Coquina Key #D

Subscribed and sworn to before me this 13 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of May, 19 86, authorizing the joining together as husband and wife DENZEL BRUCE SHULER and DEBORAH ELAINE SUMNERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT DANIEL SPANTON JR. hereby certify that on the 31st day of MAY, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DENZEL BRUCE SHULER of MARION County, State of IN, and, Bride DEBORAH ELAINE SUMNERS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of MAY, 19 86.

Signed /s/ ROBERT DANIEL SPANTON JR.

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 166

File

5-13-86
Date of Application

MALE
Medical Examination Report Dated 5-6-86
Name of Physician Dr. Walker

FEMALE
Medical Examination Report Dated 5-6-86
Name of Physician Dr. Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dwayne Middle C. Last Adams

Date of Birth: Month 7 Day 9 Year 63

Place of Birth (State or foreign country) Depue Ky.

Residence Address: Street or R. R. 2927 Consulate Ln. City Speedway County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Curtis Adams
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helen Lee
   Residence of mother (if deceased so state) Hazard, Ky.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Dwayne C. Adams
New Address 2927 Consulate Ln. Speedway, In

Subscribed and sworn to before me this 13 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Last Dixon

Date of Birth: Month 1 Day 15 Year 1963

Place of Birth (State or foreign country) Whitesburg, Ky.

Residence Address: Street or R. R. 2334 Shawnee Lane City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children
   David Jason Dixon

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Dixon Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Louise Mitchell
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Jennifer Dixon
New Address

Subscribed and sworn to before me this 13 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* May, 86, *authorizing the joining together as husband and wife* DWAYNE C. ADAMS *and* JENNIFER DIXON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY L. WILLIAMS *hereby certify that on the* 23rd *day of* MAY *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DWAYNE C. ADAMS *of* MARION *County, State of* IN *and, Bride* JENNIFER DIXON *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23rd *day of* MAY, 19 86.

Signed /s/ JERRY L. WILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* MAY, 19 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 167

File

May 13, 1986
Date of Application

MALE
Medical Examination Report Dated 5-3-86
Name of Physician James Fenoglio

FEMALE
Medical Examination Report Dated 5-3-86
Name of Physician James S. Fenoglio

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle D. Last Henriksen

Date of Birth: Month May Day 31 Year 1939

Place of Birth (State or foreign country): Estherville Iowa

Residence Address: Street or R. R. 307 E. 7th City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford J. Henriksen
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Helen Beck
   Residence of mother (if deceased so state) Armstrong Iowa
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald D Henriksen

New Address 650 W. Wall St. Pike, Plainfield

Subscribed and sworn to before me this 13 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Eileen Middle Virginia Last Brown

Date of Birth: Month Feb. Day 23 Year 1945

Place of Birth (State or foreign country) Tipton Co. In.

Residence Address: Street or R. R. 650 W Wallstreet Pk City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerrold Huddleston
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Dorothy Todd
   Residence of mother (if deceased so state) Port Charlotte, Fla
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eileen Virginia Brown

New Address 650 W. Wallstreet Pk - Plainfield

Subscribed and sworn to before me this 13 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* MAY, 19 86, *authorizing the joining together as husband and wife* RONALD D. HENRIKSEN *and* EILEEN V. BROWN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER *hereby certify that on the* 20th *day of* MAY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RONALD D. HENRIKSEN *of* HENDRICKS *County, State of* IN, *and, Bride* EILEEN V. BROWN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* MAY, 19 86. *Signed* /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 168

File

5-14-86
Date of Application

MALE
Medical Examination Report Dated 5-12-86
Name of Physician W. J. Macy

FEMALE
Medical Examination Report Dated 5-12-86
Name of Physician W. J. Macy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: First Rodger Middle A. Last McKinney

Date of Birth: Month 6 Day 26 Year 1956

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. P.O. Box 92 City Coatesville County Hend. State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur McKinney
   Residence of father (if deceased so state) Ft. Myers, Fl.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lou Doris Aaron
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rodger A. McKinney
New Address PO Box 92, Coatsville Ind

Subscribed and sworn to before me this 14 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Shirley Middle A. Last Ax

Date of Birth: Month 5 Day 31 Year 1948

Place of Birth (State or foreign country) Putnam Co. Indiana

Residence Address: Street or R. R. P.O. Box 92 City Coatesville County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Randell Waggoner
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Jennings Co., In.
9. Full maiden name of mother Mary Margaret Fisher
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shirley A. Ax
New Address P.O. Box 92, Coatesville In. 86

Subscribed and sworn to before me this 14 day of May, 19....

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #1 Court by written order issued 3 Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of May, 1986, authorizing the joining together as husband and wife RODGER McKINNEY and SHIRLEY A. AX

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANNY P. BYRD hereby certify that on the 17th day of MAY one thousand nine hundred and 86 at COATESVILLE, County of HENDRICKS, State of Indiana, Groom ROGER McKINNEY of HENDRICKS County, State of IN and, Bride SHIRLEY A. AX of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of MAY, 19 86.

Signed /s/ DANNY P. BYRD
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of MAY, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 169

File

5-15-86 Date of Application

MALE
Medical Examination Report Dated 5-11-86
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 5-12-86
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle Wayne Last Kottkamp

Date of Birth: Month April Day 27 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. # 1 Box 326 City Clayton County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emil Edwin Kottkamp
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marcia Mae Davis
   Residence of mother (if deceased so state) Clayton In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dale Wayne Kottkamp

New Address RR 1 Box 36 Clayton, IN 46118

Subscribed and sworn to before me this 15 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lesli Middle Susan Last Williams

Date of Birth: Month October Day 4 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1 Box 24 City North Salem County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Edgar Williams
   Residence of father (if deceased so state) North Salem, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Ann McClamon
   Residence of mother (if deceased so state) North Salem, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lesli Susan Williams

New Address RR1 Box 36 Clayton In. 46118

Subscribed and sworn to before me this 15 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of May, 19 86, authorizing the joining together as husband and wife DALE WAYNE KOTTKAMP and LESLI SUSAN WILLIAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL J. STAUBLIN hereby certify that on the 30th day of MAY, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DALE WAYNE KOTTKAMP of HENDRICKS County, State of IN, and, Bride LESLI SUSAN WILLIAMS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of MAY, 19 86. Signed /s/ DANIEL J. STAUBLIN

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178

File

5-15-86
Date of Application

MALE
Medical Examination Report Dated 5-12-86
Name of Physician Timothy Feeney, M.D.

FEMALE
Medical Examination Report Dated 5-12-86
Name of Physician Timothy Feeney, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Wayne Last Shipman

Date of Birth: Month 12 Day 6 Year 65

Place of Birth (State or foreign country): Hammond, Indiana

Residence Address: Street or R. R. 5078 Audrey Ave. apt 105 City Indpls, County, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Robert Shipman
   Residence of father (if deceased so state) Menomee Falls, Wisc.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Lou Rose
   Residence of mother (if deceased so state) Menomee Fall, Wisc.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed David W Shipman

X New Address 5078 AUDREY AVE #105

Subscribed and sworn to before me this 15th day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lori Middle Kay Last Minton

Date of Birth: Month 10 Day 26 Year 67

Place of Birth (State or foreign country): Danville, Indiana

Residence Address: Street or R. R. 2347 N. Jefferson St. City Brownsburg, County, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Junior Minton
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Deborah Elaine Woodson
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Lori K. Minton

X New Address 5078 Audrey Ave #105

Subscribed and sworn to before me this 15th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 days prior and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* MAY, *19* 86, *authorizing the joining together as husband and wife* DAVID WAYNE SHIPMAN *and* LORI KAY MINTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD *hereby certify that on the* 17th *day of* MAY, *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DAVID WAYNE SHIPMAN *of* MARION *County, State of* IN *and, Bride* LORI KAY MINTON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* MAY, *19* 86.

Signed /s/ MRYON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* MAY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 171

File

5-15-86 Date of Application

MALE
Medical Examination Report Dated 5-6-86
Name of Physician Patrick Foley M.D.

FEMALE
Medical Examination Report Dated 5-6-86
Name of Physician Patrick Foley M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Christopher Middle S. Last Bates

Date of Birth: Month 4 Day 1 Year 57

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 6123 Robin Run Apt F City Indianapolis County Marion State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert S. Kern
   Residence of father (if deceased so state) 13487 N. LaSalle St. Indpls
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Mary Joan Kennedy
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Lafayette, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Christopher S. Bates

New Address 6123 Robin Run #F

Subscribed and sworn to before me this 15 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle A. Last Koontz

Date of Birth: Month 10 Day 5 Year 56

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 10182 Brookbury Dr. City Brownsburg County Hendricks State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray LaMar Koontz Jr.
   Residence of father (if deceased so state) 10182 Brookbury Dr. Brownsburg
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Patricia Ann Bahr
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Susan A. Koontz

New Address .....

Subscribed and sworn to before me this 15 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22nd day of May, 19 86, authorizing the joining together as husband and wife CHRISTOPHER S. BATES and SUSAN A. KOONTZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 22nd day of MAY, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom CHRISTOPHER S. BATES of MARION County, State of IN, and, Bride SUSAN A. KOONTZ of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of MAY, 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of MAY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 172

File

May 16, 1986
Date of Application

MALE
Medical Examination Report Dated 5-6-86
Name of Physician Glenn W. Baker, M.D.

FEMALE
Medical Examination Report Dated 5-6-86
Name of Physician Glenn W. Bake

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Eugene Last Clark

Date of Birth: Month 10 Day 22 Year 1962

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R. R. R#1 Box 186A City Pittsboro, County Hend., State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Taylor DeWayne Clark
   Residence of father (if deceased so state) Oklahoma
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Juanita Layne
   Residence of mother (if deceased so state) Oklahoma
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David E. Clark

New Address R#1 Box 186A Pittsboro IN

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Paula Middle Kay Last Newby

Date of Birth: Month 1 Day 07 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. # 1 Box 186A City Pittsboro, County Hend., State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles L. Newby
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Alice May Petty
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paula Kay Newby

New Address R#1 Box 186A Pittsboro IN 46167

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of May, 19 86, authorizing the joining together as husband and wife DAVID EUGENE CLARK and PAULA KAY NEWBY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOLLIE S. MILLER hereby certify that on the 24th day of MAY, one thousand nine hundred and 86 at BROWNBURG, County of HENDRICKS, State of Indiana, Groom DAVID EUGENE CLARK of HENDRICKS County, State of IN and, Bride PAULA KAY NEWBY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of MAY, 19 86.

Signed /s/ HOLLIE S. MILLER

Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of MAY, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173

File

5-16-86 Date of Application

MALE
Medical Examination Report Dated 5-13-86
Name of Physician Kenneth Maynard

FEMALE
Medical Examination Report Dated 5-16-86
Name of Physician Kenneth Maynard M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roland Middle A. Last Dike

Date of Birth: Month 8 Day 18 Year 51

Place of Birth (State or foreign country) Dickinson, N. Dakota

Residence Address: Street or R. R. 216 Parthena City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   James Dike
   Christopher Dike
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Woodrow Dike
   Residence of father (if deceased so state) Columbus, Ohio
   Birthplace of father (State or foreign country) N. Dakota
9. Full maiden name of mother Phyllis Maxine Erickson
   Residence of mother (if deceased so state) Columbus, Ohio
   Birthplace of mother (State or foreign country) N. Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Roland A. Dike

New Address

Subscribed and sworn to before me this 16 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Anitha Middle D. Last Fields

Date of Birth: Month 10 Day 29 Year 62

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. 216 Parthena City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Leigha Sanders
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Earl Fields
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Booker, Betty Jo
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Crawfordsville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Anita D. Fields

New Address 216 Parthena Brownsburg, In 46112

Subscribed and sworn to before me this 16 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of May, 1986, authorizing the joining together as husband and wife ROLAND ALVIN DIKE and ANITA DAWN FIELDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROGER S. GRAY hereby certify that on the 7th day of JUNE one thousand nine hundred and 86 at CHRIST CHURCH CATHEDRAL, County of MARION State of Indiana, Groom ROLAND ALVIN DIKE of HENDRICKS County, State of IN and, Bride ANITA DAWN FIELDS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of JUNE, 19 86. Signed /s/ ROGER S. GRAY

Official Designation DEAN AND RECTOR

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 174

File

May 16, 1986
Date of Application

MALE
Medical Examination Report Dated 5-9-86
Name of Physician David R. Decatur Ind.

FEMALE
Medical Examination Report Dated 5-9-86
Name of Physician David R. Decatur Ind.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle C. Last Barnaby

Date of Birth: Month August Day 20 Year 1962

Place of Birth (State or foreign country) Texas

Residence Address: 536 Street or R. R. Sunny Brook Dr. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (Temporary)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald Lee Barnaby
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marsha Kay Blankenship
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael C Barnaby

New Address 536 SUNNYBROOK DR.

Subscribed and sworn to before me this 16 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle K. Last Chambers

Date of Birth: Month February Day 4 Year 1964

Place of Birth (State or foreign country) Muncie (Delaware) In.

Residence Address: 536 Street or R. R. Sunny Brook Dr. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (Picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernbert Ben Chambers
   Residence of father (if deceased so state) Indpls. In
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Judy Garretta ~~Hughes~~ Voiles
   Residence of mother (if deceased so state) Indpls. In
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kimberly Kay Chambers

New Address 536 SUNNYBROOK DRIVE

Subscribed and sworn to before me this 16 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* May, 19 86, *authorizing the joining together as husband and wife* MICHAEL CAMERON BARNABY *and* KIMBERLY KAY CHAMBERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, L. DEE VAN WAGNER *hereby certify that on the* 8th *day of* JUNE, *one thousand nine hundred and* 86 *at* 2:30 p.m., *County of* MARION, *State of Indiana, Groom* MICHAEL CAMERON BARNABY *of* HENDRICKS *County, State of* IN *and, Bride* KIMBERLY KAY CHAMBERS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* JUNE, *19* 86

Signed /s/ L. DEE VAN WAGNER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* JUNE, *19* 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 175

File

5-16-86 Date of Application

MALE
Medical Examination Report Dated 5-22-86

Name of Physician E. D Clark

FEMALE
Medical Examination Report Dated 4-22-86

Name of Physician Mina Jay V Hyone, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle R. Last Daubenspeck

Date of Birth: Month 9 Day 26 Year 45

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4951 Vantage Pt. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jason
   Patricia
   Wendy
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Daubenspeck
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Young
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David R. Daubenspeck

New Address 4951 Vantage Pt Plainfield In

Subscribed and sworn to before me this 29 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Dawn Middle Juanita Last Stamm

Date of Birth: Month 9 Day 19 Year 54

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 4951 Vantage Point City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glenn Raymond Price
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indianapolis In.
9. Full maiden name of mother Hilda Steinbrook
   Residence of mother (if deceased so state) ~~Indianapolis~~ deceased
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Dawn Stamm

X New Address 4951 Vantage Pt

Subscribed and sworn to before me this 16th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of May, 19 86, authorizing the joining together as husband and wife DAVID RUSSELL DAUBENSPECK and DAWN JUANITA STAMM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H. THOMAS PITCHER hereby certify that on the 6th day of JUNE, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID RUSSELL DAUBENSPECK of HENDRICKS County, State of IN, and, Bride DAWN JUANITA STAMM of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29th day of MAY, 19 86.

Signed /s/ H. THOMAS PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

A B C D E F G H I J K L M Mc N O P Q R S T U V W X Y Z

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176

File

5-19-86
Date of Application

MALE
Medical Examination Report Dated 5-12-86

Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 5-12-86

Name of Physician Wm A. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Russell Last McKinney

Date of Birth: Month 1 Day 23 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1503 S. Dawson City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dallas J. McKinney
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary N. Blankenbaker
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Steven R McKinney
New Address 1503 S. Dawson St

Subscribed and sworn to before me this 19 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Rose Last Rodriguez

Date of Birth: Month 12 Day 14 Year 70

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 338 D. E. St. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jorge Rodriguez Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Rebecca Rosa
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Jennifer Rodriguez
New Address 1503 S. Dawson

Subscribed and sworn to before me this 19 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed X Rebecca Rodriguez Mother

Subscribed and sworn to before me this 19 day of May, 19 86

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-Day Waiver and Consent and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* May, 19 86, *authorizing the joining together as husband and wife* STEVEN P. McKINNEY *and* JENNIFER R. RODIGUEZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ENOCH S. RALPH *hereby certify that on the* 19th *day of* MAY, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN P. McKINNEY *of* MARION *County, State of* IN *and, Bride* JENNIEFER R. RODIGUEZ *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* MAY, 19 86.

Signed /s/ ENOCH S. RALPH

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 177

File

5-19-86 Date of Application

MALE
Medical Examination Report Dated 5-14-86
Name of Physician Gary L. Midla

FEMALE
Medical Examination Report Dated 5-14-86
Name of Physician Gary L. Midla

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Audley Last Denzer

Date of Birth: Month March Day 25 Year 1961

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. RR2 Box 164 City Clayton County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley John Denzer
   Residence of father (if deceased so state) Bay City, Wisconsin
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Jo Anne Cecile Zierold
   Residence of mother (if deceased so state) Bay City, Wisconsin
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven Audley Denzer
New Address RR 2 Box 164 Clayton

Subscribed and sworn to before me this 19th day of May, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Etherington

Date of Birth: Month July Day 30 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2, Box 264 City Clayton, In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Lee Etherington
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Joyce Harrison
   Residence of mother (if deceased so state) Clayton In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela Sue Etherington
New Address RR1 Box 164 Clayton

Subscribed and sworn to before me this 19th day of May, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* MAY, *19* 86, *authorizing the joining together as husband and wife* STEVEN AUDLEY DENZER *and* PAMELA SUE ETHERINGTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON *hereby certify that on the* 31 *day of* MAY, *one thousand nine hundred and* 86 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN AUDLEY DENZER *of* HENDRICKS *County, State of* IN, *and, Bride* PAMELA SUE ETHERINGTON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31 *day of* MAY, *19* 86. *Signed* /s/ STEVAN W. RANSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* JUNE, *19* 86

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178

File

5-19-86
Date of Application

MALE
Medical Examination Report Dated 5-17-86

Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-15-86

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Craig Middle S. Last Kinderman

Date of Birth: Month 10 Day 27 Year 59

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 528 Cobblestone City Plfd. County Hnd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. Kinderman
   Residence of father (if deceased so state) Arkansas
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Mary A. Starks
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Craig Kinderman

New Address 528 Cobblestone Danville IN

Subscribed and sworn to before me this 19 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Wendy Middle R. Last Livingston

Date of Birth: Month 9 Day 29 Year 62

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 528 Cobblestone City Plfd. County Hnd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   ☒ Chrissy Ann Livingston

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd Ray Sills
   Residence of father (if deceased so state) Mississippi
   Birthplace of father (State or foreign country) Dec.
9. Full maiden name of mother Jennie M. Stevens
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Wendy Livingston

New Address 528 Cobblestone

Subscribed and sworn to before me this 19 day of Ma, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sep. I Court by written order issued 3-Day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* May, 19 86, *authorizing the joining together as husband and wife* CRAIG KINDERMAN *and* WENDY R. LIVINGSTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER *hereby certify that on the* 22nd *day of* MAY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CARIG KINDERMAN *of* HENDRICKS *County, State of* IN *and, Bride* WENDY LIVINGSTON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* MAY, 19 86.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* MAY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 179

File

5-19-86 Date of Application

MALE
Medical Examination Report Dated 4-21-86
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 4-21-86
Name of Physician Michael Pizzato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Norman Middle E. Last Cline

Date of Birth: Month 6 Day 27 Year 1925

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 409 Hickory Ln. City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emerson Cline
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Sparkle Keel
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norman E. Cline

New Address 409 Hickory Ln. Plfd.

Subscribed and sworn to before me this 14 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle J. Last Cline

Date of Birth: Month 6 Day 10 Year 1927

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 409 Hickory Ln City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. Sandra Sue Cline

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Olin Sidney Pippy
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Leana Oline Huntley
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty J. Cline

New Address 409 Hickory LANE Plfd.

Subscribed and sworn to before me this 19 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of May, 19 86, authorizing the joining together as husband and wife NORMAN E. CLINE and BETTY JEAN CLINE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 23rd day of MAY one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom NORMAN E. CLINE of HENDRICKS County, State of IN and, Bride BETTY HEAN CLINE of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of MAY, 19 86.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of MAY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 180

File

Date of Application

MALE
Medical Examination Report Dated 5-6-86
Name of Physician Glenn H. Baker

FEMALE
Medical Examination Report Dated 5-7-86
Name of Physician Glenn H. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle S. Last Bettis

Date of Birth: Month 7 Day 30 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10929 N. 10th St. City Indpls County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Clinton Bettis
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Margaret Agnes Correll
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey S. Bettis

New Address

Subscribed and sworn to before me this 19th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tonya Middle Lee Last Rule

Date of Birth: Month 3 Day 15 Year 1968

Place of Birth (State or foreign country) Beaucobel Wisconsin

Residence Address: Street or R. R. 948 Sharon Drive City Greenfield County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orville Lucian Rule, Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Lois Marie Miller
   Residence of mother (if deceased so state) Wisconsin
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tonya L. Rule

New Address

Subscribed and sworn to before me this 19th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* May, 19 86, *authorizing the joining together as husband and wife* JEFFREY S. BETTIS *and* TONYA LEE RULE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, kenneth e. vetters *hereby certify that on the* 29th *day of* MAY, *one thousand nine hundred and* 86 *at* SHILOH UNITED METHODIST CHURCH *County of* HENDRICKS, *State of Indiana, Groom* JEFFREY S. BETTIS *of* HENDRICKS *County, State of* IN, *and, Bride* TONYA LEE RULE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29th *day of* MAY, *19* 86.

Signed /s/ KENNETH E. VETTERS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181

File

Date of Application

MALE
Medical Examination Report Dated 5-14-86
Name of Physician W. Edwards

FEMALE
Medical Examination Report Dated 5-14-86
Name of Physician W. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle R. Last Ridener

Date of Birth: Month Feb Day 9 Year 1961

Place of Birth (State or foreign country): Marion Co. In.

Residence Address: Street or R. R. 1005 Raymond St. City Pfld. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester E. Ridener
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Erma E. Krazert
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Germany

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert R. Ridener
New Address RR 2 Box 323 Clayton

Subscribed and sworn to before me this 20 day of May, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Amber Middle L. Last Fisher

Date of Birth: Month November Day 19 Year 1962

Place of Birth (State or foreign country): Marion Co. In.

Residence Address: Street or R. R. R.R 2 Box 323 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jennifer Lepore Fisher
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth L. Fisher
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jessie W. Wells
   Residence of mother (if deceased so state) Clayton In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Amber L. Fisher
New Address R.R. 2 Box 323, Clayton, In 46118
Subscribed and sworn to before me this 20 day of May, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of MAY, 19 86, authorizing the joining together as husband and wife ROBERT RAY RIDENER and AMBER L. FISHER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 20th day of MAY, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT RAY RIDENER of HEDNRICKS County, State of IN, and, Bride AMBER L. FISHER of HEDNRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of MAY, 19 86. Signed /s/ MARY LEE COMER
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of MAY, 19 86
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 182

File

5-20-86
Date of Application

MALE
Medical Examination Report Dated 5-13-86

Name of Physician J. D. Lovell

FEMALE
Medical Examination Report Dated 5-13-86

Name of Physician J. D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Phil Middle [illegible] Last Kidwell

Date of Birth: Month 6 Day 24 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: 285 Pickett St. Plfd. (Street or R. R. / City / County / State)

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Morris E. Kidwell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen V. Hedrick
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Philip M. Kidwell

New Address 285 Pickett St. Plainfield, IN 46168

Subscribed and sworn to before me this 20 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Marilyn Middle J Last Roach

Date of Birth: Month 10 Day 5 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: 285 Pickett St. Plfd. (Street or R. R. / City / County / State) New Mexico

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
   Katrina J.
   Michael J.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry E. Cronk
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy J. Wilson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Marilyn J Roach

New Address 285 Pickett Plainfield IN 46168

Subscribed and sworn to before me this 20 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* May, 19 86, *authorizing the joining together as husband and wife* PHILIP M. KIDWELL *and* MARILYN JANE ROACH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RANDY P. LUCAS *hereby certify that on the* 30th *day of* MAY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* PHILIP M. KIDWELL *of* HENDRICKS *County, State of* IN *and, Bride* MARILYN JANE ROACH *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* MAY, *19* 86.

Signed /s/ RANDY P. LUCAS

Official Designation JUDGE PRO-TEM

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* MAY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 183

HENDRICKS County

File 5-21-86 Date of Application

MALE
Medical Examination Report Dated 5-7-86
Name of Physician Mark K. Stine, M.D.

FEMALE
Medical Examination Report Dated 5-7-86
Name of Physician Mark K. Stine, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darin Middle Kent Last Rader

Date of Birth: Month 12 Day 7 Year 66

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. 142 Spring Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Keith Rader
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice Kay Larkin
   Residence of mother (if deceased so state) Sulphur, Louisiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Darin K. Rader

X New Address 5571 Blue Hill Circle Apt D Indpls, In

Subscribed and sworn to before me this 21st day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kim Middle Sue Last Wood

Date of Birth: Month 4 Day 8 Year 68

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 510 S. Center St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael David Ford, Sr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Kay Todd
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Kimberly Sue Wood

X New Address 5571 Blue Hill Circle Apt. D Indianapolis Zip 46254

Subscribed and sworn to before me this 21st day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 1986, authorizing the joining together as husband and wife of Indiana dated the 28th day of May DARIN KENT RADER and KIM SUE WOOD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEITH H. KIRK hereby certify that on the 31st day of MAY, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DARIN KENT RADER of HENDRICKS County, State of IN, and, Bride KIM SUE WOOD of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of MAY, 19 86. Signed /s/ KEITH H. KIRK

Official Designation FRIENDS MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 184

File

5-21-86
Date of Application

MALE
Medical Examination Report Dated 5-19-86
Name of Physician John Cronkhite, M.D.

FEMALE
Medical Examination Report Dated 5-19-86
Name of Physician John Cronkhite, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Scott Last Ellis

Date of Birth: Month 2 Day 11 Year 62

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 515 Avon Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☐ ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice Lee Ellis
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Plainfield, In.
9. Full maiden name of mother Lynda Lee Fuller
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Michael S Ellis

× New Address 515 Avon Rd Plainfield

Subscribed and sworn to before me this 21st day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Julie Middle Beth Last VanZandt

Date of Birth: Month 5 Day 3 Year 66

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. 2334 Black Rock Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☐ ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Hoagshee VanZandt
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Janet Carol Longmire
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Plainfield, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Julie B. VanZandt

× New Address 515 Avon Road-Plainfield

Subscribed and sworn to before me this 21st day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* May, 86, *authorizing the joining together as husband and wife* MICHAEL SCOTT ELLIS *and* JULIE BETH VAN ZANDT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. DAYLE CAIN *hereby certify that on the* 7th *day of* JUNE, *one thousand nine hundred and* 86 *at* CENTERTON, *County of* MORGAN, *State of Indiana, Groom* MICHAEL SCOTT ELLIS *of* HENDRICKS *County, State of* IN *and, Bride* JULIE BETH VAN ZANDT *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* JUNE, *19* 86.

Signed /s/ G. DAYLE CAIN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 185

File

5-21-86 Date of Application

MALE
Medical Examination Report Dated 5-15-86
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 5-15-86
Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terrance Middle W. Last Standiford

Date of Birth: Month 1 Day 10 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1647 Willard Ct. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.
   Michael S.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert H. Standiford
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta J. Hanna
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terrance W Standiford

New Address 1647 Willard Ct. Plfd.

Subscribed and sworn to before me this 21 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle L. Last Macy

Date of Birth: Month 6 Day 4 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1647 Willard Ct. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.
   David C.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry A. Stapelkemper
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma M. Jackson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patricia L. Macy

New Address 1647 Willard Ct Plfd

Subscribed and sworn to before me this 21 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 86, authorizing the joining together as husband and wife of Indiana dated the 27 day of May, and TERRANCE W. STANDIFORD and PATRICIA L. MACY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN L. CROSE hereby certify that on the 31 day of MAY, one thousand nine hundred and 86 at AVON, County of HENDRICKS, State of Indiana, Groom TERRANCE W. STANDIFORD of HENDRICKS County, State of IN, and, Bride PATRICIA L. MACY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of MAY, 19 86. Signed /s/ JOHN L. CROSE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 186

File

May 21, 1986
Date of Application

MALE
Medical Examination Report Dated 5-15-86
Name of Physician Kenneth M Maynard

FEMALE
Medical Examination Report Dated 5-15-86
Name of Physician Michael Pizzuto

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jackson Middle Carl Last Douglas

Date of Birth: Month November Day 5 Year 1959

Place of Birth (State or foreign country) Ridge. Marion In.

Residence Address: Street or R. R. 125 William Dr. City Brownsburg County (Hend) State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License (Picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry William Douglas
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Katherine Yarger
   Residence of mother (if deceased so state) Danville In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Douglas

New Address 125 William Dr. Bb. In.

Subscribed and sworn to before me this 21 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Vicki Middle Lynn Last Hammons

Date of Birth: Month November Day 9 Year 1959

Place of Birth (State or foreign country) Lebanon Boone In

Residence Address: Street or R. R. 125 William Dr. City Brownsburg County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License (Picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester Hammons
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ella Marie Pearson
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki L. Hammons

New Address 125 William Dr.

Subscribed and sworn to before me this 21st day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* May, 1986, *authorizing the joining together as husband and wife* JACKSON CARL DOUGLAS *and* VICKI LYNN HAMMONS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG *hereby certify that on the* 31 *day of* MAY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JACKSON CARL DOUGLAS *of* HENDRICKS *County, State of* IN *and, Bride* VICKI LYNN HAMMONS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31 *day of* MAY, 19 86.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* JUNE, 19 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 187 (186)

File

5-21-86
Date of Application

MALE
Medical Examination Report Dated 5-14-86
Name of Physician William Bastnagee

FEMALE
Medical Examination Report Dated 5-14-86
Name of Physician William F. Bastnagee

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Robert Last Engel

Date of Birth: Month April Day 7 Year 1966

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. P.O. Box 137 City Lizton County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Henry Engel
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Karen M. Wagner
   Residence of mother (if deceased so state) Lizton, In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William R. Engel
New Address 4918 B Pendragon Blvd. In.

Subscribed and sworn to before me this 21st day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kaye Middle Jean Last Hammer

Date of Birth: Month Feb. Day 2 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR#1 Box 33A City Lizton County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell E. Hamma
   Residence of father (if deceased so state) ~~Indiana~~ Lizton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Karen K. Elgar
   Residence of mother (if deceased so state) Lizton, In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kaye Jean Hammer
New Address 4918 B Pendragon Blvd. Indpls

Subscribed and sworn to before me this 21st day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of May, 19 86, authorizing the joining together as husband and wife William Robert Engel and KAY JEAN HAMMER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED SHARP hereby certify that on the 7th day of JUNE, one thousand nine hundred and 86 at LIZTON, County of HENDRICKS, State of IN, State of Indiana, Groom WILLIAM ROBERT ENGEL of HENDRICKS County, State of IN, and, Bride KAY JEAN HAMMER of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of MAY, 19 86. Signed /s/ FRED SHARP

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 188

File

5-22-86
Date of Application

MALE
Medical Examination Report Dated 5-20-86

Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 5-20-86

Name of Physician M. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle J. Last Bartee

Date of Birth: Month 3 Day 29 Year 64

Place of Birth (State or foreign country) Greencastle, Ind.

Residence Address: Street or R. R. RR 6 Box 116 City Danville County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lyelle N. Bartee
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Anne Lee
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James F. Bartee

New Address 7419 Bartley Dr. Indpls. 46224

Subscribed and sworn to before me this 22 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jill Middle L. Last Weber

Date of Birth: Month 4 Day 19 Year 64

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R. R. RR 2 Box 10 City Clayton County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerome R. Weber
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Erma G. Kincaid
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jill L Weber

New Address 7407 Bartley Dr Indpls 46224

Subscribed and sworn to before me this 22 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* May, *19* 86, *authorizing the joining together as husband and wife* JAMES F. BARTEE *and* JILL L. WEBER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~DANIEL T. LAMEY~~ *hereby certify that on the* 31 *day of* MAY, *one thousand nine hundred and* 86 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* JAMES F. BARTEE *of* MARION *County, State of* IN *and, Bride* JILL L. WEBER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31 *day of* MAY, *19* 86.

Signed /s/ DANIEL T. LAMEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 189

File

5-22-86 Date of Application

MALE
Medical Examination Report Dated 5-2-86
Name of Physician Dr. Hannell

FEMALE
Medical Examination Report Dated 5-2-86
Name of Physician Dr. Hannell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Johnny Middle Allen Last Mohler

Date of Birth: Month June Day 2 Year 1962

Place of Birth (State or foreign country) Lebanon, Oregon

Residence Address: Street or R. R. 522 Westbury E. City Indpls. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Johnny Mack Mohler
   Residence of father (if deceased so state) Pelf. In.
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Lillian Fern Acton
   Residence of mother (if deceased so state) Pelf. In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed John A Mohler

New Address 522 Westbury E. Indpls.

Subscribed and sworn to before me this 22 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Monique Middle Cathleen Last Hamby

Date of Birth: Month Dec. Day 30 Year 1963

Place of Birth (State or foreign country) Great Falls, Montana

Residence Address: Street or R. R. 997 Broadway S. City Pelf. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Danny Burks Gilbert Hamby
   Residence of father (if deceased so state) Penn.
   Birthplace of father (State or foreign country) Beverly Texas
9. Full maiden name of mother Margaret Sharon Larson
   Residence of mother (if deceased so state) Pelf. In.
   Birthplace of mother (State or foreign country) Minn. Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Monique C. Hamby

New Address .....

Subscribed and sworn to before me this 22 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of May, 19 86, authorizing the joining together as husband and wife JOHNNY ALLEN MOHLER and MONIQUE CATHLEEN HAMBY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THOMAS E. CHITTENDEN JR. hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom JOHNNY ALLEN MOHLER of MARION County, State of INDIANA, and, Bride MONIQUE CATHLEEN HAMBY of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86. Signed /s/ THOMAS E. CHITTENDEN JR.

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 190

File

5-22-86
Date of Application

MALE
Medical Examination Report Dated 4-24-86
Name of Physician O. Kovarny

FEMALE
Medical Examination Report Dated 4-25-86
Name of Physician O. Kovarny MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Chester Middle D. Last Friel

Date of Birth: Month 6 Day 24 Year 1949

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. City County State Plainfield, In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Corby 14
   Father has legal custody
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester Dint Friel
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Dean Hazlett
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Chet Friel
New Address 8245 Cott Dr. Plainfield

Subscribed and sworn to before me this 22 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle F. Last Carpenter

Date of Birth: Month 4 Day 28 Year 1947

Place of Birth (State or foreign country): Bloomington In.

Residence Address: Street or R. R. City County State Plainfield, In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Paul 13
   Kyle 11
   David 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Thomas Ferree
   Residence of father (if deceased so state) Bloomington, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Mae McCaffrey
   Residence of mother (if deceased so state) Bloomington, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca Ferree Carpenter
New Address same

Subscribed and sworn to before me this 22 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* July, 86, *authorizing the joining together as husband and wife* CHESTER D. FRIEL *and* REBECCA F. CARPENTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD L. KNOY *hereby certify that on the* 3rd *day of* JULY, *one thousand nine hundred and* 86 *at* NEW WINCHESTER, *County of* HENDRICKS, *State of Indiana, Groom* CHESTER D. FRIEL *of* HENDRICKS *County, State of* IN *and, Bride* REBECCA F.CARPENTER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* JULY, 19 86.

Signed /s/ DONALD L. KNOY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* JULY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 191 ~~190~~

File

5-23-86 Date of Application

MALE
Medical Examination Report Dated 5-22-86
Name of Physician Cindy Brown

FEMALE
Medical Examination Report Dated 5-22-86
Name of Physician Cindy Brown

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle W. Last Burzlaff

Date of Birth: Month 12 Day 30 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3990 Aron Rd City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter A. Burzlaff
   Residence of father (if deceased so state) Knapps, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nina G. Baugh
   Residence of mother (if deceased so state) Knabs, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Gary W Burzlaff

New Address

Subscribed and sworn to before me this 23rd day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Linda Middle D. Last Burzlaff

Date of Birth: Month 1 Day 17 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3990 Aron Rd, City Plainfield, County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claude R. Johnson
   Residence of father (if deceased so state) Moorsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ella M. Heise
   Residence of mother (if deceased so state) Mooresville
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Linda Burzlaff

New Address same

Subscribed and sworn to before me this 23rd day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of MAY, 19 86, authorizing the joining together as husband and wife GARY W. BURZLAFF and LINDA D. BURZLAFF

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD hereby certify that on the 28th day of MAY one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom GARY W. BURZLAFF of HENDRICKS County, State of IN, and, Bride LINDA D. BURZLAFF of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of MAY, 19 86. Signed /s/ MYRON BARNARD Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of MAY, 19 86. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 192

File

5-23-86
Date of Application

MALE
Medical Examination Report Dated 5-20-86

Name of Physician M. L. Neeley, M.D.

FEMALE
Medical Examination Report Dated 5-20-86

Name of Physician M. L. Neeley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joel; Middle Timothy; Last Moore

Date of Birth: Month 1; Day 22; Year 66

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 903 Ridgewood Way; City Plainfield; County; State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joel Thomas Moore
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Thompkinsville Ky.
9. Full maiden name of mother Marilyn Kay McDonald
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Shelbyville, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Joel Timothy Moore

× New Address 254 N. Tennessee Danville, In.

Subscribed and sworn to before me this 23rd day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Barbara; Middle Beth; Last Cooper

Date of Birth: Month 9; Day 2; Year 65

Place of Birth (State or foreign country) Bloomington, In.

Residence Address: Street or R. R. 254 N. Tennessee; City Danville; County; State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Andrea Joy Cooper 8
   April Dawn Cooper 5

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick Carl Sedell
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Joy Evelyn Phillips
   Residence of mother (if deceased so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Hazelwood, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Barbara Beth Cooper

× New Address 254 N. Tennessee Danville In 46122

Subscribed and sworn to before me this 23rd day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of May, 19 86, authorizing the joining together as husband and wife JOEL TIMOTHY MOORE and BARBARA BETH COOPER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TED D. STEPHENSON hereby certify that on the 31 day of MAY, one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom JOEL TIMOTHY MOORE of HENDRICKS County, State of IN, and, Bride BARBARA BETH COOPER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of MAY, 19 86.

Signed /s/ TED D. STEPHENSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 193

File

May 23 1986
Date of Application

MALE
Medical Examination Report Dated 5-20-86
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-20-86
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Warren Last Haynes

Date of Birth: Month 11 Day 15 Year 68

Place of Birth (State or foreign country) Muncie, In.

Residence Address: Street or R. R. 17 Richfield Ln. City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Wendell Haynes, Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Jacksonville, Mi.
9. Full maiden name of mother Judith Ann Oberla
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Muncie, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed John Warren Haynes
× New Address 17 Richfield Ln Dan

Subscribed and sworn to before me this 23rd day of May, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Deceased Father
Signed Judith Ann Haynes Mother

Subscribed and sworn to before me this 23rd day of May, 19 86
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Rhoda Middle Denise Last Metscher

Date of Birth: Month 5 Day 10 Year 68

Place of Birth (State or foreign country) ~~Muncie~~ Indianapolis, In

Residence Address: Street or R. R. 17 Richfield Ln City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Dennis Metscher
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Marie Adamson
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Rhonda Denise Mitscher
× New Address 17 Richfield Ln Dan.

Subscribed and sworn to before me this 23rd day of May, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior 2 Court by written order issued 3 day waiver and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* May, 19 86, *authorizing the joining together as husband and wife* JOHN WARREN HAYNES *and* RHONDA DENISE MITSCHER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of* IN, *State of Indiana, Groom* JOHN WARREN HAYNES *of* HENDRICKS *County, State of* IN, *and, Bride* RHONDA DENISE MITSCHER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23rd *day of* MAY, *19* 86. *Signed* /s/ LARRY R. HESSON *Official Designation* JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* MAY, 19 86. *Signed* Mary Jane Russell HENDRICKS *Circuit Court* Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194

File

May 13 1986
Date of Application

MALE
Medical Examination Report Dated 5-16-86
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 5-1-86
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eric Middle W. Last Elliott

Date of Birth: Month March Day 26 Year 1969

Place of Birth (State or foreign country) Hendricks Co. In.

Residence Address: Street or R. R. 42 N. RR. 3 City Box 2 County Clayton State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry W. Elliott
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rhoda L. McDaniel
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eric W. Elliott
New Address Pittsboro, In.

Subscribed and sworn to before me this 23rd day of May, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Larry W. Elliott Father
Signed Rhoda M. Elliott Mother

Subscribed and sworn to before me this 23rd day of May, 19 86.
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Shannon Middle Yvette Last Ford

Date of Birth: Month July Day 20 Year 1970

Place of Birth (State or foreign country) Miami In

Residence Address: Street or R. R. RR # 2 Box 116 City Converse County Miami State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arvist Ray Ford
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Brenda Sue Morris
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shannon Y. Ford
New Address Pittsboro In

Subscribed and sworn to before me this 23 day of May, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Arvist R. Ford Sr. Father
Signed Brenda S. Ford Mother

Subscribed and sworn to before me this 23 day of May, 19 86.
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. Court by written order issued 3 day Coming 9 age and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* May, 86, *authorizing the joining together as husband and wife* ERIC W. ELLIOTT *and* SHANNON Y. FORD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CLAUDE COBB *hereby certify that on the* 7th *day of* JUNE, *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* ERIC W. ELLIOTT *of* HENDRICKS *County, State of* IN *and, Bride* SHANNON Y. FORD *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* JUNE, 19 86.

Signed /s/ CLAUDE COBB
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* JUNE, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 195

File

5-23-86 Date of Application

MALE
Medical Examination Report Dated 5-14-86

Name of Physician Wm Edward

FEMALE
Medical Examination Report Dated 5-14-86

Name of Physician Wm. E R. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donnie Middle L. Last Travelsted

Date of Birth: Month 11 Day 17 Year 47

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 397 Connie Dr. City Ply. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Brian M.
   Stacey R.
   Lisa M.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry B. Travelstead
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Irene H. Todd
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donnie L. Travelsted

New Address 397 CONNIE DRIVE

Subscribed and sworn to before me this 23 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Bobbie Middle J. Last Adams

Date of Birth: Month 2 Day 23 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 397 Connie Dr. City Ply. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kurt R.
   Kevin W.
   Kelli J.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles A. Thompson
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lyora M. Sparks
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bobbie J Adams

New Address 397 Connie Dive Plfld Ind.

Subscribed and sworn to before me this 23 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of May, 1986, authorizing the joining together as husband and wife DONNIE L. TRAVELSTED and BOBBIE J. ADAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD C. KEELEY hereby certify that on the 31st day of MAY, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DONNIE L. TRAVELSTED of HENDRICKS County, State of IN, and, Bride BOBBIE J. ADAMS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of MAY, 19 86. Signed /s/ RICHARD C. KEELEY

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196

File

May 23 1986
Date of Application

MALE
Medical Examination Report Dated 5-12-86
Name of Physician Neely

FEMALE
Medical Examination Report Dated 5-12-86
Name of Physician M. L. Tully MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Tracy Middle Todd Last Parsons

Date of Birth: Month Dec Day 19 Year 1961

Place of Birth (State or foreign country) Greenfield Indiana

Residence Address: Street or R. R. 34 North Arthur City Indpls County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Ex.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy O'Dell Parsons
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Deanne J. Barnard
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tracy T. Parsons
New Address 34 North Arthur

Subscribed and sworn to before me this 30 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Meredith Middle S. Last Shepherd

Date of Birth: Month March Day 20 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1049 E. Wallace St. City Pike County Marion State IN

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dennis Evans

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon E. Shepherd
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joy L. McConnell
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Meredith S. Shepherd
New Address 1049 E. Wallace St Pike Twp Indianapolis, In 46168

Subscribed and sworn to before me this 23 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, *19* 86, *authorizing the joining together as husband and wife* TRACY TODD PARSONS *and* MEREDITH S. SHEPHERD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GENE WARMAN *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* TRACY TODD PARSONS *of* MARION *County, State of* IN *and, Bride* MEREDITH S. SHEPHERD *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* JUNE, *19* 86.

Signed /s/ GENE WARMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 197
File
5-23-86
Date of Application

MALE
Medical Examination Report Dated 4-28-86
Name of Physician Garnet R. Harris, M.D.

FEMALE
Medical Examination Report Dated 4-28-86
Name of Physician Garnet R. Harris, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle E. Last Fortner
Date of Birth: Month 4 Day 4 Year 1960
Place of Birth (State or foreign country) Pennington Gap, Virginia
Residence Address: Street or R. R. 129 North Pearl City Amo County Hendricks State In. 46103
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jessee Clay Fortner
   Residence of father (if deceased so state) Rose Hill, Virginia
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Barbara Brooks
   Residence of mother (if deceased so state) Amo, Indiana
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry E. Fortner
New Address 129 N. Pearl Amo Ind.

Subscribed and sworn to before me this 23rd day of May, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Glendalyn Middle D. Last Neal
Date of Birth: Month 10 Day 16 Year 1958
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 129 North Pearl City Amo County Hendricks State In. 46103
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Brian Joseph Neal

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alex H. Poteet
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Gloria Sykes
   Residence of mother (if deceased so state) Paragon In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glendalyn D. Neal
New Address 129 N. Pearl Amo, In

Subscribed and sworn to before me this 23rd day of May, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* MAY, 19 86, *authorizing the joining together as husband and wife* LARRY E. FORTNER *and* GLENDALYN D. NEAL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW J. SIMKINS *hereby certify that on the* 31st *day of* may, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* LARRY E. FORTNER *of* HENDRICKS *County, State of* IN *and, Bride* GLENDALYN D. NEAL *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31st *day of* MAY, 19 86. *Signed* /s/ ANDREW J. SIMKINS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* JUNE, 19 86
Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

No. 198

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

~~5-19-86~~ 5-27-86
Date of Application

MALE
Medical Examination Report Dated 5-24-86
Name of Physician Robert W. Kirtley, M.D.

FEMALE
Medical Examination Report Dated 5-1986
Name of Physician Wayne A. Bare, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Lee Last Thompson

Date of Birth: Month 2 Day 5 Year 1952

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 811 W. Washington City Jackson County Mi. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick Thompson
   Residence of father (if deceased so state) Jackson, Mi.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Kathleen Ruth Dimond
   Residence of mother (if deceased so state) Jackson, Mi
   Birthplace of mother (State or foreign country) Mi.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kevin Lee Thompson

New Address SAME

Subscribed and sworn to before me this 27th day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Elizabeth Last Kirtley

Date of Birth: Month 4 Day 29 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 811 W. Washington City Jackson County Mi. State 47201

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W. Kirtley
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Joe Wright
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sharon Elizabeth Kirtley

New Address SAME

Subscribed and sworn to before me this 27th day of May, 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* June, *19* 86, *authorizing the joining together as husband and wife* KEVIN LEE THOMPSON *and* SHARON ELIZABETH KIRTLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* KEVIN LEE THOMPSON *of* JACKSON *County, State of* MICHIGAN *and, Bride* SHARON ELIZABETH KIRTLEY *of* JACKSON *County, State of* MICHIGAN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* JUNE, *19* 86.

Signed /s/ JOHN P. ROOF

Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* June, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 199

File

5-27-86 Date of Application

MALE
Medical Examination Report Dated 5-22-86
Name of Physician Nicholas N. Prochoroff

FEMALE
Medical Examination Report Dated 5-22-1986
Name of Physician Nicholas N. Prochoroff

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Menelaos Middle James Last Reckas

Date of Birth: Month 8 Day 5 Year 1932

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 4928 Hawthorne Way City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
   Michael James Reckas
   Melanie Marie Reckas
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Reckas
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Greece
9. Full maiden name of mother Angeline Calfas
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Greece

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Menelaos J. Reckas

New Address 4928 Hawthorne Way Plainfield In.

Subscribed and sworn to before me this 27th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sherry Middle R. Last Groth

Date of Birth: Month 9 Day 13 Year 1957

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. 636 Ironwood Dr. City Plainfield County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Eugene Groth
   Residence of father (if deceased so state) Grinnell, Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Carmen Leone Vogelzang
   Residence of mother (if deceased so state) Sioux City, Iowa
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Sherry R. Groth

New Address 4928 Hawthorne Way, Plainfield

Subscribed and sworn to before me this 27th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 31st day of May, 19 86, authorizing the joining together as husband and wife MENELAOS J. RECKAS and SHERRY R. GROTH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES ROUSAKIS hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at INDPLS., County of MARION State of Indiana, Groom MENELAOS J. RECKAS of HENDRICKS County, State of IN and, Bride SHERRY R. GROTH of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ JAMES ROUSAKIS

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 201

File

5-27-86
Date of Application

MALE
Medical Examination Report Dated 5-20-86
Name of Physician Ludmilla Trammell

FEMALE
Medical Examination Report Dated 5-20-86
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle S. Last Grimes

Date of Birth: Month 6 Day 13 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: 314 Welcome Way Blvd. West Apt 205A, Street or R. R. Indpls City, County, State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Robert Grimes
   Residence of father (if deceased so state) Hagerstown, In.
   Birthplace of father (State or foreign country) Arizona
9. Full maiden name of mother Nancy Loreta Asche
   Residence of mother (if deceased so state) Hagerstown, In
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ John S. Grimes
New Address 314 Welcome Way Blvd. W. Apt 205-A Indianapolis, IN

Subscribed and sworn to before me this 27th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Amy Middle D. Last Adolphson

Date of Birth: Month 7 Day 9 Year 1956

Place of Birth (State or foreign country) Illinois

Residence Address: 321 Avon Ave., Street or R. R. Plainfield, In City, County, State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emil Edward Adolphson
   Residence of father (if deceased so state) North Aurora, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Caroline Virginia Templeton
   Residence of mother (if deceased so state) N. Aurora Ill
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Amy D. Adolphson Apt. 205-A
New Address 314 Welcome Way Blvd W. Indpls. Ind. 462

Subscribed and sworn to before me this 27th day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* May, 19 86, *authorizing the joining together as husband and wife* JOHN S. GRIMES *and* AMY D. ADOLPHSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JOHN S. GRIMES *of* MARION *County, State of* IN *and, Bride* AMY D. ADOLPHSON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* JUNE, *19* 86.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 201

File

5-27-86 Date of Application

MALE
Medical Examination Report Dated 5-17-86
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 5-17-86
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle R. Last Brauns

Date of Birth: Month 3 Day 12 Year 1961

Place of Birth (State or foreign country) Ky.

Residence Address: 116 Rockshire Rd. Apt A Street or R. R. Indpls City Marion County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Frederick Brauns
   Residence of father (if deceased so state) Richland, In.
   Birthplace of father (State or foreign country) Ind. Indiana Ill.
9. Full maiden name of mother Margaret JoAnn McCoy
   Residence of mother (if deceased so state) Richland, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ William K. Brauns
New Address 1012 Valley View Dr. Apt 3 Plainfield

Subscribed and sworn to before me this 27th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle Lynn Last Summers

Date of Birth: Month 11 Day 3 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: 1012 Valley View Dr. Apt. 3 Street or R. R. Plfd City Hendricks County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phillip Max Summers
   Residence of father (if deceased so state) Vincennes, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patty Ann Horrale
   Residence of mother (if deceased so state) Vincennes, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ P. Lynn Summers
New Address ~~1012~~ Same

Subscribed and sworn to before me this 27 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of June, 1986, authorizing the joining together as husband and wife WILLIAM K. BRAUNS and PATRICIA LYNN SUMMERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RONALD L. KERR hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at VINCENES, County of KNOX, State of Indiana, Groom WILLIAM K. BRAUNS of MARION County, State of IN and, Bride PATRICIA LYNN SUMMERS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 1986. Signed /s/ RONALD L. KERR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 1986

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 202

File

5-27-86
Date of Application

MALE
Medical Examination Report Dated 5-20-86

Name of Physician J. D. Thompson

FEMALE
Medical Examination Report Dated 5-20-86

Name of Physician J. D. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle E. Last Becker

Date of Birth: Month 5 Day 3 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5929 Parkwood Ct. Apt 8 City Indpls. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Jio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Robert Booker
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy Mae Bedford
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael E. Becker

New Address 5929 Parkwood Ct. #8

Subscribed and sworn to before me this 27 day of May, 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Melissa Middle Ann Last Reynolds

Date of Birth: Month 5 Day 5 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 406 E. Broadway City Danville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Jio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles E. Reynolds
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Ann Vice
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa A. Reynolds

New Address 5929 Parkwood Ct.

Subscribed and sworn to before me this 4th day of June, 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* June, 19 86, *authorizing the joining together as husband and wife* MICHAEL E. BECKER *and* MELISSA ANN REYNOLDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BRUCE A. BUCKLEY *hereby certify that on the* 12th *day of* JULY, *one thousand nine hundred and* 86 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* MICHAEL E. BECKER *of* MARION *County, State of* IN *and, Bride* MELISSA ANN REYNOLDS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* JUNE, *19* 86..

Signed /s/ BRUCE A. BUCKLEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JULY, *19* 86.

Signed.....*Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203

File

5-28-86 Date of Application

MALE
Medical Examination Report Dated 5-15-86
Name of Physician E. D. Clark

FEMALE
Medical Examination Report Dated 5-15-86
Name of Physician E. D. Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle L. Last Smith

Date of Birth: Month 3 Day 17 Year 63

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. R.R. # City Crawfordsville County Montgomery State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesse Arthur Smith
   Residence of father (if deceased so state) Crawfordsville Ind.
   Birthplace of father (State or foreign country) Indpls, In.
9. Full maiden name of mother Janet Lucille Eggers
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indpls. In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Gary Smith

New Address 31 Miller Dr. Crawfordsville IN

Subscribed and sworn to before me this 28 day of May, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sherri Middle D. Last Norris

Date of Birth: Month 10 Day 30 Year 66

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. 2990 N. 600 E. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Eugene Norris
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Loreta Miller
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Sherri Dawn Norris

New Address .....

Subscribed and sworn to before me this 28 day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in HENDRICKS County Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of June, 19 86, authorizing the joining together as husband and wife GARY L. SMITH and SHERRI D. NORRIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PHILLIP R. BILYEU hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at NORTHVIEW CHRISTIAN CHURCH, County of HENDRICKS, State of IN State of Indiana, Groom GARY L. SMITH of HENDRICKS County, State of IN and, Bride SHERRI D. NORRIS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ PHILLIP BILYEU

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 204

File

5-29-86
Date of Application

MALE
Medical Examination Report Dated 5-28-86

Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 5-28-86

Name of Physician Joseph C. Kerlin, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle a. Last Stough

Date of Birth: Month 7 Day 3 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2403 Fox Harbor Lane City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Ray Stough
   Residence of father (if deceased so state) Brazil, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Ann Joan Evelyn Terrigus
   Residence of mother (if deceased so state) Brazil, In
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary A. Stough

New Address

Subscribed and sworn to before me this 28th day of May, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle Lynn Last Hartung

Date of Birth: Month January Day 17 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2, Box 330 City Danville, In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William F. Hartung
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary J. Smitherman
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan L. Hartung

New Address

Subscribed and sworn to before me this 28th day of May, 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* June, 19 86, *authorizing the joining together as husband and wife* GARY A. STOUGH *and* SUSAN LYNN HARTUNG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DOUG PARKEY *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* GARY A. STOUGH *of* MARION *County, State of* ~~MARION~~ IN *and, Bride* SUSAN LYNN HARTUNG *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* JUNE, 19 86.

Signed /s/ DOUG PARKEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* June, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205

File

5-29-86 Date of Application

MALE
Medical Examination Report Dated 5-23-86
Name of Physician J. M. McDaniel

FEMALE
Medical Examination Report Dated 5-23-86
Name of Physician J. M. McDaniel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle Scott Last Hibbard

Date of Birth: Month 8 Day 29 Year 64

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. RR 1 Box 211 L City Pittsboro County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Hibbard
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Bratcher
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gary Scott Hibbard

New Address RR1 Box 211L P.Hsboro 46167

Subscribed and sworn to before me this 29 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle Lee Last Hensley

Date of Birth: Month 6 Day 24 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 211 L City Pittsboro County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Douglas K. Hensley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Barbara J. Douglas
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen L. Hensley

New Address RR 1 Box 211L Pittsboro 46167

Subscribed and sworn to before me this 29 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of June, 19 86, authorizing the joining together as husband and wife GARY SCOTT HIBBARD and KAREN LEE HENSLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. DODSON hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at FAITH CONGREGATIONAL CHURCH, County of HENDRICKS, State of Indiana, Groom GARY SCOTT HIBBARD of HENDRICKS County, State of IN and, Bride KAREN LEE HENSLEY of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of JUNE, 19 86. Signed /s/ DENNIS L. DODSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

534

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 206

File

May 29, 1986
Date of Application

MALE
Medical Examination Report Dated 5-26-86
Name of Physician Robert D. Arnold MD.

FEMALE
Medical Examination Report Dated 5-26-86
Name of Physician Robert D. Arnold MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Joe Last Gibson

Date of Birth: Month November Day 27 Year 1964

Place of Birth (State or foreign country) Indpls. Marion In.

Residence Address: 4052 Avon Rd. City Pfld. County Hend. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby Joe Gibson
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Agnes Mae Crasser
   Residence of mother (if deceased so state) Indianapolis In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Joe Gibson

New Address 710 East Main Street Danville

Subscribed and sworn to before me this 29 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Lynn Last Vance

Date of Birth: Month June Day 14 Year 1963

Place of Birth (State or foreign country) Indpls. Marion In.

Residence Address: 4052 Avon Rd. City Pfld. County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Douglas Vance
   Residence of father (if deceased so state) Pittsfield Mass
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Linda Lou Collins
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rhonda Lynn Vance

New Address 710 East Main Street Danville

Subscribed and sworn to before me this 29 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* JUNE, *19* 86, *authorizing the joining together as husband and wife* DONALD JOE GIBSON *and* RHONDA LYNN VANCE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEVIN L. O"BRIEN *hereby certify that on the* 7th *day of* JUNE, *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DONALD JOE GIBSON *of* MARION *County, State of* IN *and, Bride* RHONDA LYNN VANCE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* JUNE, *19* 86.

Signed /s/ KEVIN L.O"BRIEN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 207

File

May 29 1986
Date of Application

MALE
Medical Examination Report Dated 5-27-86
Name of Physician Eric D. Clark MD.

FEMALE
Medical Examination Report Dated 5-27-86
Name of Physician E. D. Clark MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Shawn Middle E. Last Skiles

Date of Birth: Month Oct Day 7 Year 1963

Place of Birth (State or foreign country): Buck Grove Marion Co. In.
Residence Address: 161 Bostick Ave. Danville Hend. In
Street or R. R. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman Eugene Skiles
   Residence of father (if deceased so state) 161 Bostick, Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Sue Mathis
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Shawn E. Skiles
New Address 4525 Pinehollow Ct #179 Indpls, IN 46254

Subscribed and sworn to before me this 29 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Louise Last Gillen

Date of Birth: Month June Day 27 Year 1963

Place of Birth (State or foreign country) Lafayette (Tippecanoe) In.
Residence Address: 4525 Pinehollow Ct. #179 Indpls (Marion) In.
Street or R. R. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Russell Gillen Jr
   Residence of father (if deceased so state) Remington, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Mae Stuckey
   Residence of mother (if deceased so state) Seattle, Wash.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kathleen Louise Gillen
New Address 4525 Pinehollow Ct #179 Indianapolis In 46254 5-29-86

Subscribed and sworn to before me this 29 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 86, authorizing the joining together as husband and wife of Indiana dated the 2 day of June, and SHAWN E. SKILES and KATHLEEN LOUISE GILLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RAYMOND L. RADER hereby certify that on the 7th day of JUNE, one thousand nine hundred and 86 at 6:30 p.m., County of HENDRICKS, State of Indiana, Groom SHAWN E. SKILES of MARION County, State of IN, and, Bride KATHLEEN LOUISE GILLEM of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of JUNE, 19 86. Signed /s/ RAYMOND L. RADER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of JUNE, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208

File

5-29-86
Date of Application

MALE
Medical Examination Report Dated 5-29-86
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 5-29-86
Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle D. Last Blackmond

Date of Birth: Month 5 Day 18 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 114 N. Mill St. City Plainfield County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Dale Blackmond
   Residence of father (if deceased so state) Capel, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Sondra Louise Clark
   Residence of mother (if deceased so state) Franklin, In.
   Birthplace of mother (State or foreign country) Anderson

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William D. Blackmond
New Address SAME

Subscribed and sworn to before me this 29th day of May, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Melissa Middle Marie Last Guy

Date of Birth: Month 2 Day 8 Year 69

Place of Birth (State or foreign country) Evansville, Ind.

Residence Address: Street or R. R. 114 N. Mill ~~Plan~~ City Plainfield County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George E. Guy Jr.
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lora M.
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Melissa M Guy
New Address Same

Subscribed and sworn to before me this 29th day of May, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one pare signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this 29 day of May, 1986.
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Ct Court by written order issued 3-day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* MAY, *19*86, *authorizing the joining together as husband and wife* WILLIAM D. BLACKMOND *and* MELISSA MARIE GUY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALVIN B. COVELL *hereby certify that on the* 1st *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM D. BLACKMOND *of* HENDRICKS *County, State of* IN *and, Bride* MELISSA MARIE GUY *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* JUNE, *19*86.

Signed /s/ ALVIN B. COVELL
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* JUNE, *19*86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208

File

5-29-86
Date of Application

MALE
Medical Examination Report Dated 5-29-86
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 5-29-86
Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle D. Last Blackmond

Date of Birth: Month 5 Day 18 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 114 N. Mill St. City Plainfield County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders t
   dependent children?
   If answer is "yes", it is required that this Applica
   compliance with any court order or orders issue
8. Full name of father Larry Dale
   Residence of father (if deceased so state) Lap
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Sondra A
   Residence of mother (if deceased so state) Gre
   Birthplace of mother (State or foreign country) O

State of Indiana,
County of HENDRICKS }

Signed Will
New Address SAN

Subscribed and sworn to before me this 2
Mary Jane Russell

CONSENT OF PARENTS, PARENT OR GU

We, the parents, of this applicant hereby give
signs, state facts which render the consent of

State of Indiana,
County of HENDRICKS }

Signed

Signed

Subscribed and sworn to before me this

COMPLETE IF MARRIAGE LICE
HENDRICKS Co
in Clerks office

Be It Remembered, the
of Indiana dated the 29t
WILLIAM D
Be it further remembered, the followi
I, ALVIN B.
one thousand nine hundred and
State of Indiana, Groom WILLIAM D. BLACKMOND of HENDRICKS County, State of IN
and, Bride MELISSA MARIE GUY of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 1st day of JUNE, 19 86.

Signed /s/ ALVIN B. COVELL
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of JUNE, 19 86.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Melissa Middle Maria Last Guy

Date of Birth: Month 2 Day 8 Year 69

Place of Birth (State or foreign country) Evansville, Ind.

Residence Address: Street or R. R. 114 N. Mill Plainfield City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

No ☐ Yes ☐

by satisfactory proof that you are in

Jr.

Sr.

d state the information given
plication is true and correct.

Guy

May, 1986.

ENDRICKS Circuit Court

marriage. If only one par
unnecessary

Father

Mother

May, 1986.

Clerk

ve named parties, the
and filed

Circuit Court
as husband and wife

NE
HENDRICKS

AFFIDAVIT

STATE OF INDIANA
SS:
COUNTY OF Hendricks

Leona Mae Guy
NAME

ADDRESS

Deposes and says upon his (or her) oath that:

I do hereby give permission for my daughter Melissa Maria Guy to wed Bill Blackmond.

Witness: Robert E Goodman SR
Ila Love Coski

Leona M. Guy
SIGNED

Subscribed and sworn to before me this 29th day of May
1986

Mickey Goodpaster
NOTARY PUBLIC

My commission expires 6-13-89 Putnam

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 209

File

5-30-86 Date of Application

MALE
Medical Examination Report Dated 5-27-86
Name of Physician T. Maynard

FEMALE
Medical Examination Report Dated 5-22-86
Name of Physician H. C. Ray

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle G. Last Mifflin

Date of Birth: Month 11 Day 4 Year 61

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 1320 Sycamore St. City Pekin County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert D. Mifflin
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Linda L. Jurgensmeyer
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Randy G. Mifflin

New Address 239 N. 4th St Martinsville, In 46151

Subscribed and sworn to before me this 30 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Peggy Middle S. Last Cary

Date of Birth: Month 6 Day 10 Year 58

Place of Birth (State or foreign country) Princeton Ind.

Residence Address: Street or R. R. RR 13, Box 40 W. City Terre Haute County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin J. Cary Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorna S. Henshaw
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Peggy S. Cary

New Address 239 N. 4th St, Martinsville In 46151

Subscribed and sworn to before me this 30 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of June, 19 86, authorizing the joining together as husband and wife RANDY G. MIFFLIN and PEGGY S. CARY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL J. KACER hereby certify that on the 7th day of JUNE one thousand nine hundred and 86 at INDPLS., County of MARION State of Indiana, Groom RANDY G. MIFFLIN of HENDRICKS County, State of IN and, Bride PEGGY S. CARY of MORGAN County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of JUNE, 19 86. Signed /s/ DANIEL J. KACER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of June, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210

File

5-30-86
Date of Application

MALE
Medical Examination Report Dated 5-26-86

Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 5-26-86

Name of Physician D. M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name First Jerry Middle Last Phillips

Date of Birth Month 5 Day 5 Year 55

Place of Birth (State or foreign country) W. Virginia

Residence Address 310 Wabash St. Plfd. Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence W. Phillips
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Daisy M. Hicks
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Phillips

New Address 310 Wabash Plainfield

Subscribed and sworn to before me this 30 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name First Deborah Middle Last Campbell

Date of Birth Month 8 Day 26 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address 310 Wabash St. Plfd. Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irvin L. Campbell
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Nora L. Brewer
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah C. Campbell

New Address 310 Wabash St. Plainfield

Subscribed and sworn to before me this 30 day of May, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of June, 19 86, authorizing the joining together as husband and wife TERRY PHILLIPS and DEBORAH CAMPBELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REGINALD B. MULLINS hereby certify that on the 7th day of JUNE one thousand nine hundred and 86 at INDPLS., County of MARION, State of Indiana, Groom TERRY PHILLIPS of HENDRICKS County, State of IN and, Bride DEBORAH CAMPBELL of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of JUNE, 19 86.

Signed /s/ REGINALD B. MULLINS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 211
File
5-30-86 Date of Application

MALE
Medical Examination Report Dated 5-19-86
Name of Physician M. Pingate

FEMALE
Medical Examination Report Dated 5-19-86
Name of Physician K. M. Maynard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Tony Middle E. Last Morrison
Date of Birth: Month 2 Day 16 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R 1 City Jamestown County State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard M. Morrison
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathryn L. McQueen
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tony E. Morrison
New Address RTE 1 BOX 1B JAMESTOWN

Subscribed and sworn to before me this 30 day of May, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle K. Last Stewart
Date of Birth: Month 6 Day 10 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R1 Box 243-A City Pittsboro County State

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Myron C. Stewart
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Esther N. Ryse
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Brenda Stewart
New Address Rte 1 Box 1B Jamestown

Subscribed and sworn to before me this 30 day of May, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 86, authorizing the joining together as husband and wife of Indiana dated the 6 day of June and TONY E. MORRISON BRENDA K. STEWART

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KATHY KINSER hereby certify that on the 14th day of JUNE, one thousand nine hundred and 86 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom TONY E. MORRISON of BOONE County, State of IN, and, Bride BRENDA K. STEWART of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86 Signed /s/ KATHY KINSER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of JUNE, 19 86
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212

File

5-31-86
Date of Application

MALE
Medical Examination Report Dated 5-16-86
Name of Physician James S. Feroglio M.D.

FEMALE
Medical Examination Report Dated 5-16-86
Name of Physician James S. Feroglio M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lester Middle G. Last Stanton

Date of Birth: Month 10 Day 9 Year 1956

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. 11335 W. Wash City Lot 10 County Bot 38 State Indpls.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arnold Eugene Stanton
   Residence of father (if deceased so state) Okla
   Birthplace of father (State or foreign country) —
9. Full maiden name of mother Mary E. —
   Residence of mother (if deceased so state) Okla
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lester Stanton

New Address 1133 Washington Ct #10

Subscribed and sworn to before me this 31st day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle — Last Hunter

Date of Birth: Month 1 Day 11 Year 1954

Place of Birth (State or foreign country) Terre Haute

Residence Address: Street or R. R. 11335 W. Wash St. City Lot 10 County Bot 38 State Indpls. In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur L. Needham
   Residence of father (if deceased so state) Terre Haute, In
   Birthplace of father (State or foreign country) Terre Haute, In
9. Full maiden name of mother Alice M. Burchett
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Danville Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra M Hunter

New Address 1133 W. West Washington Ct #10

Subscribed and sworn to before me this 31 day of May, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* June, *19* 86, *authorizing the joining together as husband and wife* LESTER N. STANTON *and* DEBRA M. HUNTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL AKARD RILEY *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* LESTER N. STANTON *of* HENDRICKS *County, State of* IN *and, Bride* DEBRA M. HUNTER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* JUNE, *19* 86.

Signed /s/ CARL AKARD RILEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213

File

6-2-86 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Virgil Middle R Last Lee

Date of Birth: Month 5 Day 26 Year 1915

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. Rt. 2, Box 225 City Nuscola County Ill. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John M. Lee
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ira Mae Campbell
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Virgil R. Lee

New Address 5237 Woodbrook Dr. Indpls. Ind

Subscribed and sworn to before me this 2nd day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Bernice Middle E. Last Pearson

Date of Birth: Month 9 Day 10 Year 1907

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 73 E. 200S City Danville, Ind. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Will McGonigal
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jesse Finch
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bernice E Pearson

New Address 5239 Woodbrook Indpls. In

Subscribed and sworn to before me this 2nd day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of June, 1986, authorizing the joining together as husband and wife VIRGIL R. LEE and BERNICE E. PEARSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ORVAL V. SUTTON hereby certify that on the 7th day of JUNE one thousand nine hundred and 86 at INDPLS., County of MARION, State of Indiana, Groom VIRGIL R. LEE of MARION County, State of IN, and, Bride BERNICE E. PEARSON of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of JUNE, 19 86. Signed /s/ ORVAL SUTTON

Official Designation MINISTER, 19 86

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of JUNE, 19 86. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214

File

6-2-86
Date of Application

MALE
Medical Examination Report Dated 5-23-86

Name of Physician N. Harvey Hunebutter

FEMALE
Medical Examination Report Dated 5-23-86

Name of Physician N. Harvey Hunebutter

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Michael Middle: A. Last: Trapp

Date of Birth — Month: 10 Day: 4 Year: 62

Place of Birth (State or foreign country): Illinois

Residence Address — Street or R. R.: 255 S. Manor Dr. City: Brownsburg County: State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Eugene H. Trapp
   Residence of father (if deceased so state): Danville, Ind.
   Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Catherine Baysinger
   Residence of mother (if deceased so state): Danville, Ind.
   Birthplace of mother (State or foreign country): Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael A. Trapp

New Address 255 Manor Dr.

Subscribed and sworn to before me this 2 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name — First: Melinda Middle: M. Last: King

Date of Birth — Month: 12 Day: 19 Year: 60

Place of Birth (State or foreign country): Indpls. Ind.

Residence Address — Street or R. R.: 25 S. Manor Dr. City: Brownsburg County: State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Wayne D. King
   Residence of father (if deceased so state): Indpls. Ind.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marcella A. Fischer
   Residence of mother (if deceased so state): Indpls. Ind.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Melinda M. King

New Address 255 S. Manor Dr.

Subscribed and sworn to before me this 2 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of June, 19 86, authorizing the joining together as husband and wife MICHAEL A. TRAPP and MELINDA M. KING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT G. BERGER hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at PRESTWICK COUNTRY CLUB, County of HENDRICKS, State of Indiana, Groom MICHAEL A. TRAPP of HENDRICKS County, State of IN and, Bride MELINDA M. KING of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86.

Signed /s/ ROBERT G. BERGER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of JULY, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 215

File

6-3-86 Date of Application

MALE
Medical Examination Report Dated 5-29-86
Name of Physician Danny Chin

FEMALE
Medical Examination Report Dated 5-29-86
Name of Physician Danny Chin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle B. Last Szentivanyi

Date of Birth: Month 1 Day 28 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 35 Darling St. City Boston County Mass. State 02120

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph S. Szentivanyi
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sypsta J. Wheeler
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Joseph B Szentivanyi

New Address 35 Darling st. Boston Ma. 02120

Subscribed and sworn to before me this 3 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Laura Middle L. Last Young

Date of Birth: Month 10 Day 22 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 35 Darling St. City Boston County Mass. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Young
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha J. Edwards
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Laura Young

New Address 35 Darling St Boston Mass.

Subscribed and sworn to before me this 3 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of June, 19 86, authorizing the joining together as husband and wife JOSEPH B. SZENTIVANYI and LAURA L. YOUNG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY L. BELLVILLE hereby certify that on the 7th day of JUNE, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JOSEPH B. SZENTIVANYI of HENDRICKS County, State of IN and, Bride LAURA L. YOUNG of SUFFEX County, State of MASSACHUSETTS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of JUNE, 19 86. Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216

File

6-3-86
Date of Application

MALE
Medical Examination Report Dated 6-1-86
Name of Physician David B. Heyand MD.

FEMALE
Medical Examination Report Dated 6-2-86
Name of Physician David B Heyand MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ricky Middle A. Last Jones

Date of Birth: Month October Day 27 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 870 Wyckford Apt F. City Indpls County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ky Allen Jones
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Helen Joan Ferguson
   Residence of mother (if deceased so state) Evansville In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ricky A Jones
New Address 870 Wyckford Dr #F Indpls IN

Subscribed and sworn to before me this 3 day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First C. Sue Middle Last Pensinger

Date of Birth: Month October Day 14 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1649 Woodley Rd. City Mooresville County Morgan State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support
8. Full name of father Larry Eugene Pensinger
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Rachel Lorette Dalton
   Residence of mother (if deceased so state) Crawfordsville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed C Sue Pensinger
New Address 870 Wyckford Drive, Apt. F, Indpls

Subscribed and sworn to before me this 3 day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of June, 19 86, authorizing the joining together as husband and wife RICKY A. JONES and CAROLYN SUE PENSINGER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KENNETH E. VETTERS hereby certify that on the 7th day of JUNE one thousand nine hundred and 86 at BARTLETT CHAPEL, County of HENDRICKS, State of Indiana, Groom RICKY A. JONES of MARION County, State of IN and, Bride CAROLYN SUE PENSINGER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of JUNE, 19 86.

Signed /s/ KENNETH E. VETTERS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 217

File

6-5-86 Date of Application

MALE
Medical Examination Report Dated 5-10-86
Name of Physician M. Pizzato

FEMALE
Medical Examination Report Dated 5-19-86
Name of Physician J. Borey

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Lee Last Crews

Date of Birth: Month 4 Day 12 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R1 Box 538 City County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Crews
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Laura M. Middleton
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Robert Lee Crews

New Address 6700 W. Lazy H.

Subscribed and sworn to before me this 5 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Laura Middle Ann Last Boswell

Date of Birth: Month 5 Day 21 Year 67

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R. R. 10226 S. Sunset D. City Tucson County Pima State Arizona

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Jason Eugene Boswell
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Boswell
   Residence of father (if deceased so state) Tucson
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shelby A. Baxter
   Residence of mother (if deceased so state) Arizona
   Birthplace of mother (State or foreign country) New Jersey

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Laura A. Boswell

New Address 6700 W. Lazy H

Subscribed and sworn to before me this 5 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3-Day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 5th day of June, 19 86, authorizing the joining together as husband and wife of ..... and .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ..... one thousand nine hundred and ..... at ....., County of ..... State of Indiana, Groom ..... of ....., County, State of ..... and, Bride ..... of ....., County, State of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ..... day of ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Signed ..... Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218

File

6-5-86
Date of Application

MALE
Medical Examination Report Dated 6-2-86

Name of Physician D.B. Haggard

FEMALE
Medical Examination Report Dated 6-2-86

Name of Physician D.B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle D. Last Austin

Date of Birth: Month 4 Day 5 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: 428 S. Vine Street or R. R. Plfd. City Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John H. Austin
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Patricia D. Rutherford
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Harold Austin

New Address 428 S. Vine Plainfield

Subscribed and sworn to before me this 5 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Beverley Middle A. Last Stafford

Date of Birth: Month 8 Day 13 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: R. 1 Box 255 Street or R. R. Clayton City Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard W. Stafford
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Jill Whitney
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Beverley Stafford

New Address 458 S. Vine Plainfield, IN

Subscribed and sworn to before me this 5 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of June, 19 86, authorizing the joining together as husband and wife HARROLD D. AUSTIN and BEVERLEY ANNE STAFFORD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RALPH H. RICHARDSON hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at STILESVILLE, County of HENDRICKS, State of Indiana, Groom HARROLD D. AUSTIN of HENDRICKS County, State of IN and, Bride BEVERLEY ANNE STAFFORD of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86.

Signed /s/ RALPH H. RICHARDSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219

File

6-5-86 Date of Application

MALE
Medical Examination Report Dated 6-2-86
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 6-2-86
Name of Physician M. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Troy Middle Alan Last Rader

Date of Birth: Month August Day 6 Year 1962

Place of Birth (State or foreign country) Hendricks Co. Ind.

Residence Address: Street or R. R. 65 S. Rd. 200 W. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edwin R. Rader
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanne M. Hanson
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Troy A Rader

New Address 65 S Rd. 200 West

Subscribed and sworn to before me this 9th day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Lee Last Gray

Date of Birth: Month 12 Day 29 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 65 S. Rd. 200 W. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jason Merrill Gray
   Andrew Wayne Gray
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David W. Wooden
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana (?)
9. Full maiden name of mother Phyllis J. Stinnett
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela L Gray

New Address 65 S 200 W. Danville In.

Subscribed and sworn to before me this 5 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of June, 19 86, authorizing the joining together as husband and wife TROY ALAN RADER and PAMELA LEE GRAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RAYMOND L. RADER hereby certify that on the 14th day of JUNE, one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom TROY ALAN RADER of HENDRICKS County, State of IN, and, Bride PAMELA LEE GRAY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ RAYMOND L. RADER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 220

File

6-5-86
Date of Application

MALE
Medical Examination Report Dated 5-20-86
Name of Physician Teresa Trierweiler

FEMALE
Medical Examination Report Dated 5-20-86
Name of Physician Teresa Trierweiler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle C. Last Marshall

Date of Birth: Month 7 Day 2 Year 1940

Place of Birth (State or foreign country) Ohio

Residence Address: 131 Lincoln Ave. P.O. Box 112 Street or R. R. Brownsburg City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father M. Wayne Marshall
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jeanne Vanica
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas C Marshall
New Address 2002 High Eagle Ct #1020 Speedway
Subscribed and sworn to before me this 5th day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Judy Middle L. Last Emerson

Date of Birth: Month 8 Day 28 Year 1946

Place of Birth (State or foreign country) Kentucky

Residence Address: 2002 High Eagle Trail Apt 1020 Street or R. R. Speedway City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andrew Jackson Cochran
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Anna Sol
   Residence of mother (if deceased so state) Cin. Ohio
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy L Emerson
New Address 2002 High Eagle Trl Speedway
Subscribed and sworn to before me this 5th day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* June, 19 86, *authorizing the joining together as husband and wife* THOMAS C. MARSHALL *and* JUDY L. EMERSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS C. MARSHALL *of* HENDRICKS *County, State of* IN *and, Bride* JUDY L. EMERSON *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, 19 86

Signed /s/ CHRIS E. WYNN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* JULY, 19 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221

File

6-5-86 Date of Application

MALE
Medical Examination Report Dated 5-22-86
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 5-22-86
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First J. Middle Douglas Last Hathaway

Date of Birth: Month 4 Day 17 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 894 B Ridgewood Dr. City Pfld. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John T. Hathaway
   Residence of father (if deceased so state) Cartersburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Ann Hollingsworth
   Residence of mother (if deceased so state) Cartersburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed J. Douglas Hathaway

New Address 894 B RIDGEWOOD DR. PLAINFIELD IN

Subscribed and sworn to before me this 5th day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Ginger Middle K. Last Gillespie

Date of Birth: Month 11 Day 23 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 350 Maplehill St. City Pfld. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael Anthony Gillespie
   Residence of father (if deceased so state) Pfld. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie Sue Baker
   Residence of mother (if deceased so state) Pfld. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ginger K. Gillespie

New Address 894 B Ridgewood Dr. Pfld. In

Subscribed and sworn to before me this 5th day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 11 day of June, 19 86, authorizing the joining together as husband and wife J. DOUGLAS HATHAWAY and GINGER KAY GILLESPIE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANTHONY W. MAUCK hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at 456 Cartersburg, County of HENDRICKS State of Indiana, Groom J. DOUGLAS HATHAWAY of HENDRICKS County, State of IN and, Bride GINGER KAY GILLESPIE of HHENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ ANTHONY W. MAUCK

Official Designation EVANGELIST

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 222

File

6-6-86
Date of Application

MALE
Medical Examination Report Dated 6-4-86

Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 6-4-86

Name of Physician E. Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle G. Last Foster

Date of Birth: Month 12 Day 31 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 474A City Clayton County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronnie D. Foster
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Iowa.
9. Full maiden name of mother Margaret H. Morris
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Foster

New Address

Subscribed and sworn to before me this 6 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Tina Middle D. Last Newell

Date of Birth: Month 10 Day 20 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 494 City Clayton County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard L. Newell
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Marilyn K. Russell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Iowa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tina Newell

New Address 7745 Parkland Dr. Columbus IN 47201

Subscribed and sworn to before me this 6 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Marilyn K. Reynolds Mother

Subscribed and sworn to before me this day of, 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* June, *19* 86, *authorizing the joining together as husband and wife* DONNIE FOSTER *and* TINA D. NEWELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEITH BARNETT *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 86 *at* NORTHWEST CHURCH OF CHRIST *County of* MARION, *State of Indiana, Groom* DONNIE FOSTER *of* HENDRICKS *County, State of* IN *and, Bride* TINA NEWELL *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* JUNE, *19* 86.

Signed /s/ KEITH BARNETT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 223

File

6-6-86 Date of Application

MALE
Medical Examination Report Dated 5/20/86
Name of Physician Joseph F. Thompson

FEMALE
Medical Examination Report Dated 5/20/86
Name of Physician Joseph F. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle M. Last O'Brien

Date of Birth: Month 2 Day 13 Year 1959

Place of Birth (State or foreign country) Brooklyn N. Y.

Residence Address: Street or R. R. 612 C Lakeside Dr. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Patrick O'Brien
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N. Y.
9. Full maiden name of mother Anna Teresa Hogarty
   Residence of mother (if deceased so state) Lexington, Ky.
   Birthplace of mother (State or foreign country) N. Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin M O'Brien

New Address 112-C Lakeside Dr.

Subscribed and sworn to before me this 6th day of June, 19 86.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Terra Middle M. Last Smitson

Date of Birth: Month 8 Day 21 Year 1961

Place of Birth (State or foreign country) Maysville Kentucky

Residence Address: Street or R.R. 1660 Cottonwood Ct. N. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George David Smitson
   Residence of father (if deceased so state) Plfd., In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Margaret Christine Neff
   Residence of mother (if deceased so state) Plfd., In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terra M. Smitson

New Address 612-C Lakeside Dr. 86

Subscribed and sworn to before me this 6 day of June, 19 86

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of June, 1986, authorizing the joining together as husband and wife KEVIN M. O'BRIEN and TERRA M. SMITSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARC S. HAYS hereby certify that on the 14th day of JUNE one thousand nine hundred and 86, at COATSVILLE, County of HENDRICKS, State of Indiana, Groom KEVIN M. O'BRIEN of HENDRICKS County, State of IN, and, Bride TERRA M. SMITSON of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ MARC S. HAYS

Official Designation PASTORAL COUNSELOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

552

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 224

File

6-6-86
Date of Application

MALE
Medical Examination Report Dated 6-3-86

Name of Physician R. Heavin

FEMALE
Medical Examination Report Dated 6-3-86

Name of Physician R. Heavin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle H. Last Nichols

Date of Birth: Month 3 Day 18 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6413 W. 250 S. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Pam Nichols
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herschel C. Nichols
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ellen Jane Salmon
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John H Nichols

New Address 6413 W. 250 South Danville

Subscribed and sworn to before me this 6 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kathie Middle J. Last Scott

Date of Birth: Month 7 Day 15 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6413 W. 250 S. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kasie Poynter
   Chad Scott
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert E. Poynter
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Barbara J. Robinson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathie J. Scott

New Address 6413 W. 250 South Danville

Subscribed and sworn to before me this 6 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* June, 19 86, *authorizing the joining together as husband and wife* JOHN H. NICHOLS *and* KATHIE J. SCOTT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GRANT M. WILEY *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* BAINBRIDGE, *County of* PUTNAM, *State of Indiana, Groom* JOHN H. NICHOLS *of* PUTNAM *County, State of* INDIANA *and, Bride* KATHIE J. SCOTT *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* June, 19 86.

Signed /s/ GRANT M. WILEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* JULY, 19 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 225

File

6-6-86 Date of Application

MALE
Medical Examination Report Dated 5-29-86
Name of Physician Gregory Oliver

FEMALE
Medical Examination Report Dated 5-29-86
Name of Physician Michael Pizzato, DO

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Lee Last Smith

Date of Birth: Month Aug Day 21 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1620 Brentwood Dr. S. City Plfd. County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Eugene Smith
   Residence of father (if deceased so state) Plfd In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lola Margaret Schalue
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy Lee Smith

New Address Lake Carelot Apts

Subscribed and sworn to before me this 6th day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carrie Middle Anne Last Sweeney

Date of Birth: Month June Day 1 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1020 Cambridge Dr. City Plfd. In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Christopher L. Sweeney
   Residence of father (if deceased so state) Plfd. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy S. Whitfield
   Residence of mother (if deceased so state) Naples In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carrie Sweeney

New Address Lake Camelot Apts., Naples.

Subscribed and sworn to before me this 6th day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of JUNE, 19 86, authorizing the joining together as husband and wife TIMOTHY LEE SMITH and CARRIE ANNE SWEENEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, YUNG SHENG CHEN hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom timothy lee smith of HENDRICKS County, State of IN and, Bride CARRIE ANNE SWEENEY of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ YUNG SHENG CHEN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 026

File

6-6-86
Date of Application

MALE
Medical Examination Report Dated 6-4-86
Name of Physician Daniel M. Hadley

FEMALE
Medical Examination Report Dated 6-4-86
Name of Physician Daniel M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: Andrew Middle: John Last: Savoldi

Date of Birth: Month: August Day: 4 Year: 1966

Place of Birth (State or foreign country): Alliance Ohio

Residence Address: Street or R. R.: 3 Lickridge Lane City: Danville County: Hendricks State: In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: John Allen Savoldi
   Residence of father (if deceased so state): Indiana
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dorothy Eileen Jones
   Residence of mother (if deceased so state): Indiana
   Birthplace of mother (State or foreign country): Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Andrew John Savoldi
New Address 3 Lickridge - Lane

Subscribed and sworn to before me this 6 day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First: Dawn Middle: Marie Last: Rogers

Date of Birth: Month: July Day: 17 Year: 1966

Place of Birth (State or foreign country): Franklin Indiana

Residence Address: Street or R. R.: 1235 Elder Drive City: Plfd. County: Hendricks State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Donald Dean Rogers
   Residence of father (if deceased so state): Marcellus
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Constance Annabell Kirk
   Residence of mother (if deceased so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dawn Marie Rogers
New Address 3 Lickridge Lane, Danville

Subscribed and sworn to before me this 6 day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* June, 1986, *authorizing the joining together as husband and wife* ANDREW JOHN SAVOLDI *and* DAWN MARIE ROGERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEWEY A. THACKSTON *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ANDREW JOHN SAVOLDI *of* HENDRICKS *County, State of* IN *and, Bride* DAWN MARIE ROGERS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, *19* 86

Signed /s/ DEWEY A. THACKSTON
Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JULY, *19* 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 227

File

June 6 1986 Date of Application

MALE
Medical Examination Report Dated 6-6-86
Name of Physician David B. Hayford

FEMALE
Medical Examination Report Dated 5-28-86
Name of Physician T. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle D. Last Martin

Date of Birth: Month July Day 4 Year 1950

Place of Birth (State or foreign country): Cincinnati (Hamilton) Ohio
City County State

Residence Address: 201 Shorecrest Dr. Brownsburg (Hend.) In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Lyle Martin
   Residence of father (if deceased so state) Cincinnati Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Gertrude Bell Walter
   Residence of mother (if deceased so state) Cincinnati, Ohio
   Birthplace of mother (State or foreign country) California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William D. Martin

New Address 121 WILLIAMSBURG PL FRANKLIN, TN 37064

Subscribed and sworn to before me this 6 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle J. Last Groover

Date of Birth: Month August Day 11 Year 1959

Place of Birth (State or foreign country): Ridge Marion In
City County State

Residence Address: 521 Dawn Pfld. Hend. In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christina L. Hoffedity

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Mack Groover
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann McCord
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela J Groover

New Address 121 Williamsburg Pl. Franklin, TN 37064

Subscribed and sworn to before me this 6 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of July, 1986, authorizing the joining together as husband and wife WILLIAM D. MARTIN and PAMELA J. GROOVER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 16th day of AUGUST, one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom WILLIAM D. MARITN of HENDRICKS County, State of IN and, Bride PAMELA J. GROOVER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of AGUSUT, 19 86. Signed /s/ WILLIAM CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of August, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 228

File

6-6-86
Date of Application

MALE
Medical Examination Report Dated 5-29-86
Name of Physician Moretto

FEMALE
Medical Examination Report Dated 5-29-86
Name of Physician Moretto,

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Norman Middle C. Last Duncan

Date of Birth: Month Jan Day 21 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 917 W. 33rd. City Marion, County Indpls. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. Duncan
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Ark.
9. Full maiden name of mother Ella M. Jackson
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Ark.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Norman C Duncan
New Address 3855 Dennwood Drive

Subscribed and sworn to before me this 6 day of June, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cathy Middle Ann Last Phillips

Date of Birth: Month Feb. Day 18 Year 1969

Place of Birth (State or foreign country) Va.

Residence Address: Street or R. R. 10080 W. 21st St. City Indpls. County Hend. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David E. Phillips
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Sharon R. Foster
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Cathy A. Phillips
New Address 3855 Dennwood Drive

Subscribed and sworn to before me this 6 day of June, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed x David E Phillips Father
Signed x Sharon R. Phillips Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* June, *19* 86., *authorizing the joining together as husband and wife* NORMAN C. DUNCAN *and* CATHY ANN PHILLIPS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BISHOP W. J. DUNCAN *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* NORMAN C. DUNCAN *of* MARION *County, State of* IN *and, Bride* CATHY ANN PHILLIPS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, *19* 86.

Signed /s/ BISHOP W. J. DUNCAN
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 229

File

6-9-86 Date of Application

MALE
Medical Examination Report Dated May 28, 1986
Name of Physician Thomas Walker MD.

FEMALE
Medical Examination Report Dated May 28, 1986
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle A. Last Wardle

Date of Birth: Month 5 Day 15 Year 1964

Place of Birth (State or foreign country) Danville In

Residence Address: Street or R. R. Danville City , In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary L. Wardle
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Carolyn Mary ~~Ann~~ Webb
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jeffrey A Wardle
New Address 1098 East 500 N

Subscribed and sworn to before me this 9 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Melinda Middle Ann Last Jones

Date of Birth: Month 7 Day 28 Year 1965

Place of Birth (State or foreign country) Beech Grove, In

Residence Address: Street or R. R. Brownsburg, City In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John W. Jones
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Thelma K. Silvers
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Melinda A. Jones
New Address 1098 East 500 N.

Subscribed and sworn to before me this 9 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of June, 19 86, authorizing the joining together as husband and wife JEFFREY A. WARDLE and MELINDA ANN JONES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD TYLER hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JEFFREY A. WARDLE of HENDRICKS County, State of IN and, Bride MELINDA ANN JONES of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ DONALD TYLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 230

File

6-9-86
Date of Application

MALE
Medical Examination Report Dated 5-31-86
Name of Physician William Moores

FEMALE
Medical Examination Report Dated 5-31-86
Name of Physician William Moores

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle Steven Last Brannon

Date of Birth: Month 10 Day 6 Year 51

Place of Birth (State or foreign country) Charlotte, North Carolina

Residence Address: Street or R. R. 4519 Kathryn Dr. City Indianapolis County Hendricks State In. 46231

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Katrina 16 years old
   Christine 14 " } Twins
   ~~of~~ Crystal 14 } Twins
   Holly 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. atty Russell White Eugene Fife III
8. Full name of father Clifford Lee Brannon
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Belmont, N.C.
9. Full maiden name of mother Edith Lena Mae Moore
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Gaffney, S.C.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Larry S. Brannon
☒ New Address 4519 S. Kathryn Dr.

Subscribed and sworn to before me this 9th day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lizann Middle Kay Last Byers

Date of Birth: Month 4 Day 15 Year 56

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 4519 Kathryn Dr. City Indianapolis County Hendricks State In 46231

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert William Byers
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Betty Pauline Porter
   Residence of mother (if deceased so state) California
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Lizann K. Byers
☒ New Address 4519 S. Kathryn Dr.

Subscribed and sworn to before me this 9th day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. # 2 Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* June, *19*..., *authorizing the joining together as husband and wife* LARRY STEVEN BRANNON *and* LIZANN KAY BYERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL F. HICKS *hereby certify that on the* 15th *day of* JUNE, *one thousand nine hundred and* 86 *at* TRAFALGAR, *County of* JOHNSON, *State of Indiana, Groom* LARRY STEVEN BRANNON *of* HENDRICKS *County, State of* IN *and, Bride* LIZANN KAY BYERS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 9th *day of* JUNE, *19* 86.

Signed /s/ CARL F. HICKS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #231

File

6-9-86 Date of Application

MALE
Medical Examination Report Dated 5/22/86
Name of Physician Charles J. Hasbrook, M.D.

FEMALE
Medical Examination Report Dated 5/20/86
Name of Physician Charles J. Hasbrook, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Kevin Last Phillips

Date of Birth: Month 4 Day 01 Year 1954

Place of Birth (State or foreign country) Greenfield Hancock Co., In.

Residence Address: Street or R. R. 9601 E. 950 N. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Myron Frederick Phillips
   Residence of father (if deceased so state) Greenfield, In.
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Ruby Bernadine Macy
   Residence of mother (if deceased so state) Greenfield, In.
   Birthplace of mother (State or foreign country) Rush Co., In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald K. Phillips

New Address same as above

Subscribed and sworn to before me this 9 day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kristin Middle Kay Last Barclay

Date of Birth: Month 4 Day 22 Year 1957

Place of Birth (State or foreign country) Indpls. Marion Co., In.

Residence Address: Street or R. R. 9601 E. 950 N. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Wayne Barclay
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Greensburg, In.
9. Full maiden name of mother Harriett Ann Hall
   Residence of mother (if deceased so state) Indpls., In.
   Birthplace of mother (State or foreign country) Crawfordsville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kristin K. Barclay

New Address same as above

Subscribed and sworn to before me this 9 day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 13th day of June, 1986, authorizing the joining together as husband and wife RONALD KEVIN PHILLIPS and KRISTIN KAY BARCLAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROGER JOHNSON hereby certify that on the 14th day of JUNE one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION State of Indiana, Groom RONALD KEVIN PHILLIPS of HENDRICKS County, State of IN and, Bride KRISTIN KAY BARCLAY of MARION County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of JUNE, 19 86. Signed /s/ ROGER JOHNSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #232

File

6-9-86
Date of Application

MALE
Medical Examination Report Dated 5-30-86
Name of Physician Joseph I Thompson

FEMALE
Medical Examination Report Dated 6-2-86
Name of Physician Joseph I Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle Sherman Last Keener

Date of Birth: Month 2 Day 19 Year 63

Place of Birth (State or foreign country): Ft. Wayne, In.

Residence Address: Street or R. R. R R 1-Box 111 City Clayton County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Sherman Keener
   Residence of father (if deceased so state) Ft. Wayne, In.
   Birthplace of father (State or foreign country) Ft. Wayne, In.
9. Full maiden name of mother Janice Arlene Stauffer
   Residence of mother (if deceased so state) Ft. Wayne, In
   Birthplace of mother (State or foreign country) Ft. Wayne, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed [signature]

☒ New Address RR 1 Box 111 Clayton IN 46118

Subscribed and sworn to before me this 9th day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle Gaye Last Ogles

Date of Birth: Month July Day 31 Year 1965

Place of Birth (State or foreign country): Ward Co. In

Residence Address: Street or R. R. R R #1 Box 111 City Clayton County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dana Gleason Ogles
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Phoebe Frances Powell
   Residence of mother (if deceased so state) Clayton In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Patricia Gaye Ogles

☒ New Address RR 1 Box 111 Clayton, IN 46118

Subscribed and sworn to before me this 12 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, *19* 86, *authorizing the joining together as husband and wife* JEFFREY S. KEENER *and* PATRICIA G. OGLES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, donald a. kinser *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* JEFFREY S. KEENER *of* HENDRICKS *County, State of* IN *and, Bride* PATRICIA G. OGLES *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, *19* 86.

Signed /s/ DONALD A. KINSER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 233

File

6-9-86 Date of Application

MALE
Medical Examination Report Dated 5-31-86
Name of Physician M. Pugate

FEMALE
Medical Examination Report Dated 5-31-86
Name of Physician M. Pugate

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle J. Last Hamilton

Date of Birth: Month 6 Day 1 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3611 S. Campbell Rd. City Indpls. County Hend. Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   William B. Hamilton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Hamilton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel F. Perkins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David L Hamilton
New Address 3611 S Campbell Rd

Subscribed and sworn to before me this 9 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Stephanie Middle J. Last Burnett

Date of Birth: Month 8 Day 13 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3611 S. Campbell Rd City Indpls. County Hend. Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Chad R. Baker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey D. Bush
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ora May Neuroth
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Stephanie J Burnett
New Address 3611 S. Campbell Rd

Subscribed and sworn to before me this 9 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of June, 19 86, authorizing the joining together as husband and wife DAVID LEE HAMILTON and STEPHANIE JOANNE BURNETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 25th day of JUNE one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of IN

State of Indiana, Groom DAVID LEE HAMILTON of HENDRICKS County, State of IN

and, Bride STEPHANIE JOANNE BURNETT of HENDRICKS County, State of IN

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of JUNE, 19 86. Signed /s/ LARRY R. HESSON

Official Designation JUDGE, 19 86

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

562

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 234

File

6-10-86
Date of Application

MALE
Medical Examination Report Dated 5-24-86
Name of Physician Joseph F. Thompson

FEMALE
Medical Examination Report Dated 5-24-86
Name of Physician Joseph F. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle E. Last Musson

Date of Birth: Month March Day 28 Year 1962

Place of Birth (State or foreign country) Peru In

Residence Address: Street or R.R. RR 3 Box 313-2 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester Leon Musson
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Marie Fern Quast
   Residence of mother (if deceased so state) Clayton In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Douglas E Musson
New Address RR 3 Clayton IN

Subscribed and sworn to before me this 16 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rochelle Middle L. Last George

Date of Birth: Month Oct. Day 2 Year 1964

Place of Birth (State or foreign country) Buffalo. Marion In.

Residence Address: Street or R. R. RR 2 Box 133 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy George
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Joanne Ruth Little
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rochelle L George
New Address R.R #3 Clayton, In 46118

Subscribed and sworn to before me this 16 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* June, 19 86, *authorizing the joining together as husband and wife* DOUGLAS E. MUSSON *and* ROCHELLE L. GEORGE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK BUNN *hereby certify that on the* 21st *day of* JUNE, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DOUGLAS E. MUSSON *of* HENDRICKS *County, State of* IN *and, Bride* ROCHELLE L. GEORGE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16th *day of* JUNE, 19 86.

Signed /s/ FRANK BUNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* JULY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 235

File

6-10-86 Date of Application

MALE
Medical Examination Report Dated 6-6-86
Name of Physician Geo. Avery, M.D.

FEMALE
Medical Examination Report Dated 6-6-86
Name of Physician Gary D. Barton, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle E. Last Beets

Date of Birth: Month 10 Day 6 Year 1961

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. R#1 Box 185 C 25 City Pittsboro County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Donald Beets
   Residence of father (if deceased so state) Plymouth, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Patricia Lou Stinnett
   Residence of mother (if deceased so state) Plymouth, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven E Beets

New Address Same as above

Subscribed and sworn to before me this 10 day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diana Middle Marie Last Wells

Date of Birth: Month 12 Day 27 Year 1948

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R. R. R#1 Box 185 C 25 City Pittsboro County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Adolphus Runyan
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjory Jan Mitchell
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana M. Wells

New Address Same

Subscribed and sworn to before me this 10 day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of June, 19 86, authorizing the joining together as husband and wife STEVEN E. BEETS and DIANA MARIE WELLS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD M. BAILEY hereby certify that on the 4th day of JULY one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom STEVEN E. BEETS of HENDRICKS County, State of IN and, Bride DIANA MARIE WELLS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of JUNE, 19 86. Signed /s/ RICHARD M. BAILEY

Official Designation HOSPITAL CHAPLAIN

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 236

File

6-11-86
Date of Application

MALE
Medical Examination Report Dated 6-7-86

Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 6-7-86

Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle R. Last Smith

Date of Birth: Month 5 Day 27 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10040 W. Bradford Rd. City Indpls. County Hend Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Smith
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary J. Wipple
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gary R. Smith

New Address 10040 W. BRADFORD RD. INDPLS 46231

Subscribed and sworn to before me this 11 day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Virginia Middle A. Last Heidelberger

Date of Birth: Month 5 Day 22 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10040 W. Bradford Rd. City Indpls. County Hend Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
   Ryan
   Christopher

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eli M. Haggard
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nancy A. Hall
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Virginia A Heidelberger

New Address 10040 W. Bradford Rd Indpls. 46

Subscribed and sworn to before me this 11 day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* JUNE, *19* 86, *authorizing the joining together as husband and wife* GARY R. SMITH *and* VIRGINIA AILEEN HEIDELBERGER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RONALD RICKETTS *hereby certify that on the* 22 *day of* JUNE, *one thousand nine hundred and* 86 *at* LYNHURST BAPTIST, *County of* MARION, *State of Indiana, Groom* GARY ROGER SMITH *of* HENDRICKS *County, State of* IN *and, Bride* VIRGINIA AILEEN HEIDELBERGER *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* JUNE, *19* 86.

Signed /s/ RONALD RICKETTS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237

File

6-11-86
Date of Application

MALE
Medical Examination Report Dated 6-9-86
Name of Physician H. A. Oliver

FEMALE
Medical Examination Report Dated 6-9-86
Name of Physician H. A. Oliver

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Thomas Last Meyer

Date of Birth: Month 3 Day 19 Year 68

Place of Birth (State or foreign country) Nevada

Residence Address: Street or R. R. 1412 Como St. City Carson City County State Nevada

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Thomas Meyer
   Residence of father (if deceased so state) Carson City, Nevada
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Mary JoAnn Jellings
   Residence of mother (if deceased so state) Boone
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John Meyer

New Address 1412 Como St. Carson City, Nv.

Subscribed and sworn to before me this 11 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Marla Middle Gay Last Phillips

Date of Birth: Month 7 Day 28 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.3 Box 313-B City Clayton County Hend. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Buston Phillips
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Mary Elizabeth Tribe
   Residence of mother (if deceased so state) Saint
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Marla Phillips

New Address 1412 Como St. Carson City, Nv. 89706

Subscribed and sworn to before me this 11 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sept Ct-II Court by written order issued 3-Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 86, authorizing the joining together as husband and wife of Indiana dated the 11th day of June and JOHN THOMAS MEYER MARLA GAY PHILLIPS

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 14th day of JUNE

I, KENNETH A. BRYANT, County of HENDRICKS, one thousand nine hundred and 86 at CLAYTON, County, State of NEVEDA

State of Indiana, Groom JOHN THOMAS MEYER of CARSON, County, State of IN

and, Bride MARLA GAY PHILLIPS of HENDRICKS, County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of JUNE, 19 86. Signed /s/ KENNETH A. BRYANT

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JULY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 238

File

6-11-86
Date of Application

MALE
Medical Examination Report Dated 5-31-86
Name of Physician H. Surrico Jr.

FEMALE
Medical Examination Report Dated 5-31-86
Name of Physician H. Surrico Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dean Middle Andrew Last Hagan

Date of Birth: Month 2 Day 5 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 185-C58 City Pittsboro County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hurl W. Hagan
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda L. Moore
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dean Hagan

New Address

Subscribed and sworn to before me this 18 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19.

Clerk

FEMALE APPLICANT

Name: First Donna Middle Lynn Last Hitch

Date of Birth: Month Dec Day 1 Year 1965

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 90 City Lizton County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald W. Hitch
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Carol G. Kincaid
   Residence of mother (if deceased so state) Lizton, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Hitch

New Address RR1 Box 90 Lizton, In

Subscribed and sworn to before me this 18 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* June, 19 86, *authorizing the joining together as husband and wife* DEAN ANDREW HAGAN *and* DONNA LYNN HITCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARLAND E. KINCAID *hereby certify that on the* 21st *day of* JUNE, *one thousand nine hundred and* 86 *at* SHADY BROOK FARM, *County of* HENDRICKS, *State of Indiana, Groom* DEAN ANDREW HAGAN *of* HENDRICKS *County, State of* IN *and, Bride* DONNA LYNN HITCH *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* JUNE, *19* 86.

Signed /s/ GARLAND E. KINCAID

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 239

File

6-11-86 Date of Application

MALE
Medical Examination Report Dated 5-27-86
Name of Physician J. D. Thompson

FEMALE
Medical Examination Report Dated 5-27-86
Name of Physician J. D. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle [illegible] Last Hayden

Date of Birth: Month 5 Day 7 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1 Hillcrest Ct. City Danville County [illegible] State [illegible]

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edellvert [illegible] Cooper
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha J. Hayden
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mark Hayden

New Address 1 Hillcrest Ct.

Subscribed and sworn to before me this 11 day of June, 19 86.

Mary Jane Russell, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Diane Middle [illegible] Last Grimes

Date of Birth: Month 3 Day 8 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1 Hillcrest Ct City Danville County [illegible] State [illegible]

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jade, Paige Grimes

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerald [illegible] Grimes
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon D. Slaten
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Diane Grimes

New Address 1 Hillcrest Ct

Subscribed and sworn to before me this 11 day of June, 19 86.

Mary Jane Russell, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of June, 1986, authorizing the joining together as husband and wife MARK A. HAYDEN and LINDA DIANE GRIMES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STANLEY A. JOHNSON hereby certify that on the 12th day of JULY one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MARK A. HAYDEN of HENDRICKS County, State of IN and, Bride LINDA DIANE GRIMES of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of JULY, 19 86. Signed /s/ STANLEY A. JOHNSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JULY, 1986

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 240

File

6-11-86
Date of Application

MALE
Medical Examination Report Dated 6-6-86

Name of Physician Nicholas Prochorow

FEMALE
Medical Examination Report Dated 6-6-86

Name of Physician Nicholas N Prochorow

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: First Michael Middle T. Last Myers

Date of Birth: Month 4 Day 16 Year 1968

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. RR 1 Box 122 C. City Lizton County In State 46149

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul M. Myers
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cora J. Womblus
   Residence of mother (if deceased so state) Lizton, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Michael T. Myers

New Address

Subscribed and sworn to before me this 11th day of June, 19 .

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19 .

Clerk

FEMALE APPLICANT

Name: First ~~Amey~~ Amey Middle Lynette Last Dowell

Date of Birth: Month July Day 29 Year 1969

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 218 N. Adams City Brownsburg County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry W. Dowell
   Residence of father (if deceased so state) Naples, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Carolyn S. Roberts
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Amey L. Dowell

New Address 218 N. Adams Brownsburg, In 46112

Subscribed and sworn to before me this 11th day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed ✕ Carolyn S. Norris Mother

Subscribed and sworn to before me this 11th day of June, 1986

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. Ct. Court by written order issued age & 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, 19 86, *authorizing the joining together as husband and wife* MICHAEL MYERS *and* AMEY DOWELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY S. LINTON *hereby certify that on the* 21st *day of* JUNE, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL MYERS *of* HENDRICKS *County, State of* IN *and, Bride* AMEY DOWELL *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* JUNE, 19 86.

Signed /s/ GARY S. LINTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JUNE, 19 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 241

File

June 12, 1986
Date of Application

MALE
Medical Examination Report Dated 6-4-86
Name of Physician Wm. Duncan MD.

FEMALE
Medical Examination Report Dated 6-4-86
Name of Physician Wm. Duncan MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Kurt Last Duncan

Date of Birth: Month Aug Day 26 Year 1964

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: 264 Street or R. R. Meadow Dr. City Avon County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Parents Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William G. Duncan
   Residence of father (if deceased so state) Detroit Dr. B'Burg Ind
   Birthplace of father (State or foreign country) Indpls.
9. Full maiden name of mother Mary Brenham
   Residence of mother (if deceased so state) J Brandenburg Dr.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Kurt Duncan
New Address 8680 Rhone Apt. 3D. Indpls.

Subscribed and sworn to before me this 12 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jane Middle Ellen Last Chapman

Date of Birth: Month Feb. Day 1 Year 1966

Place of Birth (State or foreign country) Indpls. Marion Ind.

Residence Address: 264 Street or R. R. R.R. 2 Box 15 City Clayton County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Wesley Chapman
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lynda Sue Roark
   Residence of mother (if deceased so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jane Ellen Chapman Indpls. Ind.
New Address 8680 Rhone Apt 3D Indpls. Ind. 46240

Subscribed and sworn to before me this 12 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of June, 19 86, authorizing the joining together as husband and wife JAMES KURT DUNCAN and JANE ELLEN CHAPMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES R. DEVNEY hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at INDIANAPOLIS County of MARION State of Indiana, Groom JAMES KURT DUNCAN of HENDRICKS County, State of IN and Bride JANE ELLEN CHAPMAN of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86. Signed /s/ JAMES R. DEVNEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JULY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

OFFICIAL CERTIFIED COPY
HENDRICKS COUNTY INDIANA
JUN 03 2003
Sharon Dugan, Clerk of Courts

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 742

File

Date of Application

MALE
Medical Examination Report Dated 5-31-86
Name of Physician Kenneth M. Maynard, D.O.

FEMALE
Medical Examination Report Dated 5-31-86
Name of Physician Michael S. Rizzato, D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bruce Middle Alan Last Bennett

Date of Birth: Month 12 Day 12 Year 46

Place of Birth (State or foreign country) Sullivan, Ind.

Residence Address: Street or R. R. 3950 N. 1000 E Lot-120 City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernest Ivan Bennett
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velma Lorraine Dale
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Bruce A. Bennett

× New Address 3950 N. 1000 E, LOT 120 BROWNSBURG IND

Subscribed and sworn to before me this 12th day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Jane Last Yowell

Date of Birth: Month 1 Day 22 Year 59

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 3950 N. 1000 E Lot 120 City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Lea Yowell
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Sue Brown
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Teresa J Yowell

× New Address Same as now.

Subscribed and sworn to before me this 12th day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* JUNE, *19* 86, *authorizing the joining together as husband and wife* BRUCE ALAN BENNETT *and* TERESA JANE YOWELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL *hereby certify that on the* 16th *day of* JUNE, *one thousand nine hundred and* 86 *at* danville, *County of* HENDRICKS, *State of Indiana, Groom* BRUCE ALAN BENNETT *of* HENDRICKS *County, State of* IN *and, Bride* TERESA JANE YOWELL *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16th *day of* JUNE, *19* 86.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 243

File

6-12-86 Date of Application

MALE
Medical Examination Report Dated 6-9-86
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 6-9-86
Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Glenn Middle K. Last Tolan

Date of Birth: Month 3 Day 21 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: 342½ N. Center Street or R. R. Pitt. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John E. Tolan
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra J. Ewell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenn Tolay

New Address 8002 S Raceway Camby 46113

Subscribed and sworn to before me this 12 day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle K. Last Rooker

Date of Birth: Month 9 Day 28 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: 342½ N. Center Street or R. R. Pitt. City County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold H. Rooker
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley A. Powers
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rhonda K. Rooker

New Address 8002 S. Raceway Camby Ind 46113

Subscribed and sworn to before me this 12 day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3-Day Waiver and filed in Misc. Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of June, 19 86, authorizing the joining together as husband and wife GLENN K. TOLAN and RHONDA K. ROOKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JANICE S. CHILEWSKI hereby certify that on the 12th day of JUNE one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GLENN K. TOLAN of HENDRICKS County, State of IN and, Bride RHONDA K. ROOKER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of JUNE, 19 86.

Signed /s/ JANICE S. CHILEWSKI

Official Designation 1st DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of JUNE, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

572

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-13-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244

File

6-12-86
Date of Application

MALE
Medical Examination Report Dated 6-5-86
Name of Physician J. H. Duckman

FEMALE
Medical Examination Report Dated 6-5-86
Name of Physician J. H. Duckman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-13-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle D. Last Weisbrodt

Date of Birth: Month 12 Day 5 Year 59

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 410 Weston St. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William D. Weisbrod I
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth Ann Hendricks
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William D Weisbrod II
New Address 410 Weston Dr.

Subscribed and sworn to before me this 12 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Terri Middle Lynn Last Fuller

Date of Birth: Month 4 Day 25 Year 65

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 10809 Cumberland Rd. City Noblesville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Fuller
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) (2)
9. Full maiden name of mother Barbara Young
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terri Lynn Fuller
New Address 910 Weston Dr.

Subscribed and sworn to before me this 12 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* June, *19* 86, *authorizing the joining together as husband and wife* WILLIAM DALE WEISBROD II *and* TERRI LYNN FULLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, L. RAY LYNN *hereby certify that on the* 21st *day of* JUNE, *one thousand nine hundred and* 86 *at* FISHERS, *County of* HAMILTON, *State of Indiana, Groom* WILLIAM DALE WEISBROD II *of* HENDRICKS *County, State of* IN *and, Bride* TERRI LYNN FULLER *of* HAMILTON *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* JUNE, *19* 86.

Signed /s/ L. RAY LYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 245

File

6-12-86 Date of Application

MALE
Medical Examination Report Dated 6-2-86
Name of Physician Joseph D. Thompson

FEMALE
Medical Examination Report Dated 5-31-86
Name of Physician Joseph D. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Patrick Last Lane

Date of Birth: Month 5 Day 16 Year 1965

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 4126 W. 33rd. St. City Dropls. County State In. 46222

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald E. Lane
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia L. Shaw
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Lane

New Address 1446½ S. High School Rd.

Subscribed and sworn to before me this 12th day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Sparks

Date of Birth: Month 5 Day 27 Year 1967

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. P.O. Box 83 City Amo County State In. 46103

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Laurence Ruley Sparks
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Kay Chilcote
   Residence of mother (if deceased so state) Amo, Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl Sparks

New Address 1446½ S. High School Rd. 46227

Subscribed and sworn to before me this 12th day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of June, 19 86, authorizing the joining together as husband and wife JOHN PATRICK LANE and CHERYL ANN SPARKS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK W. RODGERS hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at AMO, County of HENDRICKS, State of Indiana, Groom JOHN PATRICK LANE of MARION County, State of IN, and, Bride CHERYL ANN SPARKS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86. Signed /s/ FRANK W. RODGERS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 246

File

June 13, 1986
Date of Application

MALE
Medical Examination Report Dated 6-9-86
Name of Physician Gregory A. Olmis, M.D.

FEMALE
Medical Examination Report Dated 6-9-86
Name of Physician Gregory A. Olmis M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Mark Last Pannell

Date of Birth: Month Oct Day 29 Year 1958

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R. R. 111 W. South St. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Wayne Pannell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Yvonne Ransom
   Residence of mother (if deceased so state) Mpls In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed David Mark Pannell

New Address 111 W. South St Plfd. In 46168

Subscribed and sworn to before me this 12 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last Steinbaker

Date of Birth: Month May Day 27 Year 1959

Place of Birth (State or foreign country) Fishers Cicero Putnam In.

Residence Address: Street or R. R. 111 W. South St. City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christopher Lynn Steinbaker

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Edwin Nichols
   Residence of father (if deceased so state) Fillmore, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Marie Comer
   Residence of mother (if deceased so state) Fillmore, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Rebecca Sue Steinbaker

New Address 111 W. South St. Plainfield, In. 46168

Subscribed and sworn to before me this 12 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* June, *19* 86, *authorizing the joining together as husband and wife* DAVID MARK PANNELL *and* REBECCA SUE STEINBAKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEITH H. KIRK *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* DAVID MARK PANNELL *of* HENDRICKS *County, State of* INDIANA *and, Bride* REBECCA SUE STEINBAKER *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* JUNE, *19* 86.

Signed /s/ KEITH H. KIRK

Official Designation FRIENDS MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 247

File

6-13-86
Date of Application

MALE
Medical Examination Report Dated 6-9-86
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 6-9-86
Name of Physician Michael S. Pizzato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle J. Last Hallas

Date of Birth: Month 9 Day 29 Year 19 47

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 205 & 3rd St. City New Market County Ind. State 47965

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lic. Gary Hallas
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Mae Frame
   Residence of mother (if deceased so state) Hobart, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Michael Hallas

New Address 3469 N. Road 500 E.

Subscribed and sworn to before me this 13th day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tonya Middle J. Last Caruso

Date of Birth: Month 8 Day 5 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3469 N 500 E. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Michael Todd Caruso
   Heather Michelle Caruso

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm E. Leach
   Residence of father (if deceased so state) Miami Springs, Fla.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Billings
   Residence of mother (if deceased so state) Indpls, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Tonya Caruso

New Address 3469 N Road 500 E

Subscribed and sworn to before me this 13th day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 86, authorizing the joining together as husband and wife of Indiana dated the 17th day of June and MICHAEL G. HALLAS TONYA J. CARUSO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LEONARD J. LARGENT hereby certify that on the 17th day of JUNE one thousand nine hundred and 86 at CRAWFORDSVILLE, County of MONTGOMERY, State of IN, State of Indiana, Groom MICHAEL G. HALLAS of HENDRICKS County, State of IN, and, Bride TONYA J. CARUSO of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of JUNE, 19 86. Signed /s/ LEONARD J. LARGENT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 248

File

6-13-86
Date of Application

MALE
Medical Examination Report Dated 6-9-86
Name of Physician J. Cohen

FEMALE
Medical Examination Report Dated 6-4-86
Name of Physician P. Batista

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Kim Last Lease

Date of Birth: Month 10 Day 25 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: 912 Ridgewood Dr. Plfd. Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph K. Lease
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie J. Williams
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joseph K. Lease
New Address 1225 almond Drive

Subscribed and sworn to before me this 13 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Connie Middle Sue Last Russell

Date of Birth: Month 5 Day 18 Year 50

Place of Birth (State or foreign country) Kentucky

Residence Address: 1225 Almond Dr. Plfd. Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. Marcus J. Russell

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Martin L. Moss
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy Poindexter
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Connie M. Russell
New Address 1225 Almond Drive

Subscribed and sworn to before me this 13 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* June, *19* 86, *authorizing the joining together as husband and wife* JOSEPH KIM LEASE *and* CONNIE M. RUSSELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT JOE WALTERS *hereby certify that on the* 21st *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JOSEPH KIM LEASE *of* HENDRICKS *County, State of* IN *and, Bride* CONNIE M. RUSSELL *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* JUNE, *19* 86.

Signed /s/ ROBERT JOE WLATERS

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 249
File
6-13-86 Date of Application

MALE
Medical Examination Report Dated 6-5-86
Name of Physician David Hadley, M. D.

FEMALE
Medical Examination Report Dated 6-10-86
Name of Physician David Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle W. Last Clayton
Date of Birth: Month 8 Day 12 Year 1964
Place of Birth (State or foreign country) Muncie, Indiana
Residence Address: Street or R. R. 1600 Stafford Rd. City Plainfield County Hend. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rev. Wm. K. Clayton
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jackie Sue Hess
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Clayton
New Address 1600 Stafford Rd Plainfield IN

Subscribed and sworn to before me this 13 day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Rebekah Middle L. Last Haskins
Date of Birth: Month 5 Day 09 Year 1964
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. F. D. 3900 Cove Dr., City Columbus County Bartholomew State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Barnett Haskins
   Residence of father (if deceased so state) Columbus, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beulah Dolores Denbo
   Residence of mother (if deceased so state) Columbus, Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebekah L. Haskins
New Address .....

Subscribed and sworn to before me this 13 day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 19 day of June, 1986, authorizing the joining together as husband and wife of JAMES W. CLAYTON and REBEKAH L. HASKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JACK B. HASKINS hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of IN, State of Indiana, Groom JAMES W. CLAYTON of HENDRICKS County, State of IN, and, Bride REBEKAH L. HASKINS of BARTHOLOMEW County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86 Signed /s/ JACK B. HASKINS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of JUNE, 19 86
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

578

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 250

File

6-13-86
Date of Application

MALE
Medical Examination Report Dated 6-7-86
Name of Physician Wm. Edwards, M.D.

FEMALE
Medical Examination Report Dated 6-5-86
Name of Physician Wm. Edwards, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Samuel Middle L. Last Knotts

Date of Birth: Month 5 Day 20 Year 1963

Place of Birth (State or foreign country) Urbana, Ohio

Residence Address: Street or R. R. 397 E. Mill St. City Danville County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard L. Knotts
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rebecca Sue McBee
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Samuel L Knotts
New Address RR1 Bx 351 Fillmore

Subscribed and sworn to before me this 13 day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of ____ } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__.

____ Clerk

FEMALE APPLICANT

Name: First Marlene Middle M. Last Hendry

Date of Birth: Month 4 Day 19 Year 1966

Place of Birth (State or foreign country) Indpls., Marion Co., In.

Residence Address: Street or R. R. R#1 Box 351 B. City Clayton County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Michael Hendry
   Residence of father (if deceased so state) Lebanon, In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Sharon Sue Scott
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marlene M Hendry
New Address RR1 Bx 351 Fillmore

Subscribed and sworn to before me this 13 day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__.

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* June, *19* 86 *authorizing the joining together as husband and wife* SAMUEL L. KNOTTS *and* MARLENE M. HENDRY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DR. ANDREW P. CROWLEY *hereby certify that on the* 21st *day of* JUNE *one thousand nine hundred and* 86 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* SAMUEL L. KNOTTS *of* HENDRICKS *County, State of* IN *and, Bride* MARLENE M. HENDRY *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* JUNE, *19* 86.

Signed /s/ DR. ANDREW P. CROWLEY
Official Designation SENIOR MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* JUNE, *19* 86

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251

File

6-16-86 Date of Application

MALE
Medical Examination Report Dated 6-13-86
Name of Physician Dr. Gregory Oliver

FEMALE
Medical Examination Report Dated 6-13-86
Name of Physician Dr. Gregory Oliver

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle M. Last Craft

Date of Birth: Month June Day 22 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9880 W. 10th St. City Lot 176 County Indpls State In (Hen)

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drlic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Annette Marie Craft

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Craft
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Geraldine Brown
   Residence of mother (if deceased so state) Indpls. In
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David M Craft

New Address SAME

Subscribed and sworn to before me this 16th day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Stacey Middle Lynn Last Dickey

Date of Birth: Month Sept. Day 23 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9880 West 10th St. City Lot 176 County Indpls State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Steven Douglas Dickey, Sr.
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Kay Ryker
   Residence of mother (if deceased so state) Anderson, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stacy L. Dickey

New Address Same

Subscribed and sworn to before me this 16th day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* June, 19 86, *authorizing the joining together as husband and wife* DAVID M. CRAFT *and* STACEY LYNN DICKEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BUDDY FEHRMAN *hereby certify that on the* 21st *day of* JUNE, *one thousand nine hundred and* 86 *at* INDPLS., *County of* HENDRICKS, *State of Indiana, Groom* DAVID M. CRAFT *of* HENDRICKS *County, State of* IN, *and, Bride* STACEY LYNN DICKEY *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* JUNE, 19 86. *Signed* /s/ BUDDY FEHRMAN

Official Designation MINISTER, 19 86

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JUNE, 19 86

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252

File

6-16-86
Date of Application

MALE
Medical Examination Report Dated 6-12-86

Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 6-12-86

Name of Physician M. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Michael Last Thornton

Date of Birth: Month 1 Day 20 Year 56

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR 1 Box 166 City Coatesville County, Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Thornton
   Residence of father (if deceased so state) San Antonio Texas
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Stall
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed David M Thornton

× New Address R. 1 Box 166 Coatesville 46121

Subscribed and sworn to before me this 20th day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle M Last Settles

Date of Birth: Month 7 Day 24 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR. 1 Box 166 City Coatesville County, Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Lee Settles
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Isabel Lee Sells
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Sharon M. Settles

× New Address RI Box 166 Coatesville 46121

Subscribed and sworn to before me this 16 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* JUNE, *19* 86, *authorizing the joining together as husband and wife* DAVID THORNTON *and* SHARON M. SETTLES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES WILLIAM BLACK *hereby certify that on the* 21st *day of* JUNE, *one thousand nine hundred and* 86 *at* COATSVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DAVID THORNTON *of* HENDRICKS *County, State of* IN *and, Bride* SHARON M. SETTLES *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* JUNE, *19* 86.

Signed /s/ JAMES WILLIAM BLACK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 253
File
6-16-86 Date of Application

MALE
Medical Examination Report Dated 6-12-86
Name of Physician Jerald Lopez

FEMALE
Medical Examination Report Dated 6-2-86
Name of Physician Philip Batiste, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle A. Last Wright
Date of Birth: Month 7 Day 12 Year 62
Place of Birth (State or foreign country) Warren Michigan
Residence Address: Street or R. R. 32145 Concord Dr. City Madison Heights County Oakland State Michigan
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edwin Wright.
   Residence of father (if deceased so state) Sterling Heights, Michigan
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Yvonne Marie Richardson
   Residence of mother (if deceased so state) Sterling Heights, Michigan
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Timothy A. Wright
New Address 32145 Concord Dr. Apt. C Madison Hts., MI 48071

Subscribed and sworn to before me this 20th day of June, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Julie Middle Ann Last Pitcock
Date of Birth: Month 4 Day 6 Year 64
Place of Birth (State or foreign country) Louisville, Ky.
Residence Address: Street or R. R. 263 N. Jefferson City Danville County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Earl Pitcock
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Monroe County Ky.
9. Full maiden name of mother Shirley Ann Hawkins
   Residence of mother (if deceased so state) Munfordsville Ky.
   Birthplace of mother (State or foreign country) Danville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Julie A. Pitcock
× New Address 32145 Concord Drive Apt C Madison Heights, Michigan 48071

Subscribed and sworn to before me this 16th day of June, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 1986, authorizing the joining together as husband and wife of Indiana dated the 20 day of June and TIMOTHY WRIGHT JULIE PITCOCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES MELLISH hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS State of Indiana, Groom TIMOTHY WRIGHT of OAKLAND County, State of MICHIGAN and, Bride JULIE PITCOCK of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86. Signed /s/ JAMES MELLISH
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of JUNE, 19 86
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254

File

6-16-86
Date of Application

MALE
Medical Examination Report Dated 6-5-86
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 6-5-86
Name of Physician Michael Neely, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle David Last Neal

Date of Birth: Month 6 Day 27 Year 63

Place of Birth (State or foreign country) Lawrence, Kansas

Residence Address: Street or R. R. R.R. 3 Box 324 E City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Chester Neal
   Residence of father (if deceased so state) Junction City Ks.
   Birthplace of father (State or foreign country) Rushville, In.
9. Full maiden name of mother Sylvia Geraldine Stostenburg
   Residence of mother (if deceased so state) Shelby County In.
   Birthplace of mother (State or foreign country) Shelby County, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Michael D. Neal
× New Address RR #3 Box 324 E Clayton, Ind

Subscribed and sworn to before me this 16th day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Vicki Middle Ann Last Vonburg

Date of Birth: Month 11 Day 16 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R.R. 3 Box 324 E City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley Joe Vonburg
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Virginia Mae Burnhardt
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Vicki A. VonBurg
× New Address RR. 3 Box 324 Clayton In.

Subscribed and sworn to before me this 16th day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* June, 19 86, *authorizing the joining together as husband and wife* MICHAEL DAVID NEAL *and* VICKI ANN VON BURG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. RAMSEY *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* GREENSBURG, *County of* SHELBY, *State of Indiana, Groom* MICHAEL DAVID NEAL *of* HENDRICKS *County, State of* IN *and, Bride* VICKI ANN VON BURG *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, 19 86.

Signed /s/ DENNIS L. RAMSEY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* JULY, 19 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 255
File
6-16-86 Date of Application

MALE
Medical Examination Report Dated 6-4-86
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-4-86
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or presentation shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle D. Last Cunningham
Date of Birth: Month 7 Day 1 Year 1954
Place of Birth (State or foreign country) Linton, Greene Co., Indiana
Residence Address: Street or R. R. 512 Brookside, City Plfd., County Hendricks, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald L. Cunningham
   Residence of father (if deceased so state) Carterburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Peggy Craig
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [signature]
New Address SAME

Subscribed and sworn to before me this 16 day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Alicia Middle D. Last Woodcock
Date of Birth: Month 8 Day 28 Year 1964
Place of Birth (State or foreign country) Indianapolis Indiana (Marion)
Residence Address: Street or R. R. 512 Brookside Ln, City Plfd., County Hendricks, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernard A. Baller
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lila Mae Eaton
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alicia D. Woodcock
New Address Same

Subscribed and sworn to before me this 16 day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #II Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 86, authorizing the joining together as husband and wife of Indiana dated the 16th day of JUNE and GARY D. CUNNINGHAM and ALICIA D. WOODCOCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 16th day of JUNE, at DANVILLE, County of HENDRICKS, State of IN, one thousand nine hundred and 86 at HENDRICKS County, State of IN, State of Indiana, Groom GARY D. CUNNINGHAM of HENDRICKS County, State of IN, and, Bride ALICIA D. WOODCOCK of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of JUNE, 19 86. Signed /s/ MARY LEE COMER
Official Designation JUDGE SUPERIOR COURT I

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JUNE, 19 86
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

584

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 256

File

6-16-86
Date of Application

MALE
Medical Examination Report Dated 6-11-86
Name of Physician John Crockett

FEMALE
Medical Examination Report Dated 6/11/86
Name of Physician H. E. Campbell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leon Middle P. Last Handt

Date of Birth: Month 4 Day 21 Year 1963

Place of Birth (State or foreign country) Columbus Indiana

Residence Address: Street or R. R. 6008 Magdalene Dr., City Indpls., County Marion, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman C. Handt
   Residence of father (if deceased so state) Columbus, In.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Frances E. Zapke
   Residence of mother (if deceased so state) Columbus, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leon P. Handt

New Address 6008 Magdalene Dr. Indianapolis, In.

Subscribed and sworn to before me this 16 day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cindy Middle S. Last Riley

Date of Birth: Month 5 Day 8 Year 1963

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R#3 Box 91 Plainfield, City Plainfield, County Hend., State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald E. Riley
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Karen Kay Lawalin
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cindy S. Riley

New Address 6008 Magdalene Dr Indpls

Subscribed and sworn to before me this 16 day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* June, *19* 86, *authorizing the joining together as husband and wife* LEON P. HANDT *and* CINDY SUE RILEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH McNALLY *hereby certify that on the* 21 *day of* JUNE, *one thousand nine hundred and* 86 *at* ST. COLUMBA CHURCH COLUMBUS, *County of* BARTHOLOMEW, *State of Indiana, Groom* LEON P. HANDT *of* BARTHOLOMEW *County, State of* INDIANA *and, Bride* CINDY SUE RILEY *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* JUNE, *19* 86.

Signed /s/ JOSEPH McNALLY

Official Designation REVEREND PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 257

File

6-16-86 Date of Application

MALE
Medical Examination Report Dated 6/12/86
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6/12/86
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle E. Last Dollar

Date of Birth: Month 2 Day 24 Year 1961

Place of Birth (State or foreign country) Atlanta Georgia

Residence Address: Street or R. R. 10225 Wanessa City Fidlps. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James L. Dollar
   Residence of father (if deceased so state) Douglasville, Ga.
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Carolyn Mann
   Residence of mother (if deceased so state) College Park, Ga.
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ×Michael E. Dollar

New Address Same as above

Subscribed and sworn to before me this 16 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle K. Last Zink

Date of Birth: Month 4 Day 03 Year 1967

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 10225 Wanessa City Fidlps. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald M. Zink
   Residence of father (if deceased so state) ~~Indpls~~ Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gloria D. Ottinger
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela K. Zink

New Address Same as Above

Subscribed and sworn to before me this 16 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 86, authorizing the joining together as husband and wife of Indiana dated the 20 day of June and MICHAEL E. DOLLAR and PAMELA K. ZINK

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, CHRIS WYNN hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS State of Indiana, Groom MICHAEL E. DOLLAR of HENDRICKS County, State of IN and, Bride PAMELA K. ZINK of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86 Signed /s/ CHRIS WYNN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of JULY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

586

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 258

File

6-17-86
Date of Application

MALE
Medical Examination Report Dated 6-3-86
Name of Physician Joseph F. Thompson

FEMALE
Medical Examination Report Dated 6-9-86
Name of Physician Joseph F. Thompson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle A. Last Griffith

Date of Birth: Month 6 Day 6 Year 1965

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. Rt 1 Box 19A City Pittsboro County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Wm. Griffith
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Ann DeGuglielmo
   Residence of mother (if deceased so state) " Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Richard A. Griffith
New Address RR1 Box 28D Lizton

Subscribed and sworn to before me this 17 day of June, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Shannon Middle Elaine Last Sullivan

Date of Birth: Month 7 Day 5 Year 1965

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. R#1 Box 173C City Lizton County Hend. State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Wm. Sullivan
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Elaine Bridges
   Residence of mother (if deceased so state) Lizton, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Shannon Elaine Sullivan
New Address RR1 Box 28D Lizton

Subscribed and sworn to before me this 17 day of June, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24th *day of* June, 19 86, *authorizing the joining together as husband and wife* RICHARD A. GRIFFITH *and* SHANNON E. SULLIVAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EDWIN S. ROARK *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* NEW BRUNSWICK, *County of* BOONE, *State of Indiana, Groom* RICHARD A. GRIFFITH *of* HENDRICKS *County, State of* INDIANA *and, Bride* SHANNON E. SULLIVAN *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* JUNE, *19* 86.

Signed /s/ EDWIN S. ROARK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 259

File

6-17-86 Date of Application

MALE
Medical Examination Report Dated 6-11-86
Name of Physician John J. Farris

FEMALE
Medical Examination Report Dated 6-11-86
Name of Physician John J. Farris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle William Last Carr

Date of Birth: Month 9 Day 27 Year 1962

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 2 Jarean Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd W. Carr
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lead C. Beckham
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael W Carr

New Address 2 Jarean Dr.

Subscribed and sworn to before me this 17 day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Julia Middle Andrea Last Keers

Date of Birth: Month 5 Day 2 Year 1963

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 37 Ridgeway Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph F. Keers
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara A. Zore
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julia A Keers

New Address 2 Jarean Dr

Subscribed and sworn to before me this 17 day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

..... Father

..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of June, 19 86, authorizing the joining together as husband and wife MICHAEL WILLIAM CARR and JULIA ANDREA KEERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE hereby certify that on the 28th day of JUNE one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom MICHAEL WILLIAM CARR of HENDRICKS County, State of IN, and, Bride JULIA ANDREA KEERS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of JUNE, 19 86. Signed /s/ RICHARD ZORE

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JULY, 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

588

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 260

File

6-17-86
Date of Application

MALE
Medical Examination Report Dated 6-3-86

Name of Physician R. Steigmeier

FEMALE
Medical Examination Report Dated 6-3-86

Name of Physician R. Steigmeier

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle D. Last Francis

Date of Birth: Month 2 Day 8 Year 42

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 409 N. Main City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emmett D. Francis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth M. Doyle
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert D. Francis
New Address 409 N. Wayne St.

Subscribed and sworn to before me this 17 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Hollon

Date of Birth: Month 1 Day 21 Year 55

Place of Birth (State or foreign country) Ind. Ind.

Residence Address: Street or R. R. 409 N Main City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lester Hollon III

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd J. Lekel
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hilda M. Carmon
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sharon K. Hollon
New Address 409 N. Wayne St.

Subscribed and sworn to before me this 17 day of June, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* August, 19 86, *authorizing the joining together as husband and wife* ROBERT D. FRANCIS *and* SHARON KAY HOLLON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 6th *day of* AUGUST, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT D. FRANCIS *of* HENDRICKS *County, State of* IN *and, Bride* SHARON KAY HOLLON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* AUGUST, *19* 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* AUGUST, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261

File

6-17-86 Date of Application

MALE
Medical Examination Report Dated 6-16-86
Name of Physician Nedley

FEMALE
Medical Examination Report Dated 6-16-86
Name of Physician Nedley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lee Last Rinehart

Date of Birth: Month April Day 7 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 343 E North St City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Stacey Jean Rinehart
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Archie Lee Rinehart
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Eugene Livers
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Lee Rinehart

New Address 343 E. North St. Danville Ind.

Subscribed and sworn to before me this 17 day of June, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Julie Middle ann Last Cherry

Date of Birth: Month May Day 29 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 343 E North St City Danville County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willis E Cherry
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Jean Eberhart
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julie ann Cherry

New Address 343 E North St. Danville, Ind

Subscribed and sworn to before me this 17 day of June, 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 1986, authorizing the joining together as husband and wife of Indiana dated the 23 day of June and JULIE ANN CHERRY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF hereby certify that on the 28th day of JUNE at DANVILLE, County of HENDRICKS, State of Indiana, Groom MICHAEL LEE RINEHART of HENDRICKS County, State of IN, one thousand nine hundred and 86 and, Bride JULIE ANN CHERRY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of JUNE, 19 86. Signed /s/ JOHN P. ROOF

Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JUNE, 19 86

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

590

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 262

File

6-17-86
Date of Application

MALE
Medical Examination Report Dated 6-13-86
Name of Physician Kirk, Shelley

FEMALE
Medical Examination Report Dated 6-11-86
Name of Physician Lisa D. Childers

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle D. Last Neville

Date of Birth: Month 4 Day 4 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. PSC #2 Box 17016 City SAFB County TX State 76311

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Kirk

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Robert Neville
   Residence of father (if deceased so state) N.C.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mary P. Stutz
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Randy D Neville
New Address QUAIL 238 Sebury DR. 4200 Wichita Falls TX.

Subscribed and sworn to before me this 24th day of June, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Elaine Middle DeAnn Last Biddle

Date of Birth: Month 6 Day 29 Year 66

Place of Birth (State or foreign country) Orange City California

Residence Address: Street or R. R. 1634 Westwind Dr. City Plainfield County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Kirk

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kelly Walter Maier
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Louisville, Ky.
9. Full maiden name of mother Thelma Carolyn Woodruff
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✗ Signed Elaine D Biddle
✗ New Address Quail 238 4200 Rd. Wichita Fa.

Subscribed and sworn to before me this 17th day of June, 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, 19 86, *authorizing the joining together as husband and wife* RANDY DEAN NEVILLE *and* ELAINE DEEANN BIDDLE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P., ROOF *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RANDY DEAN NEVILLE *of* HENDRICKS *County, State of* IN *and, Bride* ELAINE DEEANN BIDDLE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, *19* 86.

Signed /s/ JOHN P. ROOF
Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JUNE, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263
File
Date of Application

MALE
Medical Examination Report Dated 6-17-86
Name of Physician Gary A Wright

FEMALE
Medical Examination Report Dated
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Warren Middle Robert Last Small, Jr.
Date of Birth: Month 3 Day 5 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 1121 N. Shiloh Rd. City Indianapolis County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Warren Robert Small, Sr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Sybil Geraldine Cantwell
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ponca City, Ok.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Warren Robert Small Jr.
X New Address 107 S. Grant Brownsburg, In
Subscribed and sworn to before me this 17th day of June, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Rebekah Middle Ann Last Allee
Date of Birth: Month 1 Day 17 Year 67
Place of Birth (State or foreign country) Greensburg, In.
Residence Address: Street or R. R. 10386 N St Rd 267 City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Eugene Allee
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Greencastle, In.
9. Full maiden name of mother Glenda Lurene ~~Robinson~~ Carpenter
   Residence of mother (if deceased so state) Brownsburg
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Rebekah Ann Allee
X New Address 107 S. Grant Brownsburg
Subscribed and sworn to before me this 17th day of June, 1986
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of June, 19 86, authorizing the joining together as husband and wife WARREN ROBERT SMALL and REBEKAH ANN ALLEE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT E. ALLEE hereby certify that on the 27th day of JUNE, one thousand nine hundred and 86 at LEBANON, County of BOONE State of Indiana, Groom WARREN ROBERT SMALL of HENDRICKS County, State of IN and, Bride REBEKAH ANN ALLEE of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of JUNE, 19 86. Signed /s/ ROBERT S. ALLEE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of JULY, 19 86.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 264

File

6-17-86
Date of Application

MALE
Medical Examination Report Dated 6-11-86
Name of Physician Dpf Runkel MD.

FEMALE
Medical Examination Report Dated 6-11-86
Name of Physician Dpf Runkle MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle P. Last McCarley

Date of Birth: Month 2 Day 2 Year 1947

Place of Birth (State or foreign country) Ironton Ohio

Residence Address: Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Steven M. 12 yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Irwine McCarley
   Residence of father (if deceased so state) Terre Haute, Ind
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Wilma R. Smith
   Residence of mother (if deceased so state) Terre Haute, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael P. McCarley

New Address R 1 Box 223-C2 Pittsboro

Subscribed and sworn to before me this 17 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle E. Last Watson

Date of Birth: Month 4 Day 19 Year 1946

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Indianapolis City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mickele 16 yrs
   Kristi 13 yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James W. Brown
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Wanda Shane
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Betty E. Waldon

New Address R 1 Box 223-C2 Pittsboro

Subscribed and sworn to before me this 17 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* June, 19 86, *authorizing the joining together as husband and wife* MICHAEL P. McCURLEY *and* BETTY E. WALDON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY A. DWORAK *hereby certify that on the* 5th *day of* JULY, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL P. McCURLEY *of* HENDRICKS *County, State of* IN *and, Bride* BETTY E. WALDON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* JULY, *19* 86.

Signed /s/ JARY A. DWORAK

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-2
Effective July 1, 1977

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265

File

6-17-86 Date of Application

MALE
Medical Examination Report Dated 6-7-86
Name of Physician Michael Pizzato D.O.

FEMALE
Medical Examination Report Dated 6-7-86
Name of Physician Michael Pizzato D.O.

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First [illegible] Middle C. Last Benton

Date of Birth: Month [illegible] Day 27 Year 1944

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. [illegible] City Brownsburg, County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tyson Benton 15yrs.
   Father has Custody
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John E. Benton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eccie J. Davis
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Benton

New Address 7495 St Rd. 42 Martinsville

Subscribed and sworn to before me this 17 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle C. Last Jeffers

Date of Birth: Month 10 Day 7 Year 1960

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. Brownsburg, City, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph E. Jeffers
   Residence of father (if deceased so state) Monrovia In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Effie L. Jaynes
   Residence of mother (if deceased so state) Monrovia In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ann Jeffers

New Address 7495 St. Rd. 42 Martinsville Ind

Subscribed and sworn to before me this 17 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of June, 19 86, authorizing the joining together as husband and wife JOHN E. BENTON and MARY A. JEFFERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOAN GRAY hereby certify that on the 21st day of JUNE one thousand nine hundred and 86 at MARTINSVILLE, County of MORGAN, State of Indiana, Groom JOHN E. BENTON of HENDRICKS County, State of IN, and, Bride MARY A. JEFFERS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of JUNE, 19 86. Signed /s/ JOAN GRAY

Official Designation MORGAN CO. CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of JUNE, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 266

File

June 18, 1986
Date of Application

MALE
Medical Examination Report Dated 6-12-86
Name of Physician David Wells

FEMALE
Medical Examination Report Dated 6-12-86
Name of Physician David Wells

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kelvin Middle N. Last Asahina

Date of Birth: Month Sept Day 6 Year 1958

Place of Birth (State or foreign country) Honolulu Hawaii

Residence Address: Street or R. R. 3321 W. 32nd St. City Apt D. Indpls. County In. State 46222

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanford S. Asahina
   Residence of father (if deceased so state) Honolulu, Hi.
   Birthplace of father (State or foreign country) Honolulu
9. Full maiden name of mother Shigeko Masui
   Residence of mother (if deceased so state) Honolulu, Hi
   Birthplace of mother (State or foreign country) Japan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kelvin N Asahina

New Address P.O. BOX 197, COATESVILLE, IN 46121

Subscribed and sworn to before me this 18 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle J. Last Adams

Date of Birth: Month March Day 8 Year 1959

Place of Birth (State or foreign country) Putnam Co. In.

Residence Address: Street or R. R. Box 197 City Coatesville County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Fallon Rae Neigel Adams

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Pleas Arthur Johnson
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Alberta Rose Jellison
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Jean Adams

New Address Box 197 Coatesville, IN 46121

Subscribed and sworn to before me this 18 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* June, 19 86, *authorizing the joining together as husband and wife* KELVIN N. ASAHINA *and* BRENDA J. ADAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES A. JONES *hereby certify that on the* 26th *day of* JULY, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS *State of Indiana, Groom* KELVIN N. ASAHINA *of* MARION *County, State of* IN *and, Bride* BRENDA J. ADAMS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26th *day of* JULY, *1986*

Signed /s/ JAMES A. JONES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* JULY, *19* 86

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-4-2
Effective June 1, 1977

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 267

File

Date of Application 6-18-86

MALE
Medical Examination Report Dated 6-10-86
Name of Physician M. D. Staats

FEMALE
Medical Examination Report Dated 6-12-86
Name of Physician S. R. Allen

ALL QUESTIONS MUST BE ANSWERED IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Alan Last Bullard

Date of Birth: Month 7 Day 14 Year 48

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1836 Price Rd. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Allen Bullard
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Penn. (?)
9. Full maiden name of mother Lula Marie Dow
   Residence of mother (if deceased so state) Penn.
   Birthplace of mother (State or foreign country) Penn. (?)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Michael A. Bullard
New Address 1836 Price Rd. Plainfield

Subscribed and sworn to before me this 18 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Blanche Last Suhre

Date of Birth: Month 8 Day 21 Year 45

Place of Birth (State or foreign country) Colorado

Residence Address: Street or R. R. 3301 Dover Rd. City Muncie County Del. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orville Will Suhre
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Elizabeth Mason Dow
   Residence of mother (if deceased so state) Colorado
   Birthplace of mother (State or foreign country) Mass.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Elizabeth B. Suhre
New Address 1836 Price Rd. Plainfield

Subscribed and sworn to before me this 18 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* June, 19 86, *authorizing the joining together as husband and wife* MICHAEL ALAN BULLARD *and* ELIZABETH BLANCHE SUHRE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PETER W. WILKINSON *hereby certify that on the* 29th *day of* JUNE, *one thousand nine hundred and* 86 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL ALAN BULLARD *of* HENDRICKS *County, State of* INDIANA, *and, Bride* ELIZABETH BLANCHE SUHRE *of* DELAWARE *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* JUNE, *19* 86. *Signed* /s/ PETER W. WILKINSON

Official Designation ASSOCIATE MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 268

File

6-18-86
Date of Application

MALE
Medical Examination Report Dated 6-13-86
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-13-86
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Billie Middle Ray Last Hill

Date of Birth: Month 12 Day 16 Year 1940

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 6895 N. 625 East City Brownsburg, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William C. Hill
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Effie Reeder
   Residence of mother (if deceased so state) Lickman, Tenn
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Billie Ray Hill

New Address Same

Subscribed and sworn to before me this 18th day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Glenda Middle Carroll Last ~~Brown~~ Reynolds

Date of Birth: Month 11 Day 13 Year 1943

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6895 N. 625 East City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   John Andrew Reynolds
   Donna Lynn Reynolds

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Brown
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wannetah Riddle
   Residence of mother (if deceased so state) Sanjier, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenda Carroll Reynolds

New Address Same

Subscribed and sworn to before me this 18th day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd. *day of* June, 19 86, *authorizing the joining together as husband and wife* BILLIE RAY HILL *and* GLENDA CARROLL REYNOLD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. DODSON *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* BILLIE RAY HILL *of* HENDRICKS *County, State of* IN *and, Bride* GLENDA CARROLL REYNOLD *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23rd *day of* JUNE, *19* 86.

Signed /s/ DENNIS L. DODSON

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-13-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 269

File

6-19-86 Date of Application

MALE
Medical Examination Report Dated 6-10-86
Name of Physician Rosenbaum

FEMALE
Medical Examination Report Dated 6-10-86
Name of Physician Rosenbaum

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle S. Last Sprout

Date of Birth: Month 2 Day 13 Year 64

Place of Birth (State or foreign country)

Residence Address: 112 West Ohio St. Street or R. R. Fortville City Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry C. Sprout
   Residence of father (if deceased so state) Fortville Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Susan Wood
   Residence of mother (if deceased so state) Fortville Ind.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Mark S Sprout

New Address (same)

Subscribed and sworn to before me this 19 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rosa Middle Lee Last Martin

Date of Birth: Month 4 Day 20 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: P.O. Box 31 Street or R. R. Pittsboro City Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernest R. Martin
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Diane Lieck
   Residence of mother (if deceased so state) Pittsboro Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Rosa L Martin

New Address 10225 Monterey Rd # A Indpls 46236

Subscribed and sworn to before me this 19 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* JUNE, *19* 86, *authorizing the joining together as husband and wife* MARK S. SPROUT *and* ROSA LEE MARTIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KATHLEEN KINSER *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 86 *at* PITTSBORO, *County of* HENDRICKS, *State of Indiana, Groom* MARK S. SPROUT *of* HANCOCK *County, State of* INDIANA, *and, Bride* ROSA LEE MARTIN *of* HENDRICKS *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* JULY, *19* 86. *Signed* /s/ KATHLEEN KINSER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* JULY, *19* 86.

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 270

File

6-19-86
Date of Application

MALE
Medical Examination Report Dated 6-12-86
Name of Physician ~~A. Jones~~ M.J. Blanks

FEMALE
Medical Examination Report Dated 6-10-86
Name of Physician M.S. Pippato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle W. Last Jones

Date of Birth: Month 8 Day 4 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 538 Enderly Ave Apt #1 City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rice.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. F. Jones
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda J. Renner
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Daniel W. Jones

New Address 538 Endeely Ave. Apt #1 Brownsburg

Subscribed and sworn to before me this 19 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Tammie Middle J. Last Renfro

Date of Birth: Month 12 Day 14 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 538 Enderly Ave Apt #1 City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rice.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Renfro
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta M. Roberts
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tammie J. Renfro

New Address 538 Enderly Ave. Apt. 1 Brownsburg

Subscribed and sworn to before me this 19 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* June, *19* 86, *authorizing the joining together as husband and wife* DANIEL W. JONES *and* TAMMIE J. RENFRO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. DE WITT *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DANIEL W. JONES *of* HENDRICKS *County, State of* IN *and, Bride* TAMMIE J. RENFRO *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, *19* 86.

Signed /s/ DENNIS DE WITT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271

File

6-19-86 Date of Application

MALE
Medical Examination Report Dated 6-16-86
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 6-16-86
Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lawrence Middle R. Last Phillips

Date of Birth: Month 10 Day 2 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5615 E. St. Rd. 136 City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence B. Phillips
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jolene Douglas
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lawrence B Phillips

New Address Same

Subscribed and sworn to before me this 19 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Becky Middle C. Last Reed

Date of Birth: Month 2 Day 5 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4821 Melrose Ave. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stephen Lewis Reed
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Delores E. Rogers
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Becky C. Reed

New Address 4821 Melrose Av.

Subscribed and sworn to before me this 19 day of June, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of June, 19 86, authorizing the joining together as husband and wife LAWRENCE R. PHILLIPS and BECKY C. REED

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. DODSON hereby certify that on the 28th day of JUNE one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom LAWRENCE R. PHILLIPS of HENDRICKS County, State of IN and, Bride BECKY C. REED of MARION County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of JUNE, 19 86. Signed /s/ DENNIS L. DODSON

Official Designation MINISTER, 19 86

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of JULY, 19 86

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

600

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 272

File

6-19-86
Date of Application

MALE
Medical Examination Report Dated 6-13-86
Name of Physician Robert L. Meussel

FEMALE
Medical Examination Report Dated 6-16-86
Name of Physician Mark L. Moore, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle B. Last Coston
Date of Birth: Month 6 Day 12 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Box 65 265, City Clayton, County, State In
Previous Marital Status: Never Married ☐ OR ☑
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James David Coston
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Fern Rose Travors
   Residence of mother (if deceased so state) Terre Haute, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ William B Coston
New Address Clayton RR Box 265

Subscribed and sworn to before me this 19th day of June, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle L. Last Lohman
Date of Birth: Month 11 Day 3 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2435 N. Willow Way, City Indpls, County, State In 46220
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Ladoyt Lohman, II
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Jeanine Ward
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa L Lohman
New Address P.O. Box 265 Clayton, In

Subscribed and sworn to before me this 19th day of June, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, *19* 86, *authorizing the joining together as husband and wife* WILLIAM B. COSTON *and* LISA L. LOHMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE LE DOYT LOHMAN II *hereby certify that on the* 28th *day of* JUNE, *one thousand nine hundred and* 86 *at* UNION CHAPEL UMC, *County of* MARION, *State of Indiana, Groom* WILLIAM B. COSTON *of* HENDRICKS *County, State of* IN *and, Bride* LISA L. L OHMAN *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* JUNE, *19* 86.

Signed /s/ GEORGE L. lohman II

Official Designation PASTOR COLFAX UMC

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JULY, *19* 86.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*