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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 563

File

11-24-86
Date of Application

MALE
Medical Examination Report Dated 11-20-86
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 11-20-86
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 Charles Middle H. Last Orr Jr.
Date of Birth: Month 10 Day 12 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R.R. #1, Box 58 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 Charles H. Orr Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Juanita Stout
   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 Charles Orr Jr.
New Address
Subscribed and sworn to before me this 24th day of November, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Mutchler
Date of Birth: Month 2 Day 24 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R.R. #1, Box 58 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 Phillip Dewayne Miller
   Residence of father (if deceased so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Spear
   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 Deborah E. Mutchler
New Address RR1 Box 58 Clayton
Subscribed and sworn to before me this 24th day of November, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 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 24th day of Nov., 19 86, authorizing the joining together as husband and wife CHARLES H. ORR JR. and DEBORAH E. MUTCHLER

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

I, LESLIE WALTZ hereby certify that on the 24th day of NOV., one thousand nine hundred and 86 at CLAYTON, County of HENDRICKS, State of Indiana, Groom CHARLES H. ORR JR. of HENDRICKS County, State of IN, and, Bride DEBORAH E. MUTCHLER 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 NOV., 19 86.

Signed /s/ LESLIE WLATZ
Official Designation ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of DEC., 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. 564

File

11-24-86 Date of Application

MALE
Medical Examination Report Dated 11-21-86
Name of Physician D. Summerlin, M.D.

FEMALE
Medical Examination Report Dated 11-21-86
Name of Physician D. Summerlin, 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 Mark Middle Edward Last Goodman

Date of Birth: Month 3 Day 19 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: 106 Pearl St. North Salem, 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) 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 Thomas Jesse Thomas Goodman
   Residence of father (if deceased so state) Groveland, In
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Arty Estes Key
   Residence of mother (if deceased so state) Groveland, 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 X Mark E. Goodman

New Address 106 Pearl Street

Subscribed and sworn to before me this 24 day of Nov., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Ryle

Date of Birth: Month 5 Day 4 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: 225 S. Lebanon, Jamestown, 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 Daniel G. Ryle
   Residence of father (if deceased so state) Whitestown In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Barbara Ann Leach
   Residence of mother (if deceased so state) Jamestown, 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 X Angela L Ryle

New Address 106 Pearl St.

Subscribed and sworn to before me this 24 day of Nov., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... 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 Dec., 19 86, authorizing the joining together as husband and wife MARK EDWARD GOODMAN and ANGELA LYNN RYLE

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

I, JIMMY POLSTON hereby certify that on the 6th day of DEC., County of PUTNAM, one thousand nine hundred and 86 at GROVELAND County, State of HENDRICKS, State of Indiana, Groom MARK EDWARD GOODMAN of IN County, State of HENDRICKS, and, Bride ANGELA LYNN RYLE of IN 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 6th day of DEC., 19 86. Signed /s/ JIMMY POSTON

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of DEC., 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. 565

File

11-25-86
Date of Application

MALE
Medical Examination Report Dated 11-18-86
Name of Physician Walker

FEMALE
Medical Examination Report Dated 11-18-86
Name of Physician J. R. Roskam

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Carl Last Koelling

Date of Birth: Month Dec Day 6 Year 1953

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

Residence Address: Street or R. R. 1685 E main 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 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 Warren Carl Koelling Jr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Violet Marion Cole
   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 Warren C. Koelling Jr

New Address 1685 E MAIN DANVILLE IN.

Subscribed and sworn to before me this 24 day of Nov, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Linda Middle R. Last Wendelman

Date of Birth: Month 4 Day 19 Year 1960

Place of Birth (State or foreign country) Wiesbaden, Germany

Residence Address: Street or R. R. 1685 E. Main 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 James Edward Wendelman
   Residence of father (if deceased so state) Sumner, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Bronze Hall
   Residence of mother (if deceased so state) Sumner, 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 1685 E Main Danville In

Subscribed and sworn to before me this 25th day of Nov, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 November, 19 86, authorizing the joining together as husband and wife WARREN CARL KOELLING and LINDA LOU WENDELMAN

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

I, Robert L. Hetzel hereby certify that on the 29th day of NOV., one thousand nine hundred and 86 at ST. MATTHEW LUTHERAN CHURCH County of MARION State of Indiana, Groom WARREN CARL KOELLING of HENDRICKS County, State of IN, and, Bride LINDA LOU WENDELMAN 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 DEC., 19 86.

Signed /s/ ROBERT L. HETZEL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of DEC., 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. 566

File

11-25-86 Date of Application

MALE
Medical Examination Report Dated 11-24-86
Name of Physician Kennett Maynard

FEMALE
Medical Examination Report Dated 11-24-86
Name of Physician Kennett 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 Charles Middle Allan Last McNally

Date of Birth: Month 7 Day 2 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1505 N. Granville City Muncie 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address

Subscribed and sworn to before me this 25 day of Nov. 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lauri Middle Anne Last Williams

Date of Birth: Month 6 Day 27 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6259 N. Eagle Rd City Indpls. County (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. 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 Albert Wallace Williams
   Residence of father (if deceased so state) Indpls. In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Danner
   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 X Lauri Anne Williams

New Address Ball State

Subscribed and sworn to before me this 25th day of ~~February~~ December, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 December, 19 86, authorizing the joining together as husband and wife CHARLES ALLAN McNALLY and LAURI ANNE WILLIAMS

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

I, BARTON F. PETERSON hereby certify that on the 20th day of DECEMBER, at INDPLS., County of MARION, one thousand nine hundred and 86 State of Indiana, Groom CHARLES ALLAN McNALLY of DELAWARE County, State of INDIANA and, Bride LAURI ANNE WILLIAMS 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 DEC., 19 86. Signed /s/ BARTON F. PETERSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of DEC., 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. 567

File

11-25-86
Date of Application

MALE
Medical Examination Report Dated 11-18-86
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 11-18-86
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 pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Warren Middle G. Last Davis, Jr.

Date of Birth: Month 9 Day 30 Year 1938

Place of Birth (State or foreign country) Kentucky

Residence Address: 6802 Doris Drive 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) 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 Warren Glenn Davis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Lois W. Honsher
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Territory of N. Mexico

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

Signed Warren G Davis Jr

New Address 4934 Hawthorne Way Pflfld In

Subscribed and sworn to before me this 25 day of Nov., 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 Ann Middle K. Last O'Brien

Date of Birth: Month 8 Day 22 Year 1939

Place of Birth (State or foreign country) Pensacola, Fl.

Residence Address: 4934 Hawthorne Way Street or R. R. Pflfld. Head 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'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 Miles Ewing Piper
   Residence of father (if deceased so state) Alb., N. Mexico
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Adah May Rusting
   Residence of mother (if deceased so state) deceased
   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 Ann K. O'Brien

New Address 4934 Hawthorne Way Pflfld 46168

Subscribed and sworn to before me this 25 day of Nov., 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* 1 *day of* Dec., 1986, *authorizing the joining together as husband and wife* WARREN G. DAVIS, JR. *and* ANN K. O'BRIEN

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

I, JOHN C. BEATTY *hereby certify that on the* 13th *day of* DEC., *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* WARREN G. DAVIS, JR. *of* MARION *County, State of* IN, *and, Bride* ANN K. O'BRIEN *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* DEC. 86, *19*.....

Signed /s/ JOHN C. BBEATTY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* DEC., *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. 568

File

11-26-86 Date of Application

MALE
Medical Examination Report Dated 11-23-86
Name of Physician Ronald Stegmoller

FEMALE
Medical Examination Report Dated 11-23-86
Name of Physician Ronald Stegmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Danner

Date of Birth: Month Jan. Day 23 Year 1938

Place of Birth (State or foreign country) Homer Ill

Residence Address: Street or R. R. 406 S. Church City Homer 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) Drivers Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Keith Danner 19

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Dayle Danner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Dorothy V. Brummet
   Residence of mother (if deceased so state) Homer, Ill
   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 Robert L. Danner

New Address 406 S Church St Homer Ill

Subscribed and sworn to before me this 26 day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 G. Last McPherson

Date of Birth: Month Sept. Day 25 Year 1939

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

Residence Address: Street or R. R. Plainfield 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Jackson
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Zula F. Logdon
   Residence of mother (if deceased so state) Speedway, 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 Sandra G. McPherson

New Address 406 S. Church, Homer, Il

Subscribed and sworn to before me this 26th day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 December, 19 86, authorizing the joining together as husband and wife ROBERT L. DANNER and SANDRA G. McPHERSON

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

I, THOMAS W. RUKOCZY hereby certify that on the 13th day of DEC., one thousand nine hundred and 86 at CHAPELWOOD BAPTIST, County of MARION, State of Indiana, Groom ROBERT L. DANNER of CHAMPAIGN County, State of ILLINOIS and, Bride SANDRA G. McPHERSON 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 DEC., 19 86

Signed /s/ THOMAS W. RUKOCZY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of DEC., 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. 569

File

12-1-86
Date of Application

MALE
Medical Examination Report Dated 11-24-86
Name of Physician R. Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 11-24-86
Name of Physician R. 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 L. Middle ~~H.~~ Last Springer
Date of Birth: Month 8 10 Day ~~7~~ 9 Year 64
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R. R. 7455 Rockleigh Apt 7486A City Indianapolis County Marion State In. 46214
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 Lyle Odell Springer
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Marie Jo DeLand
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Washington, Pa.

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

X Signed L. Stephen Springer
X New Address 7455 Rockleigh Apt 7486A Indpls, Ind
Subscribed and sworn to before me this 1st day of December, 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 Lorrena Middle Beth Last Wood
Date of Birth: Month 12 Day 11 Year 63
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R. R. 233 E. Road 150 S. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edmund Wood
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Frances Arlene Hughes
   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.

X Signed Lorrena B Wood
X New Address 7455 Rockleigh Apt 7486A Indpls, Ind
Subscribed and sworn to before me this 1st day of Dec., 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 December, 1986, authorizing the joining together as husband and wife L. STEPHEN SPRINGER and LORRENA BETH WOOD
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, CHARLES A. CARPENTER hereby certify that on the 6th day of DEC., one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom L. STEPHEN SPRINGER of ~~MKER~~ MARION County, State of IN, and, Bride LORRENA BETH 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 DEC., 19 86.

Signed /s/ CHARLES A. CARPENTER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JAN., 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 570

File

12-1-86 Date of Application

MALE
Medical Examination Report Dated 11-15-86
Name of Physician H a. Olivier

FEMALE
Medical Examination Report Dated 11-15-86
Name of Physician H a. Olivier

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Joseph Last Lombard III

Date of Birth: Month Apr Day 4 Year 1961

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R. R. 325 Lawndale 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) 2 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 tranamissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Anthony Joseph Lombardo Jr.
   Residence of father (if deceased so state) Calif.
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Carol Marie Webster
   Residence of mother (if deceased so state) New York
   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 A Lombardo III

New Address 325 Lawndale Dr Plainfield, In.

Subscribed and sworn to before me this 1 day of Dec, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Christine Middle Kay Last Freeland

Date of Birth: Month December Day 19 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 325 Lawndale 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-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 Chester Carl Freeland
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Gail McCoun
   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 Christine Kay Freeland

New Address 325 Lawndale Dr.

Subscribed and sworn to before me this 1 day of Dec, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Dec, 19 86, authorizing the joining together as husband and wife ANTHONY JOSEPH LOMBARDO and CHRISTINE KAY FREELAND

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

I, JERRY L. WILLIAMS hereby certify that on the 6th day of DEC., one thousand nine hundred and 86 at INDPLS., County of MARION, State of Indiana, Groom ANTHONY JOSEPH LOMBARDO of HENDRICKS County, State of IN, and, Bride CHRISTINE KAY FREELAND 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 DEC., 19 86. Signed /s/ JERRY L. WILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of DEC., 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. 571

File

12-1-86
Date of Application

MALE
Medical Examination Report Dated 11-24-86
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-24-86
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 Mack Middle [illegible] Last Artman

Date of Birth: Month 12 Day 25 Year 1958

Place of Birth (State or foreign country) Lebanon, 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 Arnold A. Artman
   Residence of father (if deceased so state) Lebanon, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy L. McKinney
   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 Mack Artman

New Address 4001 N. 500 E

Subscribed and sworn to before me this 1st day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L Last Moore

Date of Birth: Month 12 Day 18 Year 1962

Place of Birth (State or foreign country) Indianapolis, 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Don Beck
   Residence of father (if deceased so state) Haynes City Fla.
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Wilma C. Linthicum
   Residence of mother (if deceased so state) Haines City 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 Pamela L Moore

New Address 4001 N. 500 E.

Subscribed and sworn to before me this 1st day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* Dec, 19 86, *authorizing the joining together as husband and wife* MACK ARTMAN *and* PAMELA S. MOORE

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

I, RAYMOND L. KING *hereby certify that on the* 6th *day of* DECEMBER, *one thousand nine hundred and* 86 *at* LEBANON, *County of* BOONE, *State of Indiana, Groom* MACK ARTMAN *of* HENDRICKS *County, State of* IN, *and, Bride* PAMELA S. MOORE *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* DEC., 19 86.

Signed /s/ RAYMOND L. KING

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* DEC., 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. 572

File

12-1-86 Date of Application

MALE
Medical Examination Report Dated 11-19-86

Name of Physician R. H. Otten

FEMALE
Medical Examination Report Dated 11-19-86

Name of Physician Dr. 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 William Middle Rudy Last Myers II

Date of Birth: Month 4 Day 27 Year 1967

Place of Birth (State or foreign country): Indianapolis Marion Co. In.

Residence Address: Street or R. R. R#1 Box 754 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 Wm. Rudy Myers
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Andrea Louise Gray
   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 William R. Myers

New Address

Subscribed and sworn to before me this 23rd day of Dec 1986

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle Rachelle Last Haggard

Date of Birth: Month 1 Day 30 Year 1967

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

Residence Address: Street or R. R. R#1 Box 11C 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 David Haggard
   Residence of father (if deceased so state) Pittsboro, Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Gerry Lee Whiteford
   Residence of mother (if deceased so state) Pittsboro, 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 R. Haggard

New Address Same as above

Subscribed and sworn to before me this 1st day of Dec., 1986

Clerk HENDRICKS Circuit Court

CONSENT OF PA

We, the parents, a

signs, state facts

State of Indiana,
County of

Subscribed and swo

Comes now William Rudy Myers AND Lisa Rachelle Haggard 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 27 December 1986

Jerry R. Hesson
JUDGE

COMPLETE IF

HENDRICKS County Sup #2 Court by written order issued Blood Test Exam Extension 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 23rd day of December, 1986, authorizing the joining together as husband and wife WILLIAM RUDY MYERS II and LISA RACHELLE HAGGARD

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

I, CHRIS E. WYNN hereby certify that on the 27th day of DEC., one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS; State of Indiana, Groom WILLIAM RUDY MYERS II of HENDRICKS County, State of IN, and, Bride LISA RACHELLE HAGGARD 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 DEC., 1986. Signed /s/ CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of DEC., 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. ~~302~~ 573

File

Date of Application

MALE
Medical Examination Report Dated 11-28-86
Name of Physician S Baker

FEMALE
Medical Examination Report Dated 11-26-86
Name of Physician S 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 Clint Middle D. Last Martin

Date of Birth: Month Sept Day 4 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 320 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. Greene

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Martin
   Residence of father (if deceased so state) Thorntown, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Bonnie ~~Stoner~~ Sparks
   Residence of mother (if deceased so state) Lebanon, 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 Clint E Martin
New Address 320 N Jefferson St.

Subscribed and sworn to before me this 4 day of Dec, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D Last Emberton

Date of Birth: Month June Day 3 Year 1967

Place of Birth (State or foreign country) In

Residence Address: Street or R. R. 229 W. Main 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Emberton
   Residence of father (if deceased so state) Jamestown, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Velma Cornett
   Residence of mother (if deceased so state) Bainbridge, 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 Melissa D Emberton
New Address 320 N. Jefferson St.

Subscribed and sworn to before me this 4 day of Dec, 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 December, 19 86, authorizing the joining together as husband and wife CLINT MARTIN and MELISSA EMBERTON

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

I, ~~RANDOLPH M. HUNSINGER~~ hereby certify that on the 5th day of DEC. one thousand nine hundred and 86 at LIZTON, County of HENDRICKS, State of Indiana, Groom CLINT M ARTIN of HENDRICKS County, State of IN and, Bride ~~MELISSA EMBERTON~~ 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 DEC., 19 86.

Signed /s/ RANDOLPH M. HUNSINGER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of DEC., 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. 574

File

12-1-86 Date of Application

MALE
Medical Examination Report Dated 11-27-86
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 11-27-86
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 Bren Middle Robert Last Donaldson

Date of Birth: Month 2 Day 2 Year 60

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 9880 W. 10 St 14B 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 Robert Frank Donaldson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Dolly Joann Luna
   Residence of mother (if deceased so state) Florida
   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 Bren R. Donaldson

New Address 9880 W. 10th 14B Indpls Ind.

Subscribed and sworn to before me this 1 day of Dec., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Diane Last Manning

Date of Birth: Month 2 Day 23 Year 59

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 2856 Medallion Trl. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dale Manning
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Jane Dehringer
   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 Karen D Manning

New Address 9880 W 10th 14B Indpls.

Subscribed and sworn to before me this 1 day of Dec., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* 5 *day of* Dec., *19* 86, *authorizing the joining together as husband and wife* BREN ROBERT DONALDSON *and* KAREN DIANE MANNING

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

I, GREGORY STEUERWALD *hereby certify that on the* 5th *day of* DECEMBER, *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* BREN ROBERT DONALDSON *of* HENDRICKS *County, State of* IN, *and, Bride* KAREN DIANE MANNING *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* DEC., *19* 86.

Signed /s/ GREGORY STEUERWALD

Official Designation JDUGE /PRO-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* DEC., *19* 86.

Signed ..... 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. 575

File

12-1-86
Date of Application

MALE
Medical Examination Report Dated 11-21-86
Name of Physician Thomas Moretto

FEMALE
Medical Examination Report Dated 11-21-86
Name of Physician Thomas 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 Billy Middle Ray Last Hausman

Date of Birth: Month 1 Day 29 Year 46

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

Residence Address: Street or R. R. 10033 Maumee Dr. City Indianapolis County State In 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Anthony Ray Hausman 18 yrs
   Tracy Dwayne Hausman 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 Edward Ray Hausman
   Residence of father (if deceased so state) Brazil, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Betty Jean Bell
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Brazil, In.

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

Signed Billy R Hausman

New Address 10033 Maumee Dr.

Subscribed and sworn to before me this 1st day of Dec., 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 Kay Last Quick

Date of Birth: Month 10 Day 14 Year 49

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

Residence Address: Street or R. R. 5140 2h. 34E City Indianapolis County State In. 46284

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.
   David Alan Quick 17 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 Robert Dalton McWilliams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hubank, Ky.
9. Full maiden name of mother Dorothy Jean Small
   Residence of mother (if deceased so state) Rolla, Mo.
   Birthplace of mother (State or foreign country) Braddick, Ks.

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

Signed Sharon Kay Quick

New Address 10033 Maumee Dr.

Subscribed and sworn to before me this 1st day of Dec., 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* 5 *day of* Dec., 19 86, *authorizing the joining together as husband and wife* BILLY RAY HAUSMAN *and* SHARON KAY QUICK

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

I, BEVERLY J. PERRY *hereby certify that on the* 19 *day of* DEC., *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* BILLY RAY HAUSMAN *of* HENDRICKS *County, State of* IN, *and, Bride* SHARON KAY QUICK *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* DEC., 19 86.

Signed /s/ BEVERLY J. PERRY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* DEC., 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. 576

File

Date of Application

MALE
Medical Examination Report Dated 11-23-86
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-19-86
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 Michael Middle Alan Last Claprodt

Date of Birth: Month 3 Day 29 Year 68

Place of Birth (State or foreign country) Beal Air Force Base, Yuba City Ca.

Residence Address: Street or R. R. 431 E. Main St. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Claprodt
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Georgiana Ruth Kirk
   Residence of mother (if deceased so state) Brownsburg, 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.

X Signed Michael A Claprodt

X New Address 431 E Main Brownsburg IN.

Subscribed and sworn to before me this 1st day of Dec, 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 Christine Middle Michelle Last Wall

Date of Birth: Month 6 Day 12 Year 68

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

Residence Address: Street or R. R. 1069 Windsor Rd. 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 Robert James Hall
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ft. Wayne, In.
9. Full maiden name of mother Norma Jean Sweeney
   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 Christine M. Wall

X New Address 431 E Main Brownsburg

Subscribed and sworn to before me this 1st day of Dec., 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 Court by written order issued.....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 5 day of Dec., 19 86, authorizing the joining together as husband and wife MICHAEL ALAN CLAPRODT and CHRISTINE MICHELLE WALL

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

I, J. RICHARD HUNT hereby certify that on the 13th day of DEC., one thousand nine hundred and 86 at ST. ANDREW"S LUTHERAN CHURCH, County of MARION, State of Indiana, Groom MICHAEL ALAN CLAPRODT of HENDRICKS County, State of IN, and, Bride CHRISTINE MICHELLE WALL 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 DEC., 19 86. Signed /s/ J. RICHARD HUNT

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of DEC., 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. 577

File

12-2-86
Date of Application

MALE
Medical Examination Report Dated 11-24-86

Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 11-24-86

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 Jerry Middle Dean Last Daniels

Date of Birth: Month 7 Day 30 Year 44

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 152 S. Wayne 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. 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 Dana Daniels
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Aileen M. Kepler
   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 X Larry D Daniels

New Address 152 So. Wayne, Danville

Subscribed and sworn to before me this 2 day of Dec., 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First R. Sereda Middle Last Church

Date of Birth: Month 1 Day 23 Year 38

Place of Birth (State or foreign country) Va

Residence Address: Street or R. R. PO Box 156 City Pittsville 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 Ray E. Johnson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Ella Faye Tasker
   Residence of mother (if deceased so state) Ind.
   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 X Sereda Church

New Address 152 Wayne Danville

Subscribed and sworn to before me this 2 day of Dec., 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 8 *day of* Dec., 86, *authorizing the joining together as husband and wife* LARRY D. DANIELS *and* SEREDA CHURCH

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

I, FRED TANSELLE *hereby certify that on the* 12th *day of* DEC., *one thousand nine hundred and* 86 *at* MISSIONARY BAPTIST CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* LARRY D. DANIELS *of* HENDRICKS *County, State of* IN *and, Bride* SEREDA CHURCH *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 12th *day of* DEC., 19 86.

Signed /s/ FRED TANSELLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* DEC., 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. 578

File

December 2 1986
Date of Application

MALE
Medical Examination Report Dated 11-24-86
Name of Physician Richard R Tasson

FEMALE
Medical Examination Report Dated 11-24-86
Name of Physician Richard R Tasson

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

MALE APPLICANT

Name: First Watt Middle Eugene Last Wise

Date of Birth: Month Jan Day 24th Year 1967

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

Residence Address: Street or R. R. 3436 N Gimco City Marion 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 Carl Warren Wise
   Residence of father (if deceased so state) Fortville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Carol Hankins
   Residence of mother (if deceased so state) Speedway, 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 Watt Eugene Wise
New Address 6417 Consulate Lane #1310

Subscribed and sworn to before me this 2nd day of Dec. 19 86

Mary Jane Brunner Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Joyce Last Brunner

Date of Birth: Month May Day 3 Year 1967

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

Residence Address: 506 Apple Ave. Street or R. R. Beech Grove City Marion 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 Donald H. Brunner
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda S. Roberts
   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 Stephanie Joyce Brunner
New Address 6417 Consulate Lane #1310

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 HENDRICKS Circuit Court of Indiana dated the 6th day of Dec., 19 86, authorizing the joining together as husband and wife WATT EUGENE WISE and STEPHANIE JOYCE BRUNNER

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

I, EARNEST GARNER hereby certify that on the 6th day of DEC., one thousand nine hundred and 86 at INDIANAPOLIS, County of MARION, State of Indiana, Groom WATT EUGENE WISE of MARION County, State of IN, and, Bride STEPHANIE JOYCE BRUNNER 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 DEC., 19 86.

Signed /s/ EARNEST GARNER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of DEC., 19 86.

Signed Mary Jane Brunner Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 579

File

12-2-86
Date of Application

MALE
Medical Examination Report Dated 11-26-86
Name of Physician Mark F. Conway

FEMALE
Medical Examination Report Dated 11-26-86
Name of Physician Mark F. Conway

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

MALE APPLICANT

Name: First Frank Middle [illegible] Last Schafer

Date of Birth: Month July Day 5 Year 1939

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

Residence Address: Street or R. R. Clayton, 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) 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.
   Amanda 12

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Schafer
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Paulrie June Goodwin
   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 Frank R. Schafer
New Address Clayton, Indiana

Subscribed and sworn to before me this 2nd day of Dec., 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 Helen Middle [illegible] Last Kennedy

Date of Birth: Month Feb Day 24 Year 1944

Place of Birth (State or foreign country) New Milton West Virginia

Residence Address: Street or R. R. Greencastle, 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) 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 Blair Herdine Cottrill
   Residence of father (if deceased so state) New Milton West Virginia
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Elva Rosalee Childers
   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 Helen Kennedy
New Address Clayton, In

Subscribed and sworn to before me this 2nd day of Dec., 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 8th day of December, 1986, authorizing the joining together as husband and wife FRANK ROBERT SCHAFER and HELEN LORRAINE KENNEDY

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

I, WAYNE KIVETT hereby certify that on the 8th day of DEC., one thousand nine hundred and 86 at COATESVILLE, County of HENDRICKS, State of Indiana, Groom FRANK ROBERT SCHAFER of HENDRICKS County, State of IN, and, Bride HELEN LORRAINE KENNEDY of PUTNAM County, State of IN, were by me united 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 DEC., 19 86.

Signed /s/ WAYNE KIVETT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of DEC., 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. 580

File

12-2-86 Date of Application

MALE
Medical Examination Report Dated 11-3-86
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 11-13-86
Name of Physician Wm 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 E. Last Huffer

Date of Birth: Month July Day 21 Year 1962

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

Residence Address: Street or R. R. R.R. 18 Box 360 City Indpls. County Hend. Co. 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.
   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 Richard Paul Huffer
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Shirley Fern Edwards
   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 William E Huffer

New Address R.R. 18 Box 360 INDPLS IN

Subscribed and sworn to before me this 2nd day of Dec. 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Hodge

Date of Birth: Month October Day 9 Year 1964

Place of Birth (State or foreign country) Hend Co. In

Residence Address: 210 Street or R. R. S. Shiloh Rd. City Hend. County Indiana State

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 J. P. Hodge
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred Jessie Day
   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 Cynthia L. Hodge

New Address ~~210 S. St~~ RR 18 Box 360 Indpls In

Subscribed and sworn to before me this 2nd day of Dec. 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 Dec., 19 86, authorizing the joining together as husband and wife William E. Huffer and Cynthia L Hodge

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

I, Randy Ludwig hereby certify that on the 31st day of December, one thousand nine hundred and Eighty Six at 6:30 p.m., County of Marion, State of Indiana, Groom William E. Huffer of Hendricks County, State of Indiana, and, Bride Cynthia L. Hodge 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 31 day of December, 19 86. Signed /s/ Randy Ludwig

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of November, 19 91. Signed Connie Lawson Clerk HENDRICKS Circuit Court

No. 581

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

12-3-86
Date of Application

MALE
Medical Examination Report Dated 11-27-86
Name of Physician Riello

FEMALE
Medical Examination Report Dated 11-27-86
Name of Physician Riello

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

MALE APPLICANT

Name: First Marvin Middle — Last Stidham

Date of Birth: Month May Day 17 Year 1947

Place of Birth (State or foreign country) Harlan, Ky

Residence Address: Street or R. R. 11315 W. Wash St. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Stidham
   Residence of father (if deceased so state) Pfld.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Beulah Couch
   Residence of mother (if deceased so state) Pfld
   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 Marvin Stidham

New Address Same

Subscribed and sworn to before me this 3 day of Dec, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Smith

Date of Birth: Month 10 Day 17 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11315 W. Wash 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) 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 Sylvester Smith
   Residence of father (if deceased so state) Pfld
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Gertrude Hayden
   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 X Barbara D. Smith

New Address Same

Subscribed and sworn to before me this 3 day of Dec, 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* 4 *day of* Dec., 19 86, *authorizing the joining together as husband and wife* MARVIN STIDHAM *and* BARBARA SMITH

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

I, FRANK W. RODGERS *hereby certify that on the* 6th *day of* DEC., *one thousand nine hundred and* 86 *at* AMO, *County of* HENDRICKS, *State of Indiana, Groom* MARVIN STIDHAM *of* HENDRICKS *County, State of* IN *and, Bride* BARBARA 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 6th *day of* DEC., 1986.

Signed /s/ FRANK W. RODGERS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* DEC., 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. 582

File

12-3-86 Date of Application

MALE
Medical Examination Report Dated 11-28-86
Name of Physician Freida Thompson M.D.

FEMALE
Medical Examination Report Dated 11-28-86
Name of Physician Freida Thompson 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 G. Last Chesrown

Date of Birth: Month 2 Day 26 Year 52

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 405 Rodney 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Chesrown
   Jason Chesrown
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Wesley Chesrown
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Peoria, Ill.
9. Full maiden name of mother Jo Ann Overbey
   Residence of mother (if deceased so state) St. Petersburg, Fla.
   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 James G. Chesrown

New Address

Subscribed and sworn to before me this 3 day of December, 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 Marcella Middle J. Last Reynolds

Date of Birth: Month 10 Day 12 Year 51

Place of Birth (State or foreign country) Yokohama Japan

Residence Address: Street or R. R. 405 Rodney 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.
   Janet, Reynolds
   Michelle Reynolds
   Elizabeth 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 Warren Kenrak Rhodes
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Ruth Louise Brown
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) New Albany, In.

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

X Signed Marcella Reynolds

New Address 405 Rodney Brownsburg, Ind.

Subscribed and sworn to before me this 3 day of December, 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 8 day of Dec, 19 86, authorizing the joining together as husband and wife JAMES G. CHESROWN and MARCELLA J. REYNOLDS

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

I, CANDACE KINGMA PIPER hereby certify that on the 12th day of DEC., one thousand nine hundred and 86 at INDPLS., County of MARION, State of Indiana, Groom JAMES G. CHESROWN of HENDRICKS County, State of IN, and, Bride MARCELLA J. REYNOLDS 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 16th day of DEC., 19 86.

Signed /s/ CANDACE KINGMA PIPER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of DEC., 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. 583

File

12-4-86
Date of Application

MALE
Medical Examination Report Dated 11-27-86
Name of Physician M. J. Neely

FEMALE
Medical Examination Report Dated 11-27-86
Name of Physician Thad Poe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 — Last Marshall

Date of Birth: Month 7 Day 15 Year 23

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 408 N. Wash. 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 Thos. Dengal Marshall
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marie Harriett Barlow
   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 X Thomas Marshall

New Address 408 N Washington Danville

Subscribed and sworn to before me this 4 day of Dec., 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 Barbara Middle N. Last Clark

Date of Birth: Month 5 Day 2 Year 32

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 165 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. 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 Clifford H. Daley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Ruby E. Barnard
   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 X Barbara N. Clark

New Address 408 N Washington Danville

Subscribed and sworn to before me this 4 day of Dec., 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 8th day of December, 19 86, authorizing the joining together as husband and wife THOMAS MARSHALL and BARBARA N. CLARK

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

I, MICHAEL E. NAYLOR hereby certify that on the 12th day of DEC., one thousand nine hundred and 86 at THORNTOWN, County of BOONE, State of Indiana, Groom THOMAS MARSHALL of HENDRICKS County, State of IN, and, Bride BARBARA N. CLARK 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 DEC., 19 86.

Signed /s/ MICHAEL E. NAYLOR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of DEC., 19 86.

Signed Mary Jane Pinnell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584

File

Dec. 4, 1986
Date of Application

MALE
Medical Examination Report Dated 11-19-86
Name of Physician Joyce Conlon-Gill MD.

FEMALE
Medical Examination Report Dated 11-19-86
Name of Physician Joyce Conlon-Gill 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 Leslie Middle A. Last Pryor

Date of Birth: Month June Day 18 Year 1967

Place of Birth (State or foreign country) Plainfield (Hendricks County) In.

Residence Address: Street or R. R. 531 Kimberly Ln. 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

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

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

New Address 531 Kimberly Ln Plainfield

Subscribed and sworn to before me this 4 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Mannis

Date of Birth: Month Nov Day 10 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 531 Kimberly Ln. 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 William Kenneth Mannis
   Residence of father (if deceased so state) Mapleton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Arlene Spullen
   Residence of mother (if deceased so state) Pekin, 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 Tamara Mannis

New Address 531 Kimberly Ln.

Subscribed and sworn to before me this 4 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 4th day of Dec., 19 86, authorizing the joining together as husband and wife LESLIE A. PRYOR and TAMARA ANN MANNIS

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 DEC., one thousand nine hundred and 86 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom LESLIE A. PRYOR of HENDRICKS County, State of IN, and, Bride TAMARA ANN MANNIS 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 DEC., 19 86. Signed /s/ RICHARD C. KEELEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of FEB., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 585

File

Dec. 5, 1986
Date of Application

MALE
Medical Examination Report Dated 11-22-86
Name of Physician Kenneth L Gray MD.

FEMALE
Medical Examination Report Dated 11-22-86
Name of Physician Kenneth L Gray 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 J. Last Becker

Date of Birth: Month June Day 9 Year 1958

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

Residence Address: Street or R. R. 6008 Apache Wells #410 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 Chapman Becker
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Belinda Kay Montgomery
   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 Michael J Becker

New Address 6008 APACHE WELLS #410 INDPLS 46224

Subscribed and sworn to before me this 5th day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Daniel

Date of Birth: Month December Day 27 Year 1962

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

Residence Address: Street or R. R. 461 E. Rd. 100 N. 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) 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.
   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 Ronald Ray Daniel
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emilie Lou Blue
   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 Elizabeth D. Daniel

New Address 6008 Apache Wells #410, Indpls.

Subscribed and sworn to before me this 5th day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 86, *authorizing the joining together as husband and wife* MICHAEL JAMES BECKER *and* ELIZABETH DEBORAH DANIEL

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

I, J. K. WARRICK *hereby certify that on the* 20th *day of* DEC., *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* MICHAEL JAMES BECKER *of* MARION *County, State of* IN *and, Bride* ELIZABETH DEBORAH DANIEL *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* DEC., 19 86.

Signed /s/ J. K. WARRICK

Official Designation SR. PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* DEC., 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. 586

File

12-5-86 Date of Application

MALE
Medical Examination Report Dated 12-1-86
Name of Physician L. Lovell

FEMALE
Medical Examination Report Dated 12-1-86
Name of Physician L. 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 Wade Middle A. Last Boise

Date of Birth: Month 4 Day 2 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 4 Box 125 City Walkerton 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

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

New Address R 6 H Baxter St. Knox, IN 46534

Subscribed and sworn to before me this 5 day of Dec., 86

Mary Jane Pursell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Melody Middle M. Last Warnock

Date of Birth: Month 12 Day 16 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.R. 6 Box 336 S. Wash. 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. 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 Marion C. Warnock
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ada M. Small
   Residence of mother (if deceased so state) Danville 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 X Melody G. Warnock

New Address 6 H Baxter, Knox, IN 46534

Subscribed and sworn to before me this 5 day of Dec., 86

Mary Jane Pursell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 5th day of Dec., 19 86, authorizing the joining together as husband and wife WADE ALVIN BOISE and MELODY GALE WARNOCK

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

I, KENNETH E. VETTERS hereby certify that on the 27th day of DEC., one thousand nine hundred and 86 at BARTLETT CHAPEL, County of HENDRICKS, State of Indiana, Groom WADE ALVIN BOISE of STARKE County, State of IN, and, Bride MELODY GALE WARNOCK 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 DEC., 19 86. Signed /s/ KENNETH E. VETTERS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of DEC., 1986

Signed Mary Jane Pursell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 587

File

12-5-1986
Date of Application

MALE
Medical Examination Report Dated 12-1-86
Name of Physician Michael S. Pizzato

FEMALE
Medical Examination Report Dated 12-1-86
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 Danny Middle J. Last Grayson

Date of Birth: Month Jan. Day 30 Year 1949

Place of Birth (State or foreign country) Boise Idaho

Residence Address: 1421 Street or R. R. Buckwood Dr. City B'Burg County (Ind.) 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.
   Danny J Grayson 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 James Arthur Grayson
   Residence of father (if deceased so state) W Lafayette, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Juanita W Williamson
   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 D J Grayson

New Address 1421 Brookwood Dr.

Subscribed and sworn to before me this 5th day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 S. Last Crowe

Date of Birth: Month March Day 5 Year 1950

Place of Birth (State or foreign country) Putnam Co. In

Residence Address: 1421 Street or R. R. Buckwood Dr. City B'Burg County State (Ind.) 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.
   Angie Crabtree
   Nicholas Crabtree

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Henry Higgins
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances Jean Butler
   Residence of mother (if deceased so state) Mount Castle, 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 S. Crowe

New Address 1421 Brookwood Dr.

Subscribed and sworn to before me this 5th day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 December, 19 86, authorizing the joining together as husband and wife DANNY J. GRAYSON and JACKIE S. CROWE

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

I, MARY LEE COMER hereby certify that on the 12th day of DEC., one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DANNY J. GRAYSON of HENDRICKS County, State of IN, and, Bride JACKIE S. CROWE 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 12th day of DEC., 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 DEC., 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. 588

File

12-5-86 Date of Application

MALE
Medical Examination Report Dated 11-24-86
Name of Physician Robert Schimmelpfennig

FEMALE
Medical Examination Report Dated 11-24-86
Name of Physician Robert Schimmelpfennig

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wilson

Date of Birth: Month 7 Day 30 Year 1940

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

Residence Address: Street or R. R. 1507 Meyer St. City Greenwood County In. State 46142

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 Oral Ray Wilson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edith Marie Nash
   Residence of mother (if deceased so state) Franklin, 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 R. Wilson

New Address 5487 E. Maple Dr. Danville

Subscribed and sworn to before me this 5th day of December, 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 Janet Middle S. Last Haas

Date of Birth: Month 2 Day 4 Year 1946

Place of Birth (State or foreign country) Washington, Indiana

Residence Address: Street or R. R. 5487 E. Maple 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 male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 West
   Residence of father (if deceased so state) Petersburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Myers
   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 Janet S. Haas

New Address 5487 E. Maple Danville

Subscribed and sworn to before me this 5th day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 11 *day of* Dec, 1986, *authorizing the joining together as husband and wife* WILLIAM R. WILSON *and* JANET S. HAAS

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

I, LARRY L. BELLVILLE *hereby certify that on the* 31st *day of* DEC., *one thousand nine hundred and* 86 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM R. WILSON *of* JOHNSON *County, State of* IN, *and, Bride* JANET S. 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 31st *day of* DEC., 19 86. *Signed* /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* JAN., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 589

File

12-5-86
Date of Application

MALE
Medical Examination Report Dated 11-18-86

Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 11-18-86

Name of Physician D. 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 Kevin Middle M. Last Collett

Date of Birth: Month 7 Day 5 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 862 Highlander 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. Birth.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Collett
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara K. Selke
   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 X Kevin Collett

New Address 136 Spring Dr. APT. A

Subscribed and sworn to before me this 5 day of Dec., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Collis

Date of Birth: Month 12 Day 3 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1320 Hoppe Rd. City Mooresville 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.
   Benjamin C. Collis

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Collis
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judy E. Skinner
   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 X Ellen Collis

New Address 136 Spring Dr. Apt #A

Subscribed and sworn to before me this 5 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 86, *authorizing the joining together as husband and wife* KEVIN M. COLLETT *and* ELLEN LEIGH COLLIS

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

I, DUANE E. MOSS *hereby certify that on the* 20th *day of* DEC., *one thousand nine hundred and* 86 *at* MOORESVILLE, *County of* MORGAN, *State of Indiana, Groom* KEVIN M. COLLETT *of* HENDRICKS *County, State of* IN *and, Bride* ELLEN LEIGH COLLIS *of* ~~HEND~~ 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 9th *day of* DEC., 19 86.

Signed /s/ DUANE E. MOSS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* DEC., 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. 590

File

12-5-86 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 12-3-86

Name of Physician S. W. Burkholder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Allan Last Lange

Date of Birth: Month Aug Day 30 Year 63

Place of Birth (State or foreign country) Penn.

Residence Address: Street or R. R. 158 Shoemaker Rd. City Warriors Mark County Penn. State

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 Samuel Allan Lange
   Residence of father (if deceased so state) Penn.
   Birthplace of father (State or foreign country) Pa.
9. Full maiden name of mother Alice Grace Kase
   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 Samuel Allan Lange

New Address Apt. 12-C 700 Welsh Rd, Huntingdon Valley, Pa. 19006

Subscribed and sworn to before me this 12 day of Dec, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Amanda Middle Jane Last Edenburn

Date of Birth: Month 10 Day 20 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 708 Maple 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) 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 Kyle Keith Edenburn
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Alice Dew Jackson
   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 Amanda J. Edenburn

New Address: .....

Subscribed and sworn to before me this 5 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Dec, 19 86, authorizing the joining together as husband and wife SAMUEL A. LANGE and AMANDA J. EDENBURN

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

I, MAX CASE hereby certify that on the 28th day of DEC., one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom SAMUEL A. LANGE of MONTGOMERY County, State of IN, and, Bride AMANDA J. EDENBURN 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 DEC., 19 86. Signed /s/ MAX CASE

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of DEC., 19 86.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 591 320

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

12-8-86
Date of Application

MALE
Medical Examination Report Dated 12-4-86
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 12-4-86
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 Chester Middle L. Last Way

Date of Birth: Month 12 Day 15 Year 1926

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. Box 333 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 Gelford Way
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Corenne Marie Gardner
   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 .....

New Address .....

Subscribed and sworn to before me this 8th day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Barbara Middle L. Last Starcher

Date of Birth: Month 7 Day 17 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. #4, Box 333 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 male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Starcher
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Joyce Lee Landis
   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 .....

New Address .....

Subscribed and sworn to before me this 8th day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 12th day of December, 19 86, authorizing the joining together as husband and wife CHESTER B. WAY and BARBARA L. STARCHER

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 DEC., one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom CHESTER B. WAY of HEDNRICKS County, State of IN, and, Bride BARBARA L. STARCHER 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 DEC., 19 86.

Signed /s/ JOE D. STUMP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of DEC., 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. 592 ~~321~~

File

12-8-86
Date of Application

MALE
Medical Examination Report Dated 12-8-86
Name of Physician Ken Maynard

FEMALE
Medical Examination Report Dated 12-8-86
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 Dennis Middle G. Last Phillips

Date of Birth: Month 9 Day 23 Year 50

Place of Birth (State or foreign country) Ind.

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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Phillips
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Betty M. Foster
   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 Dennis G Phillips

New Address 5416

Subscribed and sworn to before me this 8 day of Dec. 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 S. Last Mayhood

Date of Birth: Month 5 Day 23 Year 52

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 224-76 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. Dawn Renee Mayhood

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hofmann
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy J. Baker
   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 S Mayhood

New Address SAME

Subscribed and sworn to before me this 8 day of Dec. 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 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 8 day of Dec., 19 86, authorizing the joining together as husband and wife DENNIS G. PHILLIPS and LINDA S. MAYHOOD

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

I, JERRY R. NASH hereby certify that on the 13th day of DEC., one thousand nine hundred and 86 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom DENNIS G. PHILLIPS of HENDRICKS County, State of IN, and, Bride LINDA S. MAYHOOD 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 DEC., 19 86. Signed /s/ JERRY R. NASH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of DEC., 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. 593

File

Dec. 9 1986
Date of Application

MALE
Medical Examination Report Dated 12-3-84
Name of Physician David M. Hadley Md.

FEMALE
Medical Examination Report Dated 12-3-84
Name of Physician David M. Hadley 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 F. Last Jones

Date of Birth: Month Nov. Day 15 Year 1942

Place of Birth (State or foreign country) Va.

Residence Address: Street or R. R. PO Box 33 City Orleans 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 James Jones
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Eula Mary Marcum
   Residence of mother (if deceased so state) Orleans, 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 David F. Jones

New Address Plainfield, In 0,

Subscribed and sworn to before me this 9 day of Dec., 1984

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Joyce Last Sizemore

Date of Birth: Month Feb Day 4 Year 1945

Place of Birth (State or foreign country) Morgantown W. Virginia

Residence Address: 2327 Street or R. R. Second St. City Plfd. (West.) 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 Ben Franklin King
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Willie Crawford
   Residence of mother (if deceased so state) Plainfield, 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 Joyce Sizemore

New Address 2327 Second St. Plainfield In

Subscribed and sworn to before me this 9 day of Dec., 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* 15 *day of* Dec. *, 19* 86 *, authorizing the joining together as husband and wife* DAVID F. JONES *and* BRENDA JOYCE SIZEMORE

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

I, MAX TOLIVER *hereby certify that on the* 3rd *day of* JAN. *, one thousand nine hundred and* 87 *at* ORLEANS *, County of* ORANGE *, State of Indiana, Groom* DAVID F. JONES *of* ORANGE *County, State of* IN *and, Bride* BRENDA JOYCE SIZEMORE *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* JAN. *, 19* 87 .

Signed /s/ MAX TOLIVER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* JAN. *, 19* 87 .

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 594

File

12-10-86 Date of Application

MALE
Medical Examination Report Dated 12-6-86
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 12-6-86
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 Ronnie Middle L. Last Spencer

Date of Birth: Month 12 Day 15 Year 1964

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

Residence Address: Street or R. R. 229½ Wabash 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Brandy Lee Spencer

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Spencer
   Residence of father (if deceased so state) Owensboro, Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Rosemary Edwards
   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 Ronnie L Spencer
New Address 229½ WABASH PLAINFIELD

Subscribed and sworn to before me this 10 day of Dec., 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 Kay Middle L. Last Scharlau

Date of Birth: Month 7 Day 26 Year 1956

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 229½ Wabash 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Delmar D. Scharlau, Jr.
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Susan K. Allen
   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 Kay L Scharlau
New Address Same as above

Subscribed and sworn to before me this 10 day of Dec., 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 15 day of Dec., 19 86, authorizing the joining together as husband and wife RONNIE L. SPENCER and KAY L. SCHARLAU

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

I, MYRON BARNARD hereby certify that on the 23rd day of DEC., one thousand nine hundred and 86 at INDPLS., County of MARION, State of Indiana, Groom RONNIE L. SPENCER of HENDRICKS County, State of IN, and, Bride KAY L. SCHARLAU 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 DEC., 19 86. Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of DEC., 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. 595

File

12-10-86
Date of Application

MALE
Medical Examination Report Dated 12-8-86
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-8-86
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 Stephen Middle W. Last Chambers

Date of Birth: Month 1 Day 27 Year 1967

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. 303 Joni 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wayne Chambers
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Margarita Sue Voles
   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 Stephen W Chambers
New Address 453 Broken Bow Trail #1609

Subscribed and sworn to before me this 10 day of Dec., 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Kay Last Jameson

Date of Birth: Month 6 Day 3 Year 1963

Place of Birth (State or foreign country) Shreveport Louisiana

Residence Address: Street or R. R. 1118 Georgetown Rd. City Jeffersonville 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 Brent Allen Jameson
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Gary In.
9. Full maiden name of mother Betty Lou Murray
   Residence of mother (if deceased so state) Long Beach Calif.
   Birthplace of mother (State or foreign country) Gary 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 Jameson
New Address

Subscribed and sworn to before me this 10 day of Dec., 19 86.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* 15th *day of* Dec., 19 86, *authorizing the joining together as husband and wife* STEPHEN W. CHAMBERS *and* SANDRA K. JAMISON

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

I, JOHN R. CANEDY *hereby certify that on the* 20th *day of* DEC., *one thousand nine hundred and* 86 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* STEPHEN W. CHAMBERS *of* HENDRICKS *County, State of* IN, *and, Bride* SANDRA K. JAMISON *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* DEC., 19 86.

Signed /s/ JOHN R. CANEDY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* DEC., 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. 596

File

12-10-86 Date of Application

MALE
Medical Examination Report Dated 11-22-86
Name of Physician L. D. Lovell

FEMALE
Medical Examination Report Dated 11-22-86
Name of Physician L. 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 David Middle L. Last Alka

Date of Birth: Month 8 Day 27 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 45 S. Road 300 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) 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 Howard D. Alka
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Hazel M. Wheeler
   Residence of mother (if deceased so state) Ind.
   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 David L. Alka

New Address same

Subscribed and sworn to before me this 10 day of Dec, 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Asenitha Middle M. Last Borders

Date of Birth: Month 8 Day 24 Year 45

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

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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Johnson
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Clara B. Sobel Shields
   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 X Asenitha M Borders

New Address same

Subscribed and sworn to before me this 10 day of Dec., 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 15th day of Dec, 19 86, authorizing the joining together as husband and wife DAVID L. ALKA and ASENITHA M. BORDERS

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

I, K. B. BRISTOL hereby certify that on the 19th day of DEC., one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID L. ALKA of HENDRICKS County, State of IN, and, Bride ASENITHA M. BORDERS 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 DEC., 19 86.

Signed /s/ K. B. BRISTOL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of DEC., 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. 597

File

12-11-86
Date of Application

MALE
Medical Examination Report Dated 12-3-86
Name of Physician Joseph F. Thompson

FEMALE
Medical Examination Report Dated 12-3-86
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 Rick Middle Allan Last Leuteritz

Date of Birth: Month 11 Day 24 Year 64

Place of Birth (State or foreign country) Louisville Ky.

Residence Address: Street or R. R. 11304 W. Washington 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) 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 Frank Allen Leuteritz
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Lebanon, In.
9. Full maiden name of mother Kimiko Sue Creekbaum
   Residence of mother (if deceased so state) Marco Island Fla.
   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 Rick A. Leuteritz

☒ New Address 11304 W. WASHINGTON ST.

Subscribed and sworn to before me this 11th day of December, 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Melissa Middle Gayle Last Trimble

Date of Birth: Month 8 Day 31 Year 69

Place of Birth (State or foreign country) Paducah, Ky.

Residence Address: Street or R. R. 135 Hogan Ave. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Curtis Trimble
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Chicago, Ill.
9. Full maiden name of mother Sandra Faye Bussell
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Louisville, Ky.

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

☒ Signed Melissa G. Trimble

☒ New Address 11304 W. Washington St.

Subscribed and sworn to before me this 11th day of Dec., 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 Deceased Father

Signed Sandra Faye Trimble Leuteritz Mother

Subscribed and sworn to before me this 11th day of Dec., 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 Court by written order issued ..... 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, 1986, authorizing the joining together as husband and wife RICK ALLEN LEUTERITZ and MELISSA GAYLE TRIMBLE

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

I, STEVEN T. REEVES hereby certify that on the 21 day of DEC., one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RICK ALLEN LEUTERITZ of MARION County, State of IN, and, Bride MELISSA GAYLE TRIMBLE 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 DEC., 19 86.

Signed /s/ STEVEN T. REEVES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of DEC., 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. 598

File

12-12-86 Date of Application

MALE
Medical Examination Report Dated 12-12-86
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-12-86
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 James Middle L. Last Cannon

Date of Birth: Month 1 Day 3 Year 1940

Place of Birth (State or foreign country) Chaffee, Missouri

Residence Address: Street or R. R. 11225 W. Washington St. #7 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Cannon
   Residence of father (if deceased so state) Chaffee, Mo.
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Nora Lee Pryor
   Residence of mother (if deceased so state) Chaffee, Mo.
   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 James L. Cannon

New Address Same

Subscribed and sworn to before me this 12 day of Dec., 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 Betty Middle P. Last Hall

Date of Birth: Month 6 Day 18 Year 1951

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 11225 W. Washington St. #7 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)

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

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

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

Signed Betty P. Hall

New Address Same

Subscribed and sworn to before me this 12 day of Dec., 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 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 December, 1986, authorizing the joining together as husband and wife JAMES L. CANNON and BETTY P. HALL

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 DEC., one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of IN, State of Indiana, Groom JAMES L. CANNON of HENDRICKS County, State of IN, and, Bride BETTY P. HALL 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 DEC., 19 86. Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of DEC., 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. 599

File

12-12-86
Date of Application

MALE
Medical Examination Report Dated 12-15-86
Name of Physician W. Stanley Lanford M.D.

FEMALE
Medical Examination Report Dated 12-9-86
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 John Middle [illegible] Last Drew

Date of Birth: Month Aug Day 24 Year 1920

Place of Birth (State or foreign country): Cloquet Minnesota

Residence Address: Street or R. R. [illegible] City Melbourne County [illegible] State Fl.

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 Herbert J. Drew
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Pearl E. Poppenthien
   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 X John H Drew
New Address 2354 LAKES OF MELBOURNE DRIVE MELBOURNE, Fl 32904
Subscribed and sworn to before me this 29 day of Dec, 1986.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle J. Last Heiss

Date of Birth: Month 11 Day 3 Year 1937

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 89 N. Kentucky 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dale Neely
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Bernadine Alice Atkins
   Residence of mother (if deceased so state) Danville, 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 Donna J. Heiss Lakes of Melbourne Dr.
New Address 2354 Melbourne Florida.
Subscribed and sworn to before me this Dec day of 12, 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* 29th *day of* DEC., *19*86, *authorizing the joining together as husband and wife* JOHN DREW *and* DONNA J. HEISS

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

I, JOE D. STUMP *hereby certify that on the* 31st *day of* DEC., *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JOHN DREW *of* BREVARD *County, State of* FLORIDA, *and, Bride* DONNA J. HEISS *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* DEC., *19*86.

Signed /s/ JOE D. STUMP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* JAN., *1987.*

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

Form Prescribed By
Indiana State Board of
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

12-12-86 Date of Application

MALE
Medical Examination Report Dated 11-29-86
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 11-29-86
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 Wesley Middle Alan Last Morgan

Date of Birth: Month Dec. Day 24 Year 1958

Place of Birth (State or foreign country) Lafayette Tippecanoe Co. Ind.

Residence Address: Street or R. R. 366 E. Mission Rd. City Indpls. (Mar.) 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) 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 Lowell Morgan
   Residence of father (if deceased so state) Walton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Lucille Gray
   Residence of mother (if deceased so state) Walton, 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 Wesley Alan Morgan

New Address 498 E 100 N Danville IN 46122

Subscribed and sworn to before me this 12 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Middle Ann Last Swain

Date of Birth: Month May Day 15 Year 1958

Place of Birth (State or foreign country) Danville Hendricks Co. Ind.

Residence Address: Street or R. R. 498 E. 100 N. 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edwin Swain
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce Ann Schenck
   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 Jo Ann Swain

New Address 498 E 100 N. Danville, IN 46122

Subscribed and sworn to before me this 12 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* 18 *day of* Dec., 19 86, *authorizing the joining together as husband and wife* WESLEY ALAN MORGAN *and* JO ANN SWAIN

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* 27th *day of* DEC. *one thousand nine hundred and* 86 *at* 2:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* WESLEY ALAN MORGAN *of* MARION *County, State of* IN, *and, Bride* JO ANN SWAIN *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* DEC., 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 31 *day of* DEC., 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. 601

File

Dec. 12 1986
Date of Application

MALE
Medical Examination Report Dated 11-24-84
Name of Physician Maj. Jeffery A. Ambrosek

FEMALE
Medical Examination Report Dated 12-8-86
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 Kyle Middle Joseph Last Klemme

Date of Birth: Month May Day 15 Year 1967

Place of Birth (State or foreign country) Lebanon Boone Co. Ind.

Residence Address: Street or R. R. 310-76-0526 HHC 151 CAV. DIV. Ft. Hood City Texas 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) ID from Armed Forces

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dean Klemme
   Residence of father (if deceased so state) Lebanon, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Lynn Oliphant
   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 Kyle J. Klemme
New Address 517 Trevor St Brownsburg In

Subscribed and sworn to before me this 16th day of Dec., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Crystal Middle V. Last Hauber

Date of Birth: Month August Day 5 Year 1966

Place of Birth (State or foreign country) Elmhurst DuPage Ill.

Residence Address: Street or R. R. 517 Trevor St. 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 Carl Harry Hauber
   Residence of father (if deceased so state) Chicago, Ill.
   Birthplace of father (State or foreign country) Elmhurst, Ill.
9. Full maiden name of mother Helen Ruth Turner
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Lamb, Ky.

State of Indiana, County of HENDRICKS } ss:

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

Signed Crystal V. Hauber
New Address 517 Trevor St Brownsburg IN

Subscribed and sworn to before me this 12 day of Dec., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 December, 19 86 authorizing the joining together as husband and wife KYLE JOSEPH KLEMME and CRYSTAL V. HAUBER

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

I, CLAUDIA GRANT hereby certify that on the 20th day of DEC., one thousand nine hundred and 86 at LEBANON, County of BOONE, State of Indiana, Groom KYLE KLEMME of BELL County, State of TEXAS, and, Bride CRYSTAL V. HAUBER 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 DEC., 19 86.

Signed /s/ CLAUDIA GRANT
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of DEC., 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. 602

File

12-15-86 Date of Application

MALE
Medical Examination Report Dated 12-8-86
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 12-10-86
Name of Physician Dr. Kennett 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 Frank Middle Arthur Last Konovsek

Date of Birth: Month 11 Day 19 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: 2334 Norris 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)

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

New Address 2334 NORRIS DR. INDPLS. 46234

Subscribed and sworn to before me this 15 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Kaye Last Lucas

Date of Birth: Month 12 Day 20 Year 1964

Place of Birth (State or foreign country) Ohio

Residence Address: 1021 High Dr. E, Brownsburg, 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 Kennett Dale Lucas
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Joyce Walker
   Residence of mother (if deceased so state) ~~Hazzard, Ky~~ Brownsburg 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 X Nancy Kaye Lucas

New Address 2334 NORRIS DR. INDPLS. 46234

Subscribed and sworn to before me this 15 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 Dec, 1986, authorizing the joining together as husband and wife FRANK ARTHUR KONOVSEK and NANCY KAYE LUCAS

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

I, STEVEN T. REEVES hereby certify that on the 21st day of DEC., County of HENDRICKS, one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom FRANK ARTHUR KONOVSEK of HENDRICKS County, State of IN, and, Bride NANCY KAYE LUCAS 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 DEC., 19 86. Signed /s/ STEVEN T. REEVES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of DEC., 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. 603

File

12-15-86
Date of Application

MALE
Medical Examination Report Dated 12-11-86
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 12-11-86
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 James Middle Lynn Last Woodrum

Date of Birth: Month 10 Day 16 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 167 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 Howard Eugene Woodrum
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eva Isabel Walter
   Residence of mother (if deceased so state) Lizton, 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 .....

New Address .....

Subscribed and sworn to before me this 15th day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Leslie Middle Marie Last Jackson

Date of Birth: Month 5 Day 9 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 110 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 William Cooper
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Angela Covelskie
   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 .....

New Address .....

Subscribed and sworn to before me this 15th day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Dec, 19 86, authorizing the joining together as husband and wife JAMES LYNN WOODRUM and ROSALIE MARIE JACKSON

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

I, LESLIE WALTZ hereby certify that on the 19th day of DEC., one thousand nine hundred and 86 at CLAYTON, County of HENDRICKS, State of Indiana, Groom JAMES LYNN WOODRUM of HENDRICKS County, State of IN, and, Bride ROSALIE MARIE 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 19th day of DEC., 19 86.

Signed /s/ LESLIE WALTZ

Official Designation ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of DEC., 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. 604

File Dec 16, 1986 Date of Application

MALE
Medical Examination Report Dated 12-10-86
Name of Physician J. Kerlin

FEMALE
Medical Examination Report Dated 12-10-86
Name of Physician J. 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 Andrew Middle Edward Last Richardson

Date of Birth: Month Mar Day 1 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1529 N 725 E 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

New Address 118 Scearce Ave. Danville, 46122

Subscribed and sworn to before me this 15 day of Dec, 1986.

Mary Janet Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 James

Date of Birth: Month March Day 11 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 412 W. Jessup 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. James
   Residence of father (if deceased so state) Naples In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet K. Powell
   Residence of mother (if deceased so state) Speedway, 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 Lisa Jo James

New Address 118 Scearce Ave Danville 46122

Subscribed and sworn to before me this 5 day of Dec, 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 Dec., 1986, authorizing the joining together as husband and wife ANDREW EDWARD RICHARDSON and LISA JO JAMES,

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

I, BUDDY FEHRMAN hereby certify that on the 20th day of DEC., one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ANDREW EDWARD RICHARDSON of HENDRICKS County, State of IN, and, Bride LISA JO JAMES 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 DEC., 19 86. Signed /s/ BUDDY FEHRMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of DEC., 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. 605

File

Dec. 16, 1986
Date of Application

MALE
Medical Examination Report Dated 12-13-86
Name of Physician Donald J. Sefcik

FEMALE
Medical Examination Report Dated 12-13-86
Name of Physician Donald J. Sefcik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 K. Last King
Date of Birth: Month August Day 11 Year 1965
Place of Birth (State or foreign country): Terre Haute Vigo In.
Residence Address: Street or R. R. 1665 Cottonwood Ct. 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 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 Wayne King
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Carol Jo Tisney
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Sullivan

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

Signed Gregory K. King
New Address 1665 Cottonwood Ct. Plfd.
Subscribed and sworn to before me this 16th day of Dec. 19 86
Mary Jo Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Heidi Middle Dia Last May
Date of Birth: Month Dec. Day 13 Year 1960
Place of Birth (State or foreign country): Norfolk Va.
Residence Address: Street or R. R. 100 E. Pearl St. City Washington 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) 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 Philip Leonard May
   Residence of father (if deceased so state) Washington In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Brady Elynce Haskell
   Residence of mother (if deceased so state) Unknown
   Birthplace of mother (State or foreign country) Miami

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

Signed Heidi Dia May
New Address 1665 Cottonwood Ct. Plainfield, In.
Subscribed and sworn to before me this 16th day of Dec. 19 86
Mary Jo Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 Dec., 19 86, authorizing the joining together as husband and wife GREGORY K. PING and HEIDI DIA MAY

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

I, PHILIP J. KREILEIN hereby certify that on the 27th day of DEC., one thousand nine hundred and 86 at WASHINGTON, County of DAVIES, State of Indiana, Groom GREGORY K. PING of HENDRICKS County, State of IN, and, Bride HEIDI DIA MAY 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 DEC., 19 86.

Signed /s/ PHILIP J. KREILEIN
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of DEC., 19 86.

Signed Mary Jo Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 686

File

12-16-86 Date of Application

MALE
Medical Examination Report Dated 12-13-86
Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 12-11-86
Name of Physician P. Schoon

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

MALE APPLICANT

Name: First Kent Middle Christopher Last Christian

Date of Birth: Month Dec Day 14 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 207 City Clayton 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 Robert T. Christian
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Susan Cilar
   Residence of mother (if deceased so state) Same
   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 x Kent Christian

New Address 233 East Krewson Street Apt. 2

Subscribed and sworn to before me this 16 day of Dec, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Marie Last Gee

Date of Birth: Month April Day 23 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 233 East Krewson Apt 2 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Gee
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Carole Brunson
   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 Regina M Gee

New Address 233 E Krewson #2, Plfd.

Subscribed and sworn to before me this 16 day of Dec, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 22nd day of Dec. and KENT CHRISTOPHER CHRISTIAN REGINA MARIE GEE

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

I, THOMAS N. HANEY hereby certify that on the 1st day of JAN. one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom KENT CHRISTOPHER CHRISTIAN of HENDRICKS County, State of IN, and, Bride REGINA MARIE GEE 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 JAN., 19 87. Signed /s/ THOMAS N. HANEY

Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JAN., 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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 Dec. 16 1986
Date of Application

MALE
Medical Examination Report Dated 12-11-86
Name of Physician David B. Haggard Md.

FEMALE
Medical Examination Report Dated 12-11-86
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 Kevin Middle T. Last Webber

Date of Birth: Month Dec. Day 12 Year 1966

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

Residence Address: Street or R. R. 4310 W 400 S. City Mooresville 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 John R. Webber
   Residence of father (if deceased so state) Mooresville In.
   Birthplace of father (State or foreign country) Connecticut
9. Full maiden name of mother Judith Ann Hinson
   Residence of mother (if deceased so state) Mooresville 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 Kevin T. Webber
New Address 4310 West 400 South

Subscribed and sworn to before me this 16 day of Dec., 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 Stephanie Middle E. Last Stadler

Date of Birth: Month Dec. Day 17 Year 1968

Place of Birth (State or foreign country) Mooresville (Hend.) Ind.

Residence Address: Street or R. R. RR#1 Box 68 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 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 Janet E. Stefanic
   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 Stephanie E. Stadler
New Address 4310 West 400 South

Subscribed and sworn to before me this 16 day of Dec., 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

For my Sole Custody

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* DEC., *19* 86., *authorizing the joining together as husband and wife* KEVIN T. WEBBER *and* STEPHANIE E. STADLER
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, KENNETH E. VETTERS *hereby certify that on the* 20th *day of* DEC., *one thousand nine hundred and* 86 *at* BARTLETT CHAPEL, *County of* HENDRICKS, *State of Indiana, Groom* KEVIN T. WEBBER *of* HENDRICKS *County, State of* IN *and, Bride* STEPHANIE E. STADLER *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* DEC. *19* 86.

Signed /s/ KENNETH E. VETTERS
Official Designation PASTOR

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

Dec. 17, 1986
Date of Application

MALE
Medical Examination Report Dated 12-15-86
Name of Physician Philip Batista, M.D.

FEMALE
Medical Examination Report Dated 12-15-86
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 Robert Middle J. Last Becker

Date of Birth: Month Dec. Day 28 Year 1940

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

Residence Address: Street or R. R. 208 N. Grant 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 Herschel Peples
   Residence of father (if deceased so state) deceased.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lena Opel Simpson
   Residence of mother (if deceased so state) Swiss City, 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 Robert J. Becker Sr.
New Address 208 North Grant Brownsburg

Subscribed and sworn to before me this 17 day of Dec., 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 F. Last Phillips

Date of Birth: Month Aug. Day 27 Year 1949

Place of Birth (State or foreign country) Pennsylvania

Residence Address: Street or R. R. 208 N Grant 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) 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 Charles E. Phillips Jr.
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Myrtle C. McCarty
   Residence of mother (if deceased so state) Pennsylvania
   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 Patricia F. Phillips
New Address 208 N. Grant Brownsburg.

Subscribed and sworn to before me this 17 day of Dec., 19 86
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 2 Court by written order issued 3 day Dec. 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 17th day of Dec., 19 86, authorizing the joining together as husband and wife ROBERT JAMES BECKER, SR. and PATRICIA F. PHILLIPS

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

I, KEN A. ELMENDORF hereby certify that on the 17th day of DEC., one thousand nine hundred and 86 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ROBERT JAMES BECKER, SR. of HENDRICKS County, State of IN, and, Bride PATRICIA F. 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 17th day of DEC., 19 86. Signed /s/ KEN A. ELMENDORF

Official Designation JDUGE PRO-TEMPORE HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of DECEMBER, 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. 609

File

12-18-86
Date of Application

MALE
Medical Examination Report Dated 12-16-86
Name of Physician D. Sefair

FEMALE
Medical Examination Report Dated 12-16-86
Name of Physician D. Sefair

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Alan Last Brauer

Date of Birth: Month 3 Day 24 Year 56

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 272 N. Mill 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Henry Brauer
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris Marie Baranyai
   Residence of mother (if deceased so state) Ill.
   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 Kent Brauer
New Address Same

Subscribed and sworn to before me this 18 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Sue Last Johnson

Date of Birth: Month 6 Day 14 Year 64

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. 272 N. Mill 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.
   Christopher Ray Johnson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Johnson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Kitty Barbara Ann Galloway
   Residence of mother (if deceased so state) 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 X Tammy Sue Johnson
New Address Same

Subscribed and sworn to before me this 18 day of Dec., 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* December, *19* 86, *authorizing the joining together as husband and wife* KURT ALAN BRAUER *and* TAMMY SUE JOHNSON

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

I, NAYMON E. WATSON *hereby certify that on the* 22nd *day of* DEC., *one thousand nine hundred and* 86 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* KURT ALAN BRAUER *of* HENDRICKS *County, State of* IN *and, Bride* TAMMY SUE JOHNSON *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* DEC., *19* 86.

Signed /s/ NAYMON E. WATSON

Official Designation ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* DEC., *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. 610

File

12-18-86 Date of Application

MALE
Medical Examination Report Dated 12 16-86
Name of Physician Maynard

FEMALE
Medical Examination Report Dated 12 16-86
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 Nicholas Middle Lee Last Thurman

Date of Birth: Month May Day 22 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 426 Douglas Dr City B'Burg 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) DrLee

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Conrad C. Thurman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Jane Mcloy
   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 Nicholas L. Thurman
New Address 426 Douglass DR. Brownsburg

Subscribed and sworn to before me this 18 day of Dec, 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 Charlotte ann Middle Last Hendsley

Date of Birth: Month April Day 24 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 426 Douglas Dr. City B'Burg 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 - 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Cheryl 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 Eugene Shook
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Melba Rose Sellers
   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 Charlotte A. Hindsley
New Address 426 Douglas DR. Brownsburg

Subscribed and sworn to before me this 18 day of Dec, 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 Dec., 1986., authorizing the joining together as husband and wife NICHOLAS LEE THURMAN and CHARLOTTE ANN HINDSLEY

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 DEC., at INDPLS., County of MARION, one thousand nine hundred and 86 at HENDRICKS County, State of IN, State of Indiana, Groom NICHOLAS LEE THURMAN of HENDRICKS County, State of IN, and, Bride CHARLOTTE ANN HINDSLEY 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 DEC., 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 DEC., 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. 611

File

12-19-86
Date of Application

MALE
Medical Examination Report Dated 12-10-86
Name of Physician J. Timothy Nichols

FEMALE
Medical Examination Report Dated 12-10-86
Name of Physician J. 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 Jimmie, Middle A., Last VanHoy

Date of Birth: Month J, Day 25, Year 1958

Place of Birth (State or foreign country) Lebanon In.
City County State

Residence Address: Street or R. R. Clermont, 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.
   Nathan Van Hoy 6 yrs
   Joshua Pratt 2 months
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Van Hoy
   Residence of father (if deceased so state) Gosport, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara B. Mays
   Residence of mother (if deceased so state) Gosport, 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 Jimmie A. VanHoy

New Address 3350 Raceway Rd. Clermont In

Subscribed and sworn to before me this 19th day of Dec 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A, Last Pratt

Date of Birth: Month 6, Day 10, Year 1968

Place of Birth (State or foreign country) Indianapolis In
City County State

Residence Address: Street or R. R. Clermont, 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.
   Timothy M. Pratt
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Pratt
   Residence of father (if deceased so state) Portland Org.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Pamela K. Hash
   Residence of mother (if deceased so state) Marysville, 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 Elizabeth A Pratt

New Address 3390 Raceway Rd # 19 Clermont

Subscribed and sworn to before me this 19th day of Dec 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Dec., 19 86, *authorizing the joining together as husband and wife* JIMMIE A. VAN HOY *and* ELIZABETH A. PRATT

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* DEC., *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JIMMIE A. VAN HOY *of* HENDRICKS *County, State of* IN *and, Bride* ELIZABETH A. PRATT *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* DEC., 19 86.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* JAN., 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

12-19-86 Date of Application

MALE
Medical Examination Report Dated 12-16-86
Name of Physician Thad Poe

FEMALE
Medical Examination Report Dated 12-16-86
Name of Physician Thad Poe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Hedrick

Date of Birth: Month 8 Day 23 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 159 N. Kentucky 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 Thomas J. Hedrick
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary L. Schrockenger
   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 X Michael T Hedrick

New Address PO Box 157 Bainbridge 46105

Subscribed and sworn to before me this 19 day of Dec., 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 LaMonda Middle J. Last Spears

Date of Birth: Month 7 Day 2 Year 62

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. P.O. Box 157 City Bainbridge 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.
   Tiffany Spears

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Cuppett
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Audrey A. Morris
   Residence of mother (if deceased so state) 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 X LaMonda J Spears

New Address P.O. Box 157 Bainbridge 46105

Subscribed and sworn to before me this 19 day of Dec, 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 23rd day of December, 19 86, authorizing the joining together as husband and wife MICHAEL T. HEDRICK and LAMONDA F. SPEARS

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

I, LARRY N. WILLIAMS hereby certify that on the 27th day of DEC. MARION ~~HENDRICKS~~, one thousand nine hundred and 86 at BETHEL FAITH TEMPLE, County of HENDRICKS, State of Indiana, Groom MICHAEL T. HEDRICK of HENDRICKS County, State of IN, and, Bride LAMONDA F. SPEARS of PUTNAM County, State of IN, were by me united 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 DEC., 19 86.

Signed /s/ LARRY N. WILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of DEC., 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. 613

File

12-24-86
Date of Application

HENDRICKS County

Hendricks Co. Only.

MALE
Medical Examination Report Dated 12-1-86

Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 12-1-86

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 Russell Middle L. Last Kirts

Date of Birth: Month 10 Day 18 Year 1951

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

Residence Address: Street or R. R. City Anamosa, County Iowa State

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 Charles R. Kirts
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marthanna Hussey
   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 Rull Lee Kirts

New Address RR1 Box 17B ANAMOSA, IA 52205

Subscribed and sworn to before me this 24th day of Dec, 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 Maria Middle Last Kaszpurenko

Date of Birth: Month 5 Day 23 Year 1957

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. Anamosa, City Iowa 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kaszpurenko
   Residence of father (if deceased so state) Deceased.
   Birthplace of father (State or foreign country) Ukrainia
9. Full maiden name of mother Sofia Vasykeiz
   Residence of mother (if deceased so state) New York
   Birthplace of mother (State or foreign country) Poland

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

Signed Maria Kaszpurenko

New Address RR #1 Box 17B Anamosa IA 52205

Subscribed and sworn to before me this 24 day of Dec, 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 #1 Court by written order issued 3 Day Waver 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* 24th *day of* DEC., 1986, *authorizing the joining together as husband and wife* RUSSELL LEE KIRTS *and* MARIA KASZPURENKO

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

I, SHELDON L. GEORGE *hereby certify that on the* 27th *day of* DEC., *one thousand nine hundred and* 86 *at* NEW WINCHESTER, *County of* HENDRICKS, *State of Indiana, Groom* RUSSELL LEE KIRTS *of* JONES *County, State of* IOWA, *and, Bride* MARIA KASZPURENKO *of* JONES *County, State of* IOWA, *were by me united 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* DEC., 1986.

Signed /s/ SHELDON L. GEORGE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* DECEMBER, 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. 614

File

12-29-86 Date of Application

MALE
Medical Examination Report Dated 12-23-86
Name of Physician David M. Hadley MD.

FEMALE
Medical Examination Report Dated 12-23-86
Name of Physician David M. Hadley 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 John Middle R. Last Taylor

Date of Birth: Month Oct Day 12 Year 1911

Place of Birth (State or foreign country): Crawfordsville In

Residence Address: Street or R. R. Plainfield 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 John L. Taylor
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Crawfordsville, In
9. Full maiden name of mother Emma Lalley
   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 John Robert Taylor

New Address 627 S. 66th ct. Plainfield

Subscribed and sworn to before me this 29th day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Josephine Middle J. Last Layer

Date of Birth: Month Oct Day 20 Year 1922

Place of Birth (State or foreign country): Bicknell In.

Residence Address: Street or R. R. Plainfield 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Jones
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Sally M. Kennedy
   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 Josephine J. Layer

New Address .....

Subscribed and sworn to before me this 29th day of December, 19 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 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 DEC., 19 86, authorizing the joining together as husband and wife JOHN ROBERT TAYLOR and JOSEPHINE J. LAYER

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

I, KENNETH T. HOLDZKOM hereby certify that on the 31st day of DEC., one thousand nine hundred and XX 86 at ....., County of MONTGOMERY, State of IN, State of Indiana, Groom JOHN ROBERT TAYLOR of HENDRICKS County, State of IN, and, Bride JOSEPHINE J. LAYER 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 DEC., 19 86. Signed /s/ KENNETH T. HOLDZKOM

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JAN., 19 *& Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

12-29-86
Date of Application

MALE
Medical Examination Report Dated 12-22-86
Name of Physician M. James Black (BLACK) MD

FEMALE
Medical Examination Report Dated 12-22-86
Name of Physician M. 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 Mason, Middle Lee, Last Williage

Date of Birth: Month 6, Day 17, Year 49

Place of Birth (State or foreign country) Kilgore Texas

Residence Address: Street or R. R. 110 E. College St., City Brownsburg, County, State In. 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) 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.
   Stephanie Leann Willige 3yrs
   Scott Mason Willige 2 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 George Howard Willige
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Bamberg, Germany
9. Full maiden name of mother Margret Aline Buford
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Gulfport City, Arkansas

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

×Signed /s/ [illegible]

×New Address 110E College Ave B'Burg, IN 46112

Subscribed and sworn to before me this 29th day of December 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 Anna, Middle Marie, Last Kellems

Date of Birth: Month 10, Day 5, Year 46

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

Residence Address: Street or R. R. 110 E. College St., City Brownsburg, County, State In. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Newell Chambers
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Gertrude Bernadette Kelley
   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 Anna M. Kellems

×New Address 110 E College Ave B'Burg In 46112

Subscribed and sworn to before me this 29th day of December 86

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 January, 19 87, authorizing the joining together as husband and wife MASON LEE WILLIAGE and ANNA MARIE KELLEMS

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

I, CLIFFORD D. SHAUL hereby certify that on the 9th day of JAN., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MASSON LEE WILLIGE of HENDRICKS County, State of IN and, Bride ANNA MARIE KELLEMS 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 JAN., 19 87.

Signed /s/ CLIFFORD D. SHAUL

Official Designation JUDGE PR-TEM

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of JAN., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

Dec. 30, 1986
Date of Application

MALE
Medical Examination Report Dated 12-17-86
Name of Physician Joseph F. Thompson

FEMALE
Medical Examination Report Dated 12-17-86
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 William Middle J. Last Wilson

Date of Birth: Month Jan Day 22 Year 1968

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

Residence Address: Street or R. R. 209 Harlan St. City Pltfd. 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 Joseph Gordon Wilson
   Residence of father (if deceased so state) Marion Co. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carole Ann Pittsman
   Residence of mother (if deceased so state) Johnson Co. 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 J Wilson
New Address 209½ Harlan St Plainfield

Subscribed and sworn to before me this 30 day of Dec., 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 L. Last Brandenburg

Date of Birth: Month Dec Day 1 Year 1969

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

Residence Address: Street or R. R. 96 Campbell Rd. City Monrovia 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 Gene Brandenburg
   Residence of father (if deceased so state) Morgan Co. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Deborah Sue Gooch
   Residence of mother (if deceased so state) Morgan Co. 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 Michelle L. Brandenburg
New Address 209½ Harlan (Plainfield

Subscribed and sworn to before me this 30 day of Dec., 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 30th day of Dec., 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 days 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 30th day of Dec., 1986, authorizing the joining together as husband and wife WILLIAM J. WILSON and MICHELLE L. BRANDENBURG

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

I, MARY JANE RUSSELL hereby certify that on the 30th day of DEC., one thousand nine hundred and 86 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WILLIAM J. WILSON of HENDRICKS County, State of IN, and, Bride MICHELLE L. BRANDENBURG 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 30th day of DEC., 1986. Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of JAN., 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

Dec. 30, 1986
Date of Application

MALE
Medical Examination Report Dated 12-17-86
Name of Physician Joseph F. Thompson

FEMALE
Medical Examination Report Dated 12-17-86
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 William Middle J. Last Wilson

Date of Birth: Month Jan Day 22 Year 1968

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

Residence Address: Street or R. R. 209 Union St. 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.

FEMALE APPLICANT

Name: First Michelle Middle L. Last Brandenburg

Date of Birth: Month Dec Day 1 Year 1969

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

Residence Address: Street or R. R. 96 Carpenter Rd. City Mooresville 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.

I, Michael G. Brandenburg, hereby give my consent for my Daughter, Michelle L. Brandenburg to marry Bill Wilson.

Michael G Brandenburg

Subscribed and sworn to before me this 29 day of Dec 1986.

Martha C Haught
Notary Public ComExp 04-30-1988

Subscribed and sworn to before me this 30 day of Dec 1986.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Deboral S. Brandenburg, hereby give my consent for my Daughter, Michelle L. Brandenburg to marry Bill Wilson.

Deborah S. Brandenburg

Subscribed and sworn to before me this 29 day of Dec 1986.

Martha C. Haught
Notary Public
ComExp 04-30-1988

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., 1986, authorizing the joining together as husband and wife WILLIAM J. WILSON and MICHELLE L. BRANDENBURG

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

I, MARY JANE RUSSELL hereby certify that on the 30th day of DEC., County of HENDRICKS, one thousand nine hundred and 86 at DANVILLE, State of Indiana, Groom WILLIAM J. WILSON of HENDRICKS County, State of IN, and, Bride MICHELLE L. BRANDENBURG 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 30th day of DEC., 1986. Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of JAN., 1987. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

12-31-86
Date of Application

MALE
Medical Examination Report Dated 12-26-86

Name of Physician E. D. Clark

FEMALE
Medical Examination Report Dated 12-17-86

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 Russell; Middle D.; Last Hubbard

Date of Birth: Month 12; Day 16; Year 35

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 222; City Stilesville; 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 W. R. Hubbard
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Essie P. Nicholson
   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 X Russell Lee Hubbard

New Address RR#1 Box 206 Coatesville Ind.

Subscribed and sworn to before me this 31 day of Dec., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Cherri; Middle; Last O'Neal

Date of Birth: Month 2; Day 23; Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1; City Coatesville; 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.
   Angela D'Neal
   Ryan 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 Kenneth W. Miller
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Clyde Brooks
   Residence of mother (if deceased so state) 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 X Cherri D. O'Neal

New Address RR#1 Box 206 Coatesville Ind.

Subscribed and sworn to before me this 31 day of Dec., 19 86.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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'l 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* 31 *day of* Dec., 19 86., *authorizing the joining together as husband and wife* RUSSELL LEE HUBBARD *and* CHERRI DENISE O'NEAL

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

I, MARY LEE COMER *hereby certify that on the* 31st *day of* DEC., *one thousand nine hundred and* 86 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RUSSELL LEE HUBBARD *of* HENDRICKS *County, State of* IN *and, Bride* CHERRI DENISE O'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* DEC., 19 86.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* JAN., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~678~~ 1

File

1-5-87 Date of Application

MALE
Medical Examination Report Dated 12-24-86
Name of Physician M. D. Seamahon

FEMALE
Medical Examination Report Dated 12-27-86
Name of Physician C. B Echt

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

MALE APPLICANT

Name: First Chris Middle D. Last Linton

Date of Birth: Month 4 Day 18 Year 60

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 238 S Tennessee 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. Liu.

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

New Address 7243 Causeway Dr Apt 3A Indpls

Subscribed and sworn to before me this 5 day of Jan., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Kim Middle D Last Morrison

Date of Birth: Month 2 Day 14 Year 59

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 7243 Causeway Dr Apt 3-A 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. Liu.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hoosier Morrison
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) (?)
9. Full maiden name of mother Mary Nelvis Perregaux
   Residence of mother (if deceased so state) Ind.
   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 Kim D Morrison

New Address (same)

Subscribed and sworn to before me this 5 day of Jan., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* January, *19* 87, *authorizing the joining together as husband and wife* CHRIS LINTON *and* KIM MORRISON.

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

I, GARY S. LINTON *hereby certify that on the* 10th *day of* JAN. *at* INDPLS., *County of* MARION, *one thousand nine hundred and* 87 *of* HENDRICKS *County, State of* IN, *State of Indiana, Groom* CHRIS LINTON *of* MARION *County, State of* IN, *and, Bride* KIM MORRISON *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 10th *day of* JAN., *19* 87. *Signed* /s/ GARY S. LINTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* JAN., *19* 87

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6192

File

1-5-87
Date of Application

MALE
Medical Examination Report Dated 12-29-86
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 12-29-86
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 Stacy Middle J. Last Lambert

Date of Birth: Month 12 Day 18 Year 1961

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. Clayton City Dr 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 Wendell S. Lambert
   Residence of father (if deceased so state) Clayton In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Mosier
   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 Stacy J Lambert
New Address Clayton IN

Subscribed and sworn to before me this 5th day of January, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Alison Middle K. Last Weiss

Date of Birth: Month 4 Day 6 Year 1967

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

Residence Address: Street or R. R. Clayton 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) # 113-67-025953

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Weiss
   Residence of father (if deceased so state) Wilkesboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley M. Wilson
   Residence of mother (if deceased so state) Greensburg, 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 Alison K. Weiss
New Address Clayton, In

Subscribed and sworn to before me this 5th day of January, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 January, 19 87, authorizing the joining together as husband and wife STACY J. LAMBERT and ALISON K. WEISS

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

I, WILLIAM R. CLAYTON hereby certify that on the 10th day of JAN., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom STACY J. LAMBERT of HENDRICKS County, State of IN, and, Bride ALISON K. WEISS 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 JAN., 19 87.

Signed /s/ WILLIAM R. CLAYTON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of ~~Dec.~~ Jan, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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~~ 3

File

1-5-87 Date of Application

MALE
Medical Examination Report Dated 12-23-86
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 12-23-86
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 Myron Middle R. Last Clark

Date of Birth: Month 9 Day 20 Year 46

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 214 City North Salem County Ih State

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.
   Kevin Eugene 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) Trafalgar, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha Imogene Walton
   Residence of mother (if deceased so state) Trafalgar 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 ✕ Myron R Clark

New Address same as above

Subscribed and sworn to before me this 5 day of January, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Christi Middle L. Last Cardona

Date of Birth: Month 9 Day 29 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.1, Box 214 City North Salem County In 46165 State

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.
   Jeremy Michael Cardona
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Franklin McKinzie
   Residence of father (if deceased so state) Ft. Myers Beach, Fla
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Joan Vice
   Residence of mother (if deceased so state) Ft. Myers Beach, Fla
   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 ✕ Christi L. Cardona

New Address same as above

Subscribed and sworn to before me this 5 day of January, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 JAN., 19 87, authorizing the joining together as husband and wife MYRON R. CLARK and CHRISTI L. CARDONA

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

I, MARY JANE RUSSELL hereby certify that on the 9th day of JAN., one thousand nine hundred and 81 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MYRON R. CLARK of HENDRICKS County, State of IN, and, Bride CHRISTI L. CARDONA 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 JAN., 19 87.

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 JAN., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~327~~ 4

File

1-6-87
Date of Application

MALE
Medical Examination Report Dated 12-9

Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 12-9-86

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 Ronald Middle A Last Hueston

Date of Birth: Month 11 Day 19 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 318 Avon Avenue 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 Thomas Charles Hueston
   Residence of father (if deceased so state) New Mexico
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sandra Jean Castor
   Residence of mother (if deceased so state) Mgtomery Co
   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 ☒ Ron Hueston

New Address SAME AS ABOVE

Subscribed and sworn to before me this 6 day of Jan, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Charlene Middle Last Butler

Date of Birth: Month 9 Day 30 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 318 Avon Avenue 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 Kenneth Frederick Nichols
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Geraldine Stinson
   Residence of mother (if deceased so state) Ano. Co.
   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 Charlene Butler

New Address Same as above

Subscribed and sworn to before me this 6 day of Jan, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 Jan, 19 87, authorizing the joining together as husband and wife RONALD ALAN HUESTON and CHARLENE BUTLER

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

I, ~~LARRY R. HESSON~~ hereby certify that on the ~~16th~~ day of JAN. one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom RONALD ALAN HUESTON of HENDRICKS County, State of IN and, Bride CHARLENE BUTLER 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 JAN., 19 87.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of JAN., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-7-87 Date of Application

MALE
Medical Examination Report Dated 12-22-86
Name of Physician J. Thompson

FEMALE
Medical Examination Report Dated 12-22-86
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 William Middle K. Last Winkler

Date of Birth: Month Mar. Day 26 Year 1963

Place of Birth (State or foreign country) Ky.

Residence Address: Street or R. R. 162 E 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) 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.
   Amber Nicole
   Jennifer Renee
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Winkler
   Residence of father (if deceased so state) Danville Ky.
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Mabel Underwood
   Residence of mother (if deceased so state) Same
   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 William K Winkler

New Address 162 E Rd 200 S Danville

Subscribed and sworn to before me this 7 day of Jan., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Tyler

Date of Birth: Month May Day 3, Year 1965

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 412 Linden 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. 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 K. Tyler
   Residence of father (if deceased so state) Plainfield, Ia.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Betty Wright
   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 Carol E Tyler

New Address 1162 E Rd 200 S Danville

Subscribed and sworn to before me this 7 day of Jan., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 16th *day of* January, 19 87, *authorizing the joining together as husband and wife* WILLIAM K. WINKLER *and* CAROL E. TYLER

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

I, LARRY R. HESSON *hereby certify that on the* 16th *day of* JAN., *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM K. WINKLER *of* HENDRICKS *County, State of* IN, *and, Bride* CAROL E. TYLER *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* JAN., 19 87.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* JAN., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

Jan. 8, 1987
Date of Application

MALE
Medical Examination Report Dated 1-05-87
Name of Physician Joseph Kerlin, Md.

FEMALE
Medical Examination Report Dated 1-05-87
Name of Physician Joseph Kerlin 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 Gerald Middle R. Last George

Date of Birth: Month Oct. Day 16 Year 1961

Place of Birth (State or foreign country) Carlisle, Ky

Residence Address: Street or R. R. 4953 Locust 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) 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.
   Christopher Ryan George

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Royce George
   Residence of father (if deceased so state) Delphi.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Phoebe Florine Pierce
   Residence of mother (if deceased so state) Delphi.
   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 Gerald R. George
New Address 4953 Locust Danville, IN
Subscribed and sworn to before me this 8 day of Jan, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Scott

Date of Birth: Month Nov. Day 8 Year 1954

Place of Birth (State or foreign country) Ft. Wayne (Allen) In.

Residence Address: Street or R. R. 4953 Locust 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) 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.
   Lesly Re Scott
   Lori Ann 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 Carol Ray Bush
   Residence of father (if deceased so state) Warrick, Co.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane Wilson
   Residence of mother (if deceased so state) Lawrence, Co.
   Birthplace of mother (State or foreign 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. Scott
New Address 4953 Locust, Danville, In.
Subscribed and sworn to before me this 8 day of Jan, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 January, 1987, authorizing the joining together as husband and wife GERALD R. GEORGE and TERESA J. SCOTT

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

I, JAMES A. WATSON hereby certify that on the 24th day of JAN., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GERALD R. GEORGE of HENDRICKS County, State of IN and, Bride TERESA J. SCOTT 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 JAN., 19 87.

Signed /s/ JAMES A. WATSON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of FEB., 1987.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-9-87 Date of Application

MALE
Medical Examination Report Dated 1-5-87
Name of Physician D. L. Williams

FEMALE
Medical Examination Report Dated 1-5-87
Name of Physician D. L. Williams

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Semon

Date of Birth: Month 2 Day 25 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9880 W. 10th 28-7 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. 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.
   Elizabeth A.
   John J.
   Charles R.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Semon
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sarah A. Wooley
   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 X John J. Semon

New Address 880 W 10TH 28-7 Indpls Ind

Subscribed and sworn to before me this 9 day of Jan, 19 87

Mary Jane Pruell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Catherine Middle J. Last Underwood

Date of Birth: Month 2 Day 19 Year 63

Place of Birth (State or foreign country) N. Carolina

Residence Address: Street or R. R. 9880 W. 10th St. Lot 28-7 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. 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.
   Melissa A.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. Selig
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Wisc.
9. Full maiden name of mother Jane D. MacBannon
   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 X (Catherine) Underwood

New Address 9880 W. 10th St. Lot 28-7

Subscribed and sworn to before me this 9 day of Jan, 19 87

Mary Jane Pruell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Jan, 19 87, authorizing the joining together as husband and wife JOHN J. SEMON and CATHERINE J. UNDERWOOD

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

I, MARION VON VLYMEN hereby certify that on the 17th day of JAN. one thousand nine hundred and 87 at MT. PLEASANT BAPTIST, County of MARION, State of Indiana, Groom JOHN J. SEMON of HENDRICKS County, State of IN, and, Bride CATHERINE J. UNDERWOOD 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 JAN., 19 87. Signed /s/ MARION VON VLYMEN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JAN., 19 87.

Signed Mary Jane Pruell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-9-87
Date of Application

MALE
Medical Examination Report Dated 12-17-86

Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 12-17-86

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 Steve Middle A Last Johnson

Date of Birth: Month 4 Day 23 Year 53

Place of Birth (State or foreign country)

Residence Address: 2214 East Street or R. R. 100 N. 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 Paris C. Johnson
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Bonnie J. Graham
   Residence of mother (if deceased so state) Danville, 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 ☒ Steve A. Johnson

New Address 820 Broken Bow Tr #917, Indpls, IN

Subscribed and sworn to before me this 9 day of January, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carol Middle L. Last Stone

Date of Birth: Month 12 Day 15 Year 1957

Place of Birth (State or foreign country) Ohio

Residence Address: 820 Broken Bow Trail #917 Street or R. R. Indpls. 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) 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 R. Stone
   Residence of father (if deceased so state) Athens, Texas
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Leanne Anderson
   Residence of mother (if deceased so state) Athens, Texas
   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 ☒ Carol L. Stone

New Address 820 Broken Bow Tr. #917, Indpls, Ind

Subscribed and sworn to before me this 9 day of January, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 2 *day of* February, 19 87, *authorizing the joining together as husband and wife* STEVE A. JOHNSON *and* CAROL L. STONE

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

I, ~~SALMAN H. ALANI~~ *hereby certify that on the* ~~19th~~ *day of* ~~FEB.~~, *one thousand nine hundred and* 87 *at* BLOOMINGTON, *County of* MONROE, *State of Indiana, Groom* STEVE A. JOHNSON *of* HENDRICKS *County, State of* IN, *and, Bride* ~~CAROL L. STONE~~ *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* ~~FEB.~~, *19* 87.

Signed /s/ SALMAN H. ALANI

Official Designation DIRECTOR OF THE INSTITUTE OF ISLAMIC AND ARABIC STUDIES

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* MARCH, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

1-12-87 Date of Application

MALE
Medical Examination Report Dated 1-9-87
Name of Physician M. James Black, M.D

FEMALE
Medical Examination Report Dated 1-9-87
Name of Physician M. 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 Gregory Middle Lee Last Havill

Date of Birth: Month 7 Day 12 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10 Fairway Dr. 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) 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 F. L. Havill
   Residence of father (if deceased so state) Columbus, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Hadley
   Residence of mother (if deceased so state) Columbus 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 ☒ Gregory Lee Havill

New Address 6710 Maple Grove Dr. Indianapolis, In 46250

Subscribed and sworn to before me this 12th day of January, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lauri Middle Lynn Last Jones

Date of Birth: Month 7 Day 11 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4855 Ridgeview Way 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. 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 D. Jones
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna Jones
   Residence of mother (if deceased so state) Plfd 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 ☒ Lauri Lynn Jones

New Address 6710 Maple Grove Drive Indpls. 46250

Subscribed and sworn to before me this 12th day of January, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 January, 19 87, authorizing the joining together as husband and wife GREGORY LEE HAVILL and LAURI LYNN JONES

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

I, ANDREW J. SIMKINS hereby certify that on the 24th day of JAN., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of IN, GREGORY LEE HAVILL of HENDRICKS County, State of IN, and, Bride LAURI 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 23rd day of FEB., 19 87. Signed /s/ ANDREW J. SIMKINS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of FEB., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-12-87
Date of Application

MALE
Medical Examination Report Dated 1-4-87

Name of Physician E

FEMALE
Medical Examination Report Dated 1-8-87

Name of Physician M. 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 Ronald Middle L. Last Dunaway

Date of Birth: Month ~~10~~ 3 Day ~~13~~ 27 Year ~~64~~ 65

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

Residence Address: Street or R. R. 941 W. Main City Madison 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 Norman Stevenson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nelda R. Miller
   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 X Ronald L. Dunaway

New Address 3421 Cliffy Dr. Lot 8 Madison IN 47250

Subscribed and sworn to before me this 12 day of ~~Dec~~ Jan, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 M. Last Stevenson

Date of Birth: Month 10 Day 13 Year 64

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

Residence Address: Street or R. R. 4580 W. 150S 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 Robert H. Dunaway
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jan Hadley
   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 X Pamela M Stevenson

New Address 3421 Cliffy Dr Lot 8 Madison IN 47250

Subscribed and sworn to before me this 12 day of Jan, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Jan, 19 87, *authorizing the joining together as husband and wife* RONALD L. DUNAWAY *and* PAMELA STEVENSON

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

I, DAVID K. BOOTH *hereby certify that on the* 31st *day of* JAN., *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* RONALD L. DUNAWAY *of* JEFFERSON *County, State of* INDIANA *and, Bride* PAMELA STEVENSON *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 31st *day of* JAN., 19 87.

Signed /s/ DAVID K. BOOTH

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* FEBRUARY, 19 87.

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

Form Prescribed By
Indiana State Board of
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

1-15-87 Date of Application

MALE
Medical Examination Report Dated 1-10-87
Name of Physician R. Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 1-10-87
Name of Physician R 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 Jerry Middle Wayne Last Fletcher

Date of Birth: Month 10 Day 1 Year 46

Place of Birth (State or foreign country) Washington D.C.

Residence Address: Street or R. R. 4421 Cross Bridge Ct. City Plainfield County 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) License (Drivers)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Wayne Fletcher 16yrs.
   Dewey Robert Fletcher 16yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Fletcher
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Va (Pendington)
9. Full maiden name of mother Geneva Stidham
   Residence of mother (if deceased so state) Mooresville In.
   Birthplace of mother (State or foreign country) Va. (St. Charles)

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

☒ Signed Jerry W. Fletcher

☒ New Address 4421 Crossbridge Ct. Plainfield, In.

Subscribed and sworn to before me this 15th day of Jan., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cherie Middle Elaine Last Francis

Date of Birth: Month 8 Day 24 Year 48

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

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) 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 Robert Kirby
   Residence of father (if deceased so state) Danville, Il.
   Birthplace of father (State or foreign country) Worthington, In.
9. Full maiden name of mother Teddy Joyce Padgett
   Residence of mother (if deceased so state) Danville, 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 Cherie E. Francis

☒ New Address 4421 Crossbridge Ct. Plainfield In.

Subscribed and sworn to before me this 15th day of Jan., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* Jan., 19 87, *authorizing the joining together as husband and wife* JERRY WAYNE FLETCHER *and* CHERIE ELAINE FRANCIS

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

I, CANDACE KINGMA-PIPER *hereby certify that on the* 31st *day of* JAN., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of* IN, *State of Indiana, Groom* JERRY WAYNE FLETCHER *of* HENDRICKS *County, State of* IN, *and, Bride* CHERIE ELAINE FRANCIS *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* JANUARY, 1987. *Signed* /s/ CANDACE KINGMA-PIPER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* FEBRUARY, 19 87.

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

Form Prescribed By
Indiana State Board of
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

1-16-87
Date of Application

MALE
Medical Examination Report Dated 1-13-87
Name of Physician J. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 1-13-87
Name of Physician J. 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 Daniel Middle S. Last Little

Date of Birth: Month 6 Day 29 Year 67

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

Residence Address: Street or R. R. RR 3 Box 350 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Little
   Residence of father (if deceased so state) Danville Clayton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Rae Rasch
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Miami

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

× Signed Daniel S. Little
× New Address RR#3 Box 350 Clayton In 46118

Subscribed and sworn to before me this 16th day of January, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle L. Last Simmons

Date of Birth: Month 4 Day 4 Year 67

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

Residence Address: Street or R. R. 3338 E. New York St. City Indianapolis County State In. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Freddie C. Simmons
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Carolyn Virginia Rogell
   Residence of mother (if deceased so state) Dexter, Ga.
   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 Brenda L. Simmons
× New Address 3338 E New York St Indpls. In 46201

Subscribed and sworn to before me this 16th day of January, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 21 *day of* Jan., 19 87., *authorizing the joining together as husband and wife* Daniel S. Little *and* Brenda L. Simmons
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gregory C. Steuerwald Judge Pro-Tempore *hereby certify that on the* 22 *day of* January, *one thousand nine hundred and* eighty Seven *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Daniel S. Little *of* Hendricks *County, State of* Indiana *and, Bride* Brenda L. Simmons *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 22 *day of* January, 19 87.

Signed /s/ Gregory C. Steuerwald Judge Pro Tempore
Official Designation Judge Pro-Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* January, 19 87.
Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

1-16-87 Date of Application

MALE
Medical Examination Report Dated 1-14-87
Name of Physician C. S. Brown

FEMALE
Medical Examination Report Dated 1-16-87
Name of Physician C. S. 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 Marvin Middle J. Last Selig

Date of Birth: Month 5 Day 12 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9880 W. 10th 13-4 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. 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 Albert J. Selig
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carol
   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 X Marvin Selig

New Address 9880 W. 10th

Subscribed and sworn to before me this 16 day of Jan. 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Dianna Middle S. Last Shockley

Date of Birth: Month 5 Day 14 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. City County State
Same

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 Eugene Shockley
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Retha M. Fisher
   Residence of mother (if deceased so state) Ind.
   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 X Dianna S. Shockley

New Address 9880 W. 10th & Lot 13-4

Subscribed and sworn to before me this 16 day of Jan 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 23rd day of January, 19 87, authorizing the joining together as husband and wife of MARVIN JOE SELIG and DIANNA SUE SHOCKLEY

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

I, CHARLES E. CHESTNUT hereby certify that on the 14th day of FEB. at PLAINFIELD, County of HENDRICKS, one thousand nine hundred and 87 at of HENDRICKS County, State of IN, State of Indiana, Groom MARVIN JOE SELIG of HENDRICKS County, State of IN, and, Bride DIANNA SUE SHOCKLEY of HEDNRICKS were by me united 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 87. Signed /s/ CHARLES E. CHESTNUT

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of FEB., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-22-87
Date of Application

MALE
Medical Examination Report Dated 12-29-86
Name of Physician Robert A. McDougal, M.D.

FEMALE
Medical Examination Report Dated 12-29-86
Name of Physician Robert A. McDougal, 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 Kenneth, Middle Gregory, Last Manning

Date of Birth: Month 4, Day 25, Year 1960

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

Residence Address: Street or R. R. 1330 N. Rockville Rd., 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Manning
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Hatfield Ky.
9. Full maiden name of mother Velma Louise Bushong
   Residence of mother (if deceased so state) Plainfield
   Birthplace of mother (State or foreign country) Indiana

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

Signed Kenneth G. Manning

New Address

Subscribed and sworn to before me this 22nd day of January, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn, Last Rippy

Date of Birth: Month 8, Day 4, Year 1967

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 1330 N. Rockville Rd., 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 Raymond Thomas Rippy
   Residence of father (if deceased so state) Lebanon, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gloria Jean Hyatt
   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 Teresa L. Rippy

New Address

Subscribed and sworn to before me this 22nd day of January, 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Jan, 19 87, authorizing the joining together as husband and wife KENNETH G. MANNING and TERESA L. RIPPY

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

I, LARRY LILLY hereby certify that on the 31 day of JAN., one thousand nine hundred and 87 at AVON, County of HENDRICKS, State of Indiana, Groom KENNETH G. MANNING of HENDRICKS County, State of IN, and, Bride TERESA L. RIPPY 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 JAN., 19 87.

Signed /s/ LARRY LILLY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of FEB., 19 87.

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. 15

File

1-23-87 Date of Application

MALE
Medical Examination Report Dated 1-22-87
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 1-22-87
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 Paul Middle E. Last Keck

Date of Birth: Month 4 Day 30 Year 1952

Place of Birth (State or foreign country) Putnam County Hospital

Residence Address: Street or R. R. 115 E 500 N 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 Paul Edward Keck
   Residence of father (if deceased so state) Bainbridge, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vera Jo Kelpe
   Residence of mother (if deceased so state) Phoenix, Az.
   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 Paul E Keck

New Address 4449 N 100 E Danville

Subscribed and sworn to before me this 23 day of Jan., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Benefiel

Date of Birth: Month 7 Day 21 Year 1953

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 1115 E 500 N 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wm. Wampner Sr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Frances Williamson
   Residence of mother (if deceased so state) Danville, 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 Donna L Benefiel

New Address 4449 N. 100 E Danville 46122

Subscribed and sworn to before me this 23 day of Jan., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 23rd day of JAN., 19 87, authorizing the joining together as husband and wife PAUL E. KECK and DONNA L. BENEFIEL

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

I, MARY JANE RUSSELL hereby certify that on the 23rd day of JAN., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom PAUL E. KECK of HENDRICKS County, State of IN, and, Bride DONNA L. BENEFIEL 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 JAN., 19 87. Signed /s/ MARY JANE RUSSELL

Official Designation CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of JAN., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-23-87
Date of Application

MALE
Medical Examination Report Dated 1-21-87
Name of Physician John Calhoun

FEMALE
Medical Examination Report Dated 1-21-87
Name of Physician John Calhoun

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lekse

Date of Birth: Month 2 Day 19 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address 111 E. 200 N. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Joseph, & Lekse, Jr.
   ~~Shaw~~ Sean Christian Lekse
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frank Lekse
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sophia Konichnick
   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 David J Lekse

New Address 1111 East 200 North

Subscribed and sworn to before me this 23 day of January, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Hartle

Date of Birth: Month 9 Day 14 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address 28 Martin Dr., 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) 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.
   Gregory Wayne Hartle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Wing
   Residence of father (if deceased so state) Lebanon, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Marie McMillan
   Residence of mother (if deceased so state) Lebanon, 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 Diane E. Hartle

New Address 111 E 200 N, Danville, In

Subscribed and sworn to before me this 23 day of January, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, 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. 17

File

1-23-87 Date of Application

MALE
Medical Examination Report Dated 1-20-87
Name of Physician Susan Loudenback

FEMALE
Medical Examination Report Dated 1-20-87
Name of Physician Susan Loudenback

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

MALE APPLICANT

Name: First Don Middle W. Last Apple

Date of Birth: Month 6 Day 6 Year 39

Place of Birth (State or foreign country) Chicago, Il.

Residence Address: Street or R. R. 4851 Locust St. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Apple
   Residence of father (if deceased so state) No. Ft. Myers, Fl.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Lucille M. Fiegenbaum
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Chicago, Il.

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

☒ Signed Don W. Apple

☒ New Address 4851 LOCUST ST

Subscribed and sworn to before me this 23rd day of Jan., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Zeiher

Date of Birth: Month 7 Day 2 Year 56

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

Residence Address: Street or R. R. 10015 Osceola Dr. 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) 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.
   Angela D. Zeiher 9 yrs.
   Donald D. Zeiher 8 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 Donald D. Clingerman
   Residence of father (if deceased so state) Crawfordsville In.
   Birthplace of father (State or foreign country) Bowling Green, Ky.
9. Full maiden name of mother Beulah J. Boes
   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 Joy E. Zeiher

☒ New Address 4851 Locust St.

Subscribed and sworn to before me this 23rd day of Jan., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 30 day of January, 1987, authorizing the joining together as husband and wife DON W. APPLE and JOY E. ZEIHER

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

I, WILLIAM J. WASSNER hereby certify that on the 20th day of FEB., one thousand nine hundred and 87 at WESTVIEW CHRISTIAN CHURCH County of MARION, State of Indiana, Groom DON W. APPLE of HENDRICKS County, State of IN, and, Bride JOY E. ZEIHER 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 FEB., 1987. Signed /s/ WILLIAM J. WASSNER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of FEB., 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-26-86
Date of Application

MALE
Medical Examination Report Dated 1-24-87
Name of Physician Gregory Grub, D.O.

FEMALE
Medical Examination Report Dated 1-24-87
Name of Physician Gregory Grub, 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 Merl Middle [illegible] Last McCurry

Date of Birth: Month 4 Day 21 Year 1940

Place of Birth (State or foreign country) London, Kentucky

Residence Address: 1329 N. La Salle 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) 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 James E. McCurry
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Molly Hubbard
   Residence of mother (if deceased so state) deceased
   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 Merl McCurry
New Address 5040 W. 171st, Tinley Park, Il
Subscribed and sworn to before me this 26 day of January, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 McMurry

Date of Birth: Month 6 Day 08 Year 1955

Place of Birth (State or foreign country) Brazil Indiana

Residence Address: 1823 N. St. Rd 39 Street or R. R. Mooresville City Hend. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee McMurry
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Maxine Lainey
   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 Janet S. McMurray
New Address 5040 W. 171st, Tinley Park, Il
Subscribed and sworn to before me this 26 day of January, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* July, 1987, *authorizing the joining together as husband and wife* MERL McCURRY *and* JANET S. McMURRY

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

I, ~~LANDRUM EUGENE SHIELDS~~ *hereby certify that on the* ~~21st~~ *day of* ~~FEB.~~, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* MERL McCURRY *of* MARION *County, State of* IN *and, Bride* JANET S. McMURRY *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* FEB., *19* 87.

Signed /s/ LANDRUM E. SHIELDS

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* FEB., *19* 87.

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

Form Prescribed By
Indiana State Board of
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

1-26-87 Date of Application

MALE
Medical Examination Report Dated 1-20-87
Name of Physician Thad Poe

FEMALE
Medical Examination Report Dated 1-19-87
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 William Middle L. Last Young

Date of Birth: Month 7 Day 4 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 2, Box 293 City Ladoga 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. 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 William L. Young
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Betty L. Young
   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 William Young

New Address 195 S Rd 150 E

Subscribed and sworn to before me this 26 day of Jan., 87

Mary Jane Rynell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Means

Date of Birth: Month 10 Day 19 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: 195 S. 150 E. Danville 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.
   Brandy 10
   Heather 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 Joseph Vandal
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Doris A. McDillman
   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 Sandra Means

New Address 195 S RD 150 E

Subscribed and sworn to before me this 26 day of Jan 87

Mary Jane Rynell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, authorizing the joining together as husband and wife of Indiana dated the 30th day of Jan and WILLIAM L. YOUNG and SANDRA REANELL MEANS

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 FEB., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WILLIAM L. YOUNG of HENDRICKS County, State of IN, and, Bride SANDRA REANELL MEANS 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 87. 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 FEB., 19 87.

Signed Mary Jane Rynell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

1-28-87
Date of Application

MALE
Medical Examination Report Dated 1-27-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 1-27-87
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 Bret Middle Lee Last Stevens

Date of Birth: Month Main Day 16 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: 2348 Street or R. R. Hawdin Dr. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. 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 Richard Lee Stevens
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred Jean St Clark
   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 Bret Lee Stevens
New Address Same

Subscribed and sworn to before me this 2nd day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Wineinger

Date of Birth: Month 12 Day 22 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: 2348 Street or R. R. Hawdin Dr. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Wineinger
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Jo. Cartwright
   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 X Sherry L. Wineinger
New Address 2348 Gowdin Dr.

Subscribed and sworn to before me this 28 day of Jan., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* FEB., 19 87, *authorizing the joining together as husband and wife* BRET L. STEVENS *and* SHERRY L. WINEINGER

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

I, MYRON BARNARD *hereby certify that on the* 5th *day of* FEB., *one thousand nine hundred and* 87 *at* INDPLS., *County of* HENDRICKS, *State of Indiana, Groom* BRET L. STEVENS *of* MARION *County, State of* IN *and, Bride* SHERRY L. INEINGER *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* FEB., 19 87.

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* FEB., 19 87.

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

Form Prescribed By
Indiana State Board of
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

1-28-87 Date of Application

MALE
Medical Examination Report Dated 1-24-87
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 1-24-87
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 Robert Middle M. Last Haak, Sr.

Date of Birth: Month 3 Day 25 Year 25

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 719 S. E. St. City Pkyd. 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. Liv.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 N. Haak
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Laura E. Hall
   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 X Robert Haak Sr.
New Address 29 West Morgan St Mooresville In.

Subscribed and sworn to before me this 28 day of Jan, 19 87

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Eleanor Middle K. Last Wilson

Date of Birth: Month 4 Day 4 Year 25

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 117 City Milan, 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. Liv.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Porter Krick
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Etta Schuler
   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 X Eleanor K. Wilson
New Address 29 West Morgan St Mooresville, 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 ..... 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* 3rd *day of* Feb *, 19* 87 *, authorizing the joining together as husband and wife* ROBERT G. HAAK, SR. *and* ELEANOR KRICK WILSON *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, JOHN L. MIKENAS III *hereby certify that on the* 14th *day of* FEB. *, one thousand nine hundred and* 87 *at* MILAN *, County of* RIPLEY *, State of Indiana, Groom* ROBERT G. HAAK, SR. *of* HENDRICKS *County, State of* IN *, and, Bride* ELEANOR KRICK WILSON *of* RIPLEY *County, State of* IN *, were by me united 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* 87 *.* *Signed* /s/ JOHN L. MIKENAS III

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* FEB. *, 19* 87 *.*

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

Form Prescribed By
Indiana State Board of
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

Jan. 29 1987
Date of Application

MALE
Medical Examination Report Dated 1/28/87
Name of Physician Morris Fultz

FEMALE
Medical Examination Report Dated 1/27/87
Name of Physician E. Michael Gentry

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 R. Last Gipson

Date of Birth: Month Sept. Day 1 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 898 High Garden Dr. City Mars Hill 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) Military 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 Harlan W. Gipson
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Sue 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 Jerry R. Gipson
New Address R.R.3 Box 314 Clayton, In. 46118

Subscribed and sworn to before me this 29 day of Jan. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Webb

Date of Birth: Month Dec. Day 3 Year 1964

Place of Birth (State or foreign country) Ind. Marion Dr.

Residence Address: Street or R.R. RR#3 Box 314 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 Ronald Lee Webb
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carolyn Sue Rawe
   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 Doris J. Webb
New Address RR3 Box 314 Clayton, In. 46118

Subscribed and sworn to before me this 29 day of Jan. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Doris J. Webb Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Feb, 19 87, *authorizing the joining together as husband and wife* JERRY RAY GIPSON *and* DORIS JEAN WEBB

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

I, WAYNE KIVETT *hereby certify that on the* 7th *day of* FEB. *one thousand nine hundred and* 87 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JERRY RAY GIPSON *of* HENDRICKS *County, State of* IN *and, Bride* DORIS JEAN WEBB *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* FEB., 19 87.

Signed /s/ WAYNE KIVETT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* FEB., 19 87.

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

Form Prescribed By
Indiana State Board of
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

1-30-87 Date of Application

MALE
Medical Examination Report Dated 1-24-87
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 1-26-87
Name of Physician David B. 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 Richard Middle D. Last Fowler

Date of Birth: Month 1 Day 17 Year 1957

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 626 Lakeside Dr, Apt. D. 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 Richard D. Fowler
   Residence of father (if deceased so state) Monticello, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois J. Frasier
   Residence of mother (if deceased so state) Monticello, 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 Richard D. Fowler

New Address 626 LAKESIDE DR. APT. D

Subscribed and sworn to before me this 30 day of January, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Tracy Middle J. Last Harris

Date of Birth: Month 10 Day 31 Year 1964

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

Residence Address: Street or R. R. 325 Wayside Dr. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Harris
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lucille M. Hall
   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 Tracy J Harris

New Address 626 Lakeside Dr. Apt. D

Subscribed and sworn to before me this 30 day of January, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 Feb., 19 87, authorizing the joining together as husband and wife RICHARD D. FOWLER and TRACY J. HARRIS

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

I, RON HALLOCK hereby certify that on the 14th day of FEB., at PLAINFIELD, County of HENDRICKS, one thousand nine hundred and 87 of HENDRICKS County, State of IN, State of Indiana, Groom RICHARD D. FOWLER of HENDRICKS County, State of IN, and, Bride TRACY J. HARRIS 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 JAN., 19 87. Signed /s/ RON HALLOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of FEB., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-2-87
Date of Application

MALE
Medical Examination Report Dated 1-24-87
Name of Physician Gregory Grubb, D.O.

FEMALE
Medical Examination Report Dated 1-24-87
Name of Physician Gregory Grubb, 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 Stephen; Middle J.; Last Sears

Date of Birth: Month 4; Day 27; Year 1946

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 1047 Logan; 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 Donald Sears
   Residence of father (if deceased so state) Bakersfield, California
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorene Legix
   Residence of mother (if deceased so state) Indianapolis, 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 Stephen J. Sears
New Address 1047 LOGAN.

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 Peggy; Middle S.; Last Dragon

Date of Birth: Month 10; Day 15; Year 1950

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

Residence Address: Street or R. R. 1047 Logan; 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 Max Richard Fulmer
   Residence of father (if deceased so state) Terre Haute, Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Helen Maxine Doty
   Residence of mother (if deceased so state) Terre Haute, 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 Peggy S. Dragon
New Address 1047 Logan

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* 7 *day of* Feb., 19 87, *authorizing the joining together as husband and wife* STEPHEN J. SEARS *and* PEGGY S. DRAGON

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

I, RONALD SEARS/DENA VITTORIO *hereby certify that on the* 14th *day of* FEB., *one thousand nine hundred and* 87 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* STEPHEN J. SEARS *of* HENDRICKS *County, State of* IN, *and, Bride* PEGGY S. DRAGON *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 87.

Signed /s/ RONALD SEARS/DENE VITTORIO

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* FEB., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

2-2-87 Date of Application

MALE
Medical Examination Report Dated 1-26-87
Name of Physician Dr. R. Prungle

FEMALE
Medical Examination Report Dated 1-26-87
Name of Physician Dr. R. Prungle

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 R. Last Windell

Date of Birth: Month 8 Day 31 Year 39

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 21 Hilltop Dr. 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) Doctor's Info.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Windell
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret G. Zimmerman
   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 ☒ Donald Ray Windell

New Address 21 Hilltop Dr. Danville

Subscribed and sworn to before me this 2 day of Feb., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Doris Middle Iline Last Calvert

Date of Birth: Month 12 Day 14 Year 36

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 7746 A Avery Dr. 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. Info.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Calvert
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen C. Unger
   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 ☒ Doris Iline Calvert

New Address 21 Hilltop Dr. Danville

Subscribed and sworn to before me this 2 day of Feb., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Feb., 19 87, authorizing the joining together as husband and wife DONALD RAY WINDELL and DORIS ILINE CALVERT

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 FEB., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DONALD RAY WINDELL of HEDNRICKS County, State of IN, and, Bride DORIS ILINE CALVERT 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 87.

Signed /s/ JOHN P. ROOF

Official Designation EPICSCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of FEB., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-3-87
Date of Application

MALE
Medical Examination Report Dated 1-28-87
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 1-28-87
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 Troy Middle L Last Lang

Date of Birth: Month July Day 11 Year 1968

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 2406 Shoal Creek Ln, 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 Douglas L. Lang
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Joanne Reid
   Residence of mother (if deceased so state) Brownsburg, Ind
   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 Troy Lang

New Address

Subscribed and sworn to before me this 3rd day of February, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Miller

Date of Birth: Month 2 Day 2 Year 1969

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. RR1 Box 50 City New Ross, 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 Edward L. Miller
   Residence of father (if deceased so state) Colorado
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary L. Adams
   Residence of mother (if deceased so state) New Ross, 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 Laura Miller

New Address

Subscribed and sworn to before me this 3rd day of February, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* FEB. , *19* 87 , *authorizing the joining together as husband and wife* TROY L. LANG *and* LAURA LYNN MILLER

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

I, DONALD (not ledgable) *hereby certify that on the* 14th *day of* FEB. , *one thousand nine hundred and* 87 *at* INDPLS. , *County of* MARION , *State of Indiana, Groom* TROY L. LANG *of* HENDRICKS *County, State of* IN , *and, Bride* LAURA LYNN MILLER *of* MONTGOMERY *County, State of* IN , *were by me united 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* 87 .

Signed /s/ DONALD (not ledgable)

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* FEB. , *19* 87 .

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

2-4-87 Date of Application

MALE
Medical Examination Report Dated 2-2-87
Name of Physician Nicholas Prochoroff

FEMALE
Medical Examination Report Dated 2-2-87
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 Anthony Middle L. Last Drury

Date of Birth: Month 2 Day 24 Year 1962

Place of Birth (State or foreign country) Ohio

Residence Address: 10026 Bacara Dr. Street or R. R. Indpls 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) 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 Bruce Drury
   Residence of father (if deceased so state) Plfd In
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Joyce Ann Woods
   Residence of mother (if deceased so state) Plfd 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 ☒ Anthony L. Drury

New Address same

Subscribed and sworn to before me this 4 day of Feb. 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle G. Last Weddle

Date of Birth: Month 4 Day 21 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: 10026 Bacara Dr. Street or R. R. Indpls City In County (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. 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.
   Bryan Christopher Weddle
   ~~Cas~~ Kasey Allen Weddle

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earnest Alvin Byrnes
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother June Taylor
   Residence of mother (if deceased so state) Mooresville, 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 ☒ Lisa G Weddle

New Address SAME

Subscribed and sworn to before me this 4 day of Feb. 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 10th day of February, 1987, authorizing the joining together as husband and wife ANTHONY L. DRURY and LISA G. WEDDLE

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

I, MYRON BARNARD hereby certify that on the 14th day of FEB., one thousand nine hundred and 87 at PLAINFIELD, County of HEDNRICKS, State of Indiana, Groom ANTHONY L. DRURY of HENDRICKS County, State of IN, and, Bride LISA G. WEDDLE 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 87.

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of FEB., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Re-Marriage

No. 28

Form Prescribed By
Indiana State Board 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

2-5-87
Date of Application

MALE
Medical Examination Report Dated 1-29-87
Name of Physician M. Brubb

FEMALE
Medical Examination Report Dated 1-29-87
Name of Physician M. Brubb

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Minton

Date of Birth: Month 9 Day 2 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1544 James 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) Dr. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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
   Brandon
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Minton
   Residence of father (if deceased so state) Ill.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nona F. Day
   Residence of mother (if deceased so state) Ill.
   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 Michael Chase Minton

New Address 1544 James Dr.

Subscribed and sworn to before me this 5 day of Feb. 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Minton

Date of Birth: Month 8 Day 19 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1544 James 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) Dr. Liv.

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

New Address 1544 James Dr.

Subscribed and sworn to before me this 5 day of Feb. 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* Feb., *19*87, *authorizing the joining together as husband and wife* MICHAEL C. MINTON *and* MARY ANN MINTON

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

I, PAUL W. STRIETELMEIER *hereby certify that on the* 14th *day of* FEB. *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* MICHAEL C. MINTON *of* HENDRICKS *County, State of* IN *and, Bride* MARY ANN 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 9th *day of* FEB., *19*87.

Signed /s/ PAUL W. STRIETELMEIER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* FEB., *19*87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

2-6-87 Date of Application

MALE
Medical Examination Report Dated 1-17-87
Name of Physician D. Richmond

FEMALE
Medical Examination Report Dated 1-24-87
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 David Middle J. Last Stump

Date of Birth: Month 3 Day 21 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3717-C Edward Way City Lafayette 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 Joseph D. Stump
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Alice J. Ferris
   Residence of mother (if deceased so state) Ind.
   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 + David Stump

New Address 3717-C Edward Way Lafayette

Subscribed and sworn to before me this 6 day of Feb. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Shelley Middle J. Last Brickler

Date of Birth: Month 8 Day 7 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 30 S. Rd. 300E. 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 Philip A. D. Brickler
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Glenda J. Hedek
   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 X Shelley J Brickler

New Address 3717C Edward Way Lafayette

Subscribed and sworn to before me this 6 day of Feb. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, authorizing the joining together as husband and wife DAVID JAMES STUMP and SHELLEY J. BRICKLER

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

I, JOE D. STUMP hereby certify that on the 14th day of FEB. one thousand nine hundred and 87 at DANVILLE, County of HEDNRICKS, State of Indiana, Groom DAVID JAMES STUMP of TIPPECANOE County, State of IN, and, Bride SHELLEY J. BRICKLER 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 FEB. 19 87 Signed /s/ JOE D. STUMP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of FEB. 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-6-87
Date of Application

MALE
Medical Examination Report Dated 1-28-87

Name of Physician Wm. Edwards, M.D.

FEMALE
Medical Examination Report Dated 1-28-87

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 Dennis Middle A. Last Ellis

Date of Birth: Month 11 Day 01 Year 1957

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 3603 Clarks Creek Rd. #21 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 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 Leroy D. Ellis Jr.
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Catherine I. Beatty
   Residence of mother (if deceased so state) Indianapolis, 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 Dennis A. Ellis

New Address Same as above

Subscribed and sworn to before me this 6th day of Feb., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Jennie Middle W. Last Huntington

Date of Birth: Month 1 Day 23 Year 1959

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 3603 Clarks Creek Rd. #21 City Indianapolis 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 Elvin Eugene Blanton
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Irene Deitrick
   Residence of mother (if deceased so state) Plainfield, 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 Jennie W. Huntington

New Address Same as above

Subscribed and sworn to before me this 6th day of Feb., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....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. #2 Court by written order issued 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* 6th *day of* FEB., 19 87, *authorizing the joining together as husband and wife* DENNIS A. ELLIS *and* JENNIE W. HUNTINGTON

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

I, ~~CHARLES POORE~~ *hereby certify that on the* ~~12th~~ *day of* FEB., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DENNIS A. ELLIS *of* HENDRICKS *County, State of* IN *and, Bride* JENNIE W. HUNTINGTON *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* FEB., 19 87.

Signed /s/ CHARLES E. POORE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* FEB., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

2-6-87 Date of Application

MALE
Medical Examination Report Dated 1-31-87
Name of Physician K. Maynard

FEMALE
Medical Examination Report Dated 1-29-87
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 Jeffrey Middle Lynn Last Williams

Date of Birth: Month 1 Day 14 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: 306 S. Grant Street or R. R. Brownsburg 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. 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 B. Williams
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jane Hewitt
   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 X Jeffrey L Williams

New Address 306 South Grant Brownsburg

Subscribed and sworn to before me this 6 day of Feb, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Christine Middle Last Duff

Date of Birth: Month 3 Day 17 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Same 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. 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 William H. Duff
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sarah A. Corley
   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 X Christine Duff

New Address 306 South Grant Brownsburg

Subscribed and sworn to before me this 6 day of Feb, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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.....on the 13th day of Feb, 19 87, authorizing the joining together as husband and wife of Indiana dated the.....day of.....JEFFREY L. WILLIAMS and CHRISTINE DUFF

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

I, RAYMOND H. DUFF hereby certify that on the 14th day of FEB., one thousand nine hundred and 87 at MAPLEWOOD, County of HENDRICKS, State of Indiana, Groom JEFFREY L. WILLIAMS of HENDRICKS County, State of IN, and, Bride CHRISTINE DUFF 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 FEB., 19 87. Signed /s/ RAYMOND H. DUFF

Official Designation CHRISTIAN MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of FEB., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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 Feb 6 1987
Date of Application

MALE
Medical Examination Report Dated 2-4-87
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-4-87
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 Robert Middle Dale Last Blair

Date of Birth: Month May Day 14 Year 1965

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

Residence Address: Street or R. R. R#1 Box 214 City P24 County Pittsboro 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 Frank Wesley Wilson
   Residence of father (if deceased so state) Yorktown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Lavern Whitham
   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 Dale Blair
New Address R 1 Box 214 P24 Pittsboro
Subscribed and sworn to before me this 6th day of Feb, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle Kay Last Hummel

Date of Birth: Month August Day 31 Year 1966

Place of Birth (State or foreign country) Marquette Mich.

Residence Address: Street or R. R. R #1 Box 214 City P24 County Pittsboro 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 Kaye Hummel
   Residence of father (if deceased so state) Denver, Colorado
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Suzanne E. Barton
   Residence of mother (if deceased so state) Brownsburg, In.
   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 Lisa Kay Hummel
New Address R1 Box 214 P24 Pittsboro Ind. 46167
Subscribed and sworn to before me this 6th day of Feb, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 87, *authorizing the joining together as husband and wife* ROBERT DALE BLAIR *and* LISA KAY HUMMEL

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

I, LARRY L. BELLVILLE *hereby certify that on the* 14th *day of* FEB., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT DALE BLAIR *of* HENDRICKS *County, State of* IN *and, Bride* LISA KAY HUMMEL *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 87.

Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* FEB., 19 87.

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

Form Prescribed By
Indiana State Board of
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

2-9-87 Date of Application

MALE
Medical Examination Report Dated 2-3-87

Name of Physician

FEMALE
Medical Examination Report Dated 2-3-87

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 Charles Middle N. Last Tincher

Date of Birth: Month 7 Day 19 Year 1942

Place of Birth (State or foreign country) Putnam County, Indiana

Residence Address: Street or R. R. Box 79 City Stilesville 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 Willford Tincher
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edith Lucille Harcourt
   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 Charles N. Tincher

New Address Box 79 Stilesville, Ind.

Subscribed and sworn to before me this 9 day of Feb., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Ervin

Date of Birth: Month 3 Day 23 Year 1942

Place of Birth (State or foreign country) Howard County Indiana

Residence Address: Street or R.R. 54 Old N. Salem Rd. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Harding
   Residence of father (if deceased so state) Lafayette, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ida Maxine Collins
   Residence of mother (if deceased so state) Virginia, 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 Sharon S. Ervin

New Address Box 79 Stilesville Ind

Subscribed and sworn to before me this 9 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* February, 19 87, *authorizing the joining together as husband and wife* CHARLES N. TINCHER *and* SHARON S. ERVIN. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, JOSEPH R. SHEVENELL *hereby certify that on the* 14th *day of* FEB. *one thousand nine hundred and* 87 *at* STILESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CHARLES N. TINCHER *of* HENDRICKS *County, State of* IN, *and, Bride* SHARON S. ERVIN *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 87. *Signed* /s/ JOSEPH R. SHEVENELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* FEB., 19 87.

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

Form Prescribed By
Indiana State Board of
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

2-7-87
Date of Application

MALE
Medical Examination Report Dated 2-7-87
Name of Physician Dr. Gregory Bojrab

FEMALE
Medical Examination Report Dated 2-7-87
Name of Physician Dr. Gregory Bojrab

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wittman

Date of Birth: Month 11 Day 17 Year 55

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

Residence Address: Street or R. R. 2824 Liberty Meadows City Plainfield County 2 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 A. Wittman
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indianapolis In.
9. Full maiden name of mother Shirley Marlack
   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 Richard A Wittman
New Address 2824 LIBERTY MEADOWS PLAINFIELD

Subscribed and sworn to before me this 9th day of Feb. 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Reynolds

Date of Birth: Month 6 Day 27 Year 56

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

Residence Address: Street or R. R. 2824 Liberty Meadows 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 Thomas Ray Hollenbeck
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Indianapolis In.
9. Full maiden name of mother Barbara Joan Raper
   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 Joyce Reynolds
New Address 2824 Liberty Meadows Plainfield

Subscribed and sworn to before me this 9th day of Feb. 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Feb., 19 87, *authorizing the joining together as husband and wife* RICHARD A. WITTMAN *and* JOYCE M. REYNOLDS

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

I, CARL D. CLOETER *hereby certify that on the* 19th *day of* FEB., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MAIRON, *State of Indiana, Groom* RICHARD A. WITTMAN *of* HENDRICKS *County, State of* IN *and, Bride* JOYCE M. 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 19th *day of* FEB., 19 87.

Signed /s/ CARL D. CLOETER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* FEB., 19 87.

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

Form Prescribed By
Indiana State Board of
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

2-9-87 Date of Application

MALE
Medical Examination Report Dated 1-31-87
Name of Physician D. Walker

FEMALE
Medical Examination Report Dated 1-31-87
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 Kenneth Middle R. Last Spencer

Date of Birth: Month 5 Day 26 Year 53

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. P.O. Box 223 City Plyd 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. Hix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Tony Spencer
   Boy Spencer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ed. Spencer
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Gladys Hunter Hartman
   Residence of mother (if deceased so state) 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 X Ken R Spencer
New Address P-O-Box 223

Subscribed and sworn to before me this 9 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Kathi Middle J. Last Winsted

Date of Birth: Month 7 Day 24 Year 59

Place of Birth (State or foreign country) Ind

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. Hix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Amber Williamson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gary
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Velma L. Hubbard
   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 X Kathi J Winsted
New Address P.O. Box 223

Subscribed and sworn to before me this 9 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, *authorizing the joining together as husband and wife of Indiana dated the* 13 *day of* Feb. *and* KENNETH R. SPENCER *and* KATHI J. WINSTED

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

I, CANDACE KINGMA-PIPER *hereby certify that on the* 14th *day of* FEB., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* KENNETH R. SPENCER *of* HENDRICKS *County, State of* IN, *and, Bride* KATHI J. WINSTED *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 87. *Signed* /s/ CANDACE KINGMA-PIPER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* FEB., 19 87.

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

Form Prescribed By
Indiana State Board of
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

2-11-87
Date of Application

MALE
Medical Examination Report Dated 1-13 87
Name of Physician James) M. Williams)

FEMALE
Medical Examination Report Dated 1-1387
Name of Physician James) M williams

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lynn Last Lottes

Date of Birth: Month April Day 8 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3950 N. 1000 East Lot 115 City B'Burg 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.
   Justin Allen Lottes
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lotter
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia May Neese
   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 Mark L. Lottes
New Address 3950 N 1000E lot 115 Roachburg Ind
Subscribed and sworn to before me this 11 day of Feb, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rachel Middle Ann Last Greenlee

Date of Birth: Month April Day 5 Year 1959

Place of Birth (State or foreign country) Beech Grove Ind.

Residence Address: Street or R. R. 3950 N. 1000 E Lot 115 City B'Burg 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
   Dustin Vanarsdall
   Justin Vanarsdall
   David Greenlee 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 Steve Vanar
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Ila Gladys Coomer
   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 Rachel A Greenlee
New Address 3950 N 1000E Lot-115
Subscribed and sworn to before me this 11 day of Feb, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* February, 19 87, *authorizing the joining together as husband and wife* MARK LYNN LOTTES *and* RACHEL ANN GREENLEE

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

I, JAMES H. WALKER *hereby certify that on the* 28th *day of* FEB., *one thousand nine hundred and* 87 *at* 3950 N. 1000 E. Lot 115, *County of* HENDRICKS, *State of Indiana, Groom* MARK LYNN LOTTES *of* HENDRICKS *County, State of* IN *and, Bride* RACHEL ANN GREENLEE *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 87.

Signed /s/ JAMES H. WALKER
Official Designation ELDER SPIRITUAL MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* MARCH, 19 87.

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

Form Prescribed By
Indiana State Board of
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

2-13-87 Date of Application

MALE
Medical Examination Report Dated 2-9-87
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 2-9-87
Name of Physician Wm. 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 Lee Last Smith

Date of Birth: Month 7 Day 3 Year 1946

Place of Birth (State or foreign country): Neptune Monmouth Co., N. J.

Residence Address: Street or R.R. R#3 Box 149 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) Military I.D. 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 Robert Melvin Smith
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Jane Clarabelle Williams
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) N. J.

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

Signed Richard L Smith

New Address R3 Box 149 DANVILLE, IN 46122

Subscribed and sworn to before me this 13 day of Feb. 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Jeannie Middle Kirkwood Last Watson

Date of Birth: Month 12 Day 19 Year 1953

Place of Birth (State or foreign country): Dunfermline, Fife Co. Scotland

Residence Address: Street or R.R. R#3 Box 149 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) 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 John Dorimer Watson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Scotland
9. Full maiden name of mother Catherine Kirkwood Seager
   Residence of mother (if deceased so state) England
   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 Jeannie Kirkwood Watson

New Address R3 Box 149 Danville, Ind 46122

Subscribed and sworn to before me this 13 day of Feb. 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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

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 Feb., 1987, authorizing the joining together as husband and wife RICHARD LEE SMITH and JEANNIE KIRKWOOD WATSON

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

I, HAROLD L. LEININGER hereby certify that on the 14th day of FEB., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom RICHARD LEE SMITH of HENDRICKS County, State of IN, and, Bride JEANNIE KRIKWOOD WATSON 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., 1987.

Signed /s/ HAROLD L. LEININGER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of FEB., 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-13-87
Date of Application

MALE
Medical Examination Report Dated 2-12-87
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 2-12-87
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 pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James, Middle E., Last Dux

Date of Birth: Month 11, Day 24, Year 1948

Place of Birth (State or foreign country): Indiana (Beech Grove)

Residence Address: Street or R. R. 1933 Jeto Lake W. 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 Maurice C. Dux
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernice E. Fisher
   Residence of mother (if deceased so state) Venice, Florida
   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 James E Dux

New Address (SAME AS ABOVE)

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

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheryl, Middle B., Last Mc Fadzean

Date of Birth: Month 2, Day 3, Year 1946

Place of Birth (State or foreign country): Pittsburgh, Pa.

Residence Address: Street or R. R. 1933 Jeto Lake W. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leslie Burton
   Residence of father (if deceased so state) Ft. Myers, Fl.
   Birthplace of father (State or foreign country) Pa.
9. Full maiden name of mother Betty Peifer
   Residence of mother (if deceased so state) Ft. Myers, Fl.
   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 Cheryl B. Mc Fadzean

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 Feb., 19 87, authorizing the joining together as husband and wife James E. Dux and Cheryl B. Mc Fadzean

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

I, Calvin Carl Newman Jr. hereby certify that on the 17th day of February, one thousand nine hundred and eighty seven at 1933 Jeto Lake West Dr., County of Hendricks, State of Indiana, Groom James E. Dux of Hendricks County, State of Indiana, and, Bride Cheryl B. Mc Fadzean 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 February, 19 87.

Signed Calvin Carl Newman Jr.

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of February, 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-13-87 Date of Application

MALE
Medical Examination Report Dated 1-27-87
Name of Physician Larry Lovell, M.D.

FEMALE
Medical Examination Report Dated 1-27-87
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 David Middle J. Last Jordan

Date of Birth: Month 8 Day 3 Year 1935

Place of Birth (State or foreign country) 402 Pearl North Salem Hendricks In

Residence Address: Street or R. R. North Salem 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jordan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret Clay
   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 J Jordan

New Address

Subscribed and sworn to before me this 13th day of February 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Madeline Middle C. Last Wadycki

Date of Birth: Month 7 Day 2 Year 1942

Place of Birth (State or foreign country) Oak Park, Ill.

Residence Address: Street or R. R. 1000 Lake Regency Dr. City College Park County Clarke State Georgia

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 Vito L. Lucia
   Residence of father (if deceased so state) Hillside, Ill.
   Birthplace of father (State or foreign country) Italy
9. Full maiden name of mother Bernice Kessel
   Residence of mother (if deceased so state) Hillside, 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 Madeline Wadycki

New Address

Subscribed and sworn to before me this 13th day of February 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 24 day of February, 19 87, authorizing the joining together as husband and wife of DAVID J. JORDAN and MADELINE C. WADYCKI

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

I, ANDREW J. SIMKINS hereby certify that on the 21st day of MARCH, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID J. JORDAN of ~~EXAXTON~~ HENDRICKS County, State of IN, and, Bride MADELINE C. WADYCKI 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 87.

Signed /s/ ANDREW J. SIMKINS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of APRIL, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-13-87
Date of Application

MALE
Medical Examination Report Dated 2-4-87

Name of Physician J. Black

FEMALE
Medical Examination Report Dated 2-4-87

Name of Physician J. 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 Barker

Date of Birth: Month 2 Day 17 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5219 E. 350 N. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Barker
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Maria K. Summitt
   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 + Michael E Barker

New Address 5446 Pheasant Ct

Subscribed and sworn to before me this 13 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Abels

Date of Birth: Month 4 Day 22 Year 68

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

Residence Address: Street or R. R. 628 S. Jefferson 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)

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

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

New Address 5446 Pheasant Ct.

Subscribed and sworn to before me this 13 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* February, *19* 87, *authorizing the joining together as husband and wife* MICHAEL EDWARD BARKER *and* TAMARA ANN ABELS

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

I, ~~STEVEN T. REEVES~~ *hereby certify that on the* ~~21st~~ *day of* ~~FEB.~~, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL EDWARD BARKER *of* HENDRICKS *County, State of* IN *and, Bride* ~~TAMARA ANN ABELS~~ *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* ~~FEB.~~, *19* 87.

Signed /s/ STEVEN T. REEVES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* FEB., *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

Date of Application

MALE
Medical Examination Report Dated 2-13-87
Name of Physician Paul G. Schoon, M.D.

FEMALE
Medical Examination Report Dated 2-13-87
Name of Physician Paul G. 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 Charles Middle L. Last Buis

Date of Birth: Month 9 Day 16 Year 62

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

Residence Address: Street or R. R. 4093 S. 475 W. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Buis
   Residence of father (if deceased so state) Fillmore, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Jo Cannon
   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.

X Signed Charles Leon Buis
X New Address 4093 S 475 W Danville IN

Subscribed and sworn to before me this 13th day of February 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Comer

Date of Birth: Month 6 Day 19 Year 57

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

Residence Address: Street or R. R. 4093 S. 475 W. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Miller Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Vigo City Indiana
9. Full maiden name of mother Flora Pauline Smith
   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.

X Signed Rebecca S. Comer
X New Address 4093 S. 475 W. Danville IN

Subscribed and sworn to before me this 13th day of February, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 17th *day of* FEB., *19*87, *authorizing the joining together as husband and wife* CHARLES L. BUIS *and* REBECCA SUE COMER

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

I, LARRY R. HESSON *hereby certify that on the* 17th *day of* FEB., *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CHARLES L. BUIS *of* HENDRICKS *County, State of* IN, *and, Bride* REBECCA SUE COMER *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* FEB., *19*87. *Signed* /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* FEB., *19*87.

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

Form Prescribed By
Indiana State Board of
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

Feb. 18, 1987
Date of Application

MALE
Medical Examination Report Dated 2-14-87
Name of Physician James Black

FEMALE
Medical Examination Report Dated 2-14-87
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 Randy Middle Dean Last Burtner

Date of Birth: Month Sept. Day 15 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 522 Enderly Apt. 6 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) 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 Jackie Burtner
   Residence of father (if deceased so state) Thorntown, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Freda Hinton
   Residence of mother (if deceased so state) Same
   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 Randy Burtner
New Address 522 Enderly Ave #6 B'Burg IN

Subscribed and sworn to before me this 18 day of Feb. 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Melanie Middle Ann Last Van Hoy

Date of Birth: Month June Day 26 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 522 Enderly Apt. 6 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) 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.
   Kathen A. VanHoy

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Chelewski
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Janice S. Money
   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 Melanie VanHoy
New Address 522 Enderly Ave #6 B'Burg, In.

Subscribed and sworn to before me this 18 day of Feb 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 23rd day of February, 19 87, authorizing the joining together as husband and wife RANDY DEAN BURTNER and MELANIE ANN VAN HOY

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

I, ~~HAROLD L. LEININGER~~ hereby certify that on the ~~14th~~ day of MARCH one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RANDY DEAN BURTNER of HENDRICKS County, State of IN and, Bride ~~MELANIE ANN VAN HOY~~ 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 87.

Signed /s/ HAROLD L. LEININGER
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of MARCH, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

Feb 18, 1987
Date of Application

MALE
Medical Examination Report Dated 2-10-87
Name of Physician Herbert Hill

FEMALE
Medical Examination Report Dated 2-4-87
Name of Physician Kim Frost

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Andrew Last Renzi

Date of Birth: Month June Day 2 Year 1960

Place of Birth (State or foreign country) N. Jersey

Residence Address: Street or R. R. 7180 Warrior Trail 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. 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Stephen A. Renzi

New Address 7180 Warrior Tr. Apt 418

Subscribed and sworn to before me this 18 day of Feb., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Michelle Last Boffo

Date of Birth: Month May Day 13 Year 1965

Place of Birth (State or foreign country) Md.

Residence Address: Street or R. R. P.O. Box 451 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Boffo
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Md.
9. Full maiden name of mother Brenda Goodman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) London, England

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

Signed Kim Boffo

New Address 7180 Warrior Tr. Apt 418

Subscribed and sworn to before me this 18 day of Feb., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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 23 day of February, 1987, authorizing the joining together as husband and wife STEPHEN ANDREW RENZI and KIMBERLY MICHELLE BOFFO

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

I, MELVIN J. BENNETT hereby certify that on the 7th day of MARCH, one thousand nine hundred and 87 at LEBANON, County of BOONE, State of Indiana, Groom STEPHEN ANDREW RENZI of MARION County, State of IN, and, Bride KIMBERLY MICHELLE BOFFO 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 FEB., 1987. Signed /s/ MELVIN J. BENNETT

Official Designation CATHALIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-19-87
Date of Application

MALE
Medical Examination Report Dated 2-16-87
Name of Physician J. R. Roskam

FEMALE
Medical Examination Report Dated 2-16-87
Name of Physician J. R. Roskam

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Katzenberger

Date of Birth: Month 10 Day 19 Year 43

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

Residence Address: Street or R. R. 505 Douglas 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) 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.
   Chad Katzenberger 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 George A. Katzenberger
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Josephine M. Geis
   Residence of mother (if deceased so state) St. Petersburg, Fl.
   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 Katzenberger
☒ New Address 505 Dougla Dr.

Subscribed and sworn to before me this 19th day of February, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Judith Middle A. Last Ridenour

Date of Birth: Month 1 Day 6 Year 44

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

Residence Address: Street or R. R. 505 Douglas 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) 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.
   Kerri J. Ridenour 20 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 Ray J. Knapp
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Marjorie L. Fagle FOGLE
   Residence of mother (if deceased so state) Brownsburg, 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 Judith A Ridenour
☒ New Address 505 Douglas Dr.

Subscribed and sworn to before me this 19th day of February, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., 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 Feb, 19 87, authorizing the joining together as husband and wife EDWIN L. KATZENBERGER and JUDITH A. RIDENOUR

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

I, WENDELL W. MAYER hereby certify that on the 28th day of FEB., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom EDWIN L. KATZENBERGER of HENDRICKS County, State of IN and, Bride JUDITH A. RIDENOUR 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 28th day of FEB., 19 87.

Signed /s/ WENDELL W. MAYER
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of MARCH, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

Feb. 19, 1987
Date of Application

MALE
Medical Examination Report Dated 2-9-87
Name of Physician Heeley

FEMALE
Medical Examination Report Dated 2-9-87
Name of Physician Heeley

ALL QUESTIONS MUST BE ANSWERED. I.C.31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A. Last Gregory

Date of Birth: Month Oct Day 12 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 602 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) 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. Nicole Gregory
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gregory
   Residence of father (if deceased so state) Carmel, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Katherine Owens
   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 A Gregory.
New Address 602 D Lakeside Dr.

Subscribed and sworn to before me this 19 day of Feb, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Pawnie Middle Sue Last Stamper

Date of Birth: Month Mar Day 9 Year 1967

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 602 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. Nathan Stamper
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Skiles
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Donna Mathis
   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 Pawnie S. Stamper
New Address 602 D Lakeside Dr.

Subscribed and sworn to before me this 19 day of Feb., 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 24th day of Feb, 19 87, authorizing the joining together as husband and wife MARK A. GREGORY and PAWNIE SUE STAMPER

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

I, JEFFREY V. BOLES hereby certify that on the 27th day of FEB., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MARK A. GREGORY of HENDRICKS County, State of IN, and, Bride PAWNIE SUE STAMPER 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 FEB., 19 87.

Signed /s/ J. V. BOLES
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of MARCH, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-19-87
Date of Application

MALE
Medical Examination Report Dated 2-16-87

Name of Physician M. Pingate

FEMALE
Medical Examination Report Dated 2-16-87

Name of Physician M. Pingate

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

MALE APPLICANT

Name: First Deric Middle W. Last Malicoat

Date of Birth: Month 5 Day 8 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 256 W. Main St. Apt 2 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. Jin.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Malicoat
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) (?)
9. Full maiden name of mother Beatrice D. Sigler
   Residence of mother (if deceased so state) Ind.
   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 Deric W. Malicoat

New Address 256 W. Main St. Apt 2 Danville

Subscribed and sworn to before me this 19 day of Feb, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Nora Middle J. Last Barton

Date of Birth: Month 4 Day 19 Year 68

Place of Birth (State or foreign country) Ind.

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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Barton
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jane J. Otis
   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 X Nora J. Barton

New Address 256 W. Main, Apt 2, Danville

Subscribed and sworn to before me this 19 day of Feb, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* Feb, 19 87, *authorizing the joining together as husband and wife* DERIC W. MALICOAT *and* NORA J. BARTON

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

I, ~~ROGER L. DEAN~~ *hereby certify that on the* ~~14th~~ *day of* MARCH, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DERIC W. MALICOAT *of* HENDRICKS *County, State of* IN *and, Bride* NORA J. BARTON *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 87.

Signed /s/ ROGER L. DEAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* MARCH, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

2-20-87 Date of Application

MALE
Medical Examination Report Dated 2-19-87
Name of Physician Michael Neeley MD.

FEMALE
Medical Examination Report Dated 2-19-87
Name of Physician Michael Neeley 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 Roberts Last Morgan

Date of Birth: Month 11 Day 30 Year 1962

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

Residence Address: Street or R. R. 1577 Kentucky City Dr. County Danville 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 Frederick Ray Morgan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo ann Roberts
   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 Mark R Morgan
New Address 620 Wilson Danville, IN

Subscribed and sworn to before me this 20 day of Feb, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Denise Last Smith

Date of Birth: Month 2 Day 17 Year 1966

Place of Birth (State or foreign country) Martinsville, Ind.

Residence Address: Street or R. R. P.O Box 221 City Clayton County Dr 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 Alan Kerry Smith
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eunice Darlene Knoy
   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 Ellen D Smith
New Address 620 Wilson Danville, IN

Subscribed and sworn to before me this 20 day of Feb, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 24th day of Feb., 19 87, authorizing the joining together as husband and wife ..... and ELLEN DENISE SMITH ..... MARK ROBERTS MORGAN .....

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

I, JOSEPH D. STUMP hereby certify that on the 28th day of FEB., at DANVILLE, County of HENDRICKS, one thousand nine hundred and 87 State of Indiana, Groom MARK ROBERTS MORGAN of HENDRICKS County, State of IN, and, Bride ELLEN DENISE 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 28th day of FEB., 19 87.. Signed /s/ JOSEPH D. STUMP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of MARCH, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 48

File

2-20-87
Date of Application

MALE
Medical Examination Report Dated 2-2-87

Name of Physician Peter Vlassen

FEMALE
Medical Examination Report Dated 2-2-87

Name of Physician Peter Vlassen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last Koerting

Date of Birth: Month 3 Day 19 Year 63

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 106 Country Wood Circle City Nashville County Davidson State Tenn.

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 J. Koerting
   Residence of father (if deceased so state) Dec.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gretchen Woodward
   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 + Richard W. Koerting

New Address 106 COUNTRY WOOD CR.

Subscribed and sworn to before me this 20 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jennifer Middle Marie Last Niemeyer

Date of Birth: Month 5 Day 28 Year 63

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 701 Martin St. City Pkg. County Dav. State

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. Inv.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Niemeyer
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Phyllis Jane Kessler
   Residence of mother (if deceased so state) Ind.
   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 Jennifer M. Niemeyer

New Address 106 Country Wood Cr. Nashville, TN 37214

Subscribed and sworn to before me this 20 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 17 *day of* March, 1987, *authorizing the joining together as husband and wife* RICHARD WILLIAM KOERTING *and* JENNIFER MARIE NIEMEYER

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

I, RICHARD ZORE *hereby certify that on the* 14th *day of* MARCH, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD WILLIAM KOERTING *of* DAVIDSON *County, State of* TENNESSEE *and, Bride* JENNIFER MARIE NIEMEYER *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* MARCH, 19 87.

Signed /s/ RICHARD ZORE

Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* March, 19 87.

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

Form Prescribed By
Indiana State Board of
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

2-20-87 Date of Application

MALE
Medical Examination Report Dated 2-4-87
Name of Physician Robert A. Hessin

FEMALE
Medical Examination Report Dated 2-10-87
Name of Physician Robert A. Hessin

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

MALE APPLICANT

Name: First Randolph Middle Ray Last Barnett

Date of Birth: Month 11 Day 8 Year 65

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

Residence Address: Street or R. R. P.O. Box 176 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 Mitchell Ronald Barnett
   Residence of father (if deceased so state) Greencastle In.
   Birthplace of father (State or foreign country) Greencastle, In.
9. Full maiden name of mother Patricia Annette Zimmerman
   Residence of mother (if deceased so state) Greencastle In.
   Birthplace of mother (State or foreign country) Greencastle, In.

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

Signed Randolph Ray Barnett
New Address P.O. Box 176 Coatesville In. 46121

Subscribed and sworn to before me this 20th day of February, 1987.

Mary Jane D... [illegible]

FEMALE APPLICANT

Name: First Patricia Middle D. Last Cook

Date of Birth: Month 5 Day 26 Year 70

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

Residence Address: Street or R. R. P.O. Box 176 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 Roy Cook
   Residence of father (if deceased so state) Coatesville In.
   Birthplace of father (State or foreign country) Greencastle In.
9. Full maiden name of mother Joanna Louise O'Neil
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Coatesville, In.

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

Signed Patricia D Cook
New Address P.O. Box 176 Coatesville In. 46121

Subscribed and sworn to before me this 20th day of [illegible]

CONSENT OF PAREN

We, the parents, of thi

signs, state facts which

State of Indiana,
County of HEN

Signed

Signed

Subscribed and sworn to

I, Roy Cook, hereby give my consent for my Daughter, Patricia D. Cook to marry Randolph R. Barnett.

Roy Cook

Subscribed and sworn to before me this 20 day of Feb 1987

Karen K Williams
Notary Public
Comm Expires Feb 17, 1990

COMPLETE IF MA... 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 Orgl. Issued & 3 Days waiver and filed in Marks 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 Feb., 1987, authorizing the joining together as husband and wife RANDALPH R. BARNETT and PATRICIA D. COOK

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

I, MITCHELL L. CHEATHAM hereby certify that on the 27th day of FEB., one thousand nine hundred and 87 at GREENCASTLE, County of PUTNAM, State of Indiana, Groom RANDALPH R. BARNETT of PUTNAM County, State of IN, and, Bride PATRICIA D. COOK 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 FEB., 1987.

Signed /s/ MITCHELL L. CHEATHAM

Official Designation ELDER P.A.W.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of MARCH, 1987.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 50

File

2-20-87
Date of Application

MALE
Medical Examination Report Dated 2-12-87
Name of Physician Khairi

FEMALE
Medical Examination Report Dated 2-12-87
Name of Physician Khairi

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

MALE APPLICANT

Name: First Harry Middle P. Last Gowan

Date of Birth: Month Sept Day 22 Year 1945

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1131 N. Long 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gowan
   Residence of father (if deceased so state) Whitestown, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Martha Mullin
   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 Harry P Gowan

New Address 1113 W Long St Indpls Ind

Subscribed and sworn to before me this 20 day of Feb, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 R. Last Carpenter

Date of Birth: Month Sept Day 24 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1131 W. Long 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 Wm Carpenter
   Residence of father (if deceased so state) Greenfield, In
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Doris Huber
   Residence of mother (if deceased so state) Xenia, Ill.
   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 Dawn R Carpenter

New Address 1113 W Long St Indpls, In

Subscribed and sworn to before me this 20 day of Feb, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 26th *day of* February, 19 87, *authorizing the joining together as husband and wife* Harry P. Gowan *and* Dawn R. Carpenter

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

I, H. THOMAS PITCHER *hereby certify that on the* 26th *day of* FEB., *one thousand nine hundred and* 87 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom* HARRY P. GOWAN *of* HENDRICKS *County, State of* IN *and, Bride* DAWN R. CARPENTER *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 26th *day of* FEB., 19 87.

Signed /s/ H. THOMAS PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* MARCH, 19 87

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 51

File

2-23-87 Date of Application

MALE
Medical Examination Report Dated 2-5-87
Name of Physician Robert D. Aiello

FEMALE
Medical Examination Report Dated 2-5-87
Name of Physician Robert D. 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 Richard Middle C. Last Sotomayor III

Date of Birth: Month 11 Day 1 Year 54

Place of Birth (State or foreign country) New York

Residence Address: 329 E. Main St. 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. 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.
   Richard C. Sotomayor 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 Richard C. Sotomayor I
   Residence of father (if deceased so state) New York
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Celina Rodriguez
   Residence of mother (if deceased so state) 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 X Richard C. Sotomayor

New Address Same

Subscribed and sworn to before me this 23rd day of Feb, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Rolfson

Date of Birth: Month 2 Day 14 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: 329 E. Main St. Danville, 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. 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 Mary Rolfson
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Miss.
9. Full maiden name of mother Mary Deloris Kemp
   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 X Mary Ellen Rolfson

New Address SAME

Subscribed and sworn to before me this 23rd day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 27 day of Feb, 19 87, authorizing the joining together as husband and wife RICHARD CHRISTOPHER SOTOMAYOR and MARY ELLEN ROLFSON

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 28th day of FEB., one thousand nine hundred and 87 at INDPLS., County of HENDRICKS, State of Indiana, Groom RICHARD CHRISTOPHER SOTOMAYOR of HENDRICKS County, State of IN, and, Bride MARY ELLEN ROLFSON 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 87. Signed /s/ KEVIN L. O'BRIEN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of MARCH, 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-24-87
Date of Application

MALE
Medical Examination Report Dated 2-23-87

Name of Physician Sherman D. Williams

FEMALE
Medical Examination Report Dated 2-23-87

Name of Physician Sherman D. Williams

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

MALE APPLICANT

Name: First Phillip Middle — Last Ballat

Date of Birth: Month 2 Day 13 Year 53

Place of Birth (State or foreign country) Michigan

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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ballat
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Josephine A. Whitney
   Residence of mother (if deceased so state) Ind.
   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 X Phillip D. Ballat

New Address 2338 AVON RD PLAINFIELD

Subscribed and sworn to before me this 24 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Thyra Middle — Last Pounds

Date of Birth: Month 2 Day 8 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2338 Avon 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.
   Amy Thyra Pounds
   Baby Thyra Pounds

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

New Address 2338 Avon Rd. Plainfield

Subscribed and sworn to before me this 24 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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. 32D02-8702-MI-29 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 24th day of Feb, 1987, authorizing the joining together as husband and wife Phillip Ballat and Thyra Pounds

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 Feb, one thousand nine hundred and eighty seven at Danville, County of Hendricks, State of Indiana, Groom Phillip Ballat of Hendricks County, State of Indiana, and, Bride Thyra Pounds 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 February, 1987.

Signed Mary Jane Russell

Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of Feb, 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-24-87 Date of Application

MALE
Medical Examination Report Dated 2-2-87
Name of Physician Donald L Rogers

FEMALE
Medical Examination Report Dated 2-2-87
Name of Physician Donald Rogers

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wendel, Jr.

Date of Birth: Month 1 Day 15 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7970 East St. City Josept. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Wendel, Sr.
   Residence of father (if deceased so state) Indpls, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith K. Manners
   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 Robert M. Wendel

New Address

Subscribed and sworn to before me this 24 day of Feb., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Reever

Date of Birth: Month 3 Day 21 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 171 City Pittsboro, In County 46167 State

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.
   Gregory Allen Reever 17 mos.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Reever
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith D. Green
   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 Tammy L. Reever

New Address 3603 Bert Rd Mobile, Alabama 36606

Subscribed and sworn to before me this 24 day of Feb., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed — Father deceased Father

Signed Judith D. Forrish Mother

Subscribed and sworn to before me this 24 day of February, 1987.

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 II Court by written order issued 3-day waiver and filed in Clerks Offices 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 February, 1987, authorizing the joining together as husband and wife ROBERT MARION WENDEL, JR. and TAMMY LYNN REEVER

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

I, WALTER C. MAAS hereby certify that on the 26th day of FEB., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom ROBERT MARION WENDEL, JR. of MARION County, State of IN, and, Bride TAMMY LYNN REEVER 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 FEB., 1987. Signed /s/ WALTER C. MAAS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of MARCH, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

Feb. 24 1987
Date of Application

MALE
Medical Examination Report Dated 2-19-87
Name of Physician Donald J. Sefak

FEMALE
Medical Examination Report Dated 2-19-87
Name of Physician Donald J. Sefak

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ping

Date of Birth: Month Oct Day 30 Year 1963

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 3425 S. Campbell Ct 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) 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 William Ping
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Martha Faye Stephens
   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 William B. Ping

New Address 1136 countryside Rd.

Subscribed and sworn to before me this 24 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Judy Middle A. Last Carpenter

Date of Birth: Month May Day 10 Year 1971

Place of Birth (State or foreign country) Bartow Fla.

Residence Address: Street or R. R. 3529 West Rd. City Pltt. Ind. Jr. - Indpls. Jr. 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 Carpenter
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Jane Stitt
   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 Judy Carpenter

New Address 1136 Countryside Rd

Subscribed and sworn to before me this 24 day of Feb., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed X Phyllis Carpenter Mother

Subscribed and sworn to before me this 24 day of Feb., 19 87

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 + age waived 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 24th day of February, 19 87, authorizing the joining together as husband and wife WILLIAM B. PING and JUDY A. CARPENTER

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

I, VERNON SMALLING hereby certify that on the 28th day of FEB., one thousand nine hundred and 87 at INDPLS., County of HENDRICKS, State of Indiana, Groom WILLIAM B. PING of MARION County, State of IN and, Bride JUDY A. 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 24th day of FEB., 19 87.

Signed /s/ VERNON SMALLING

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of MARCH, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-24-87 Date of Application

MALE
Medical Examination Report Dated 2-20-87
Name of Physician D. J. Sefcik

FEMALE
Medical Examination Report Dated 2-20-87
Name of Physician D. J. Sefcik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 — Last Popendieker

Date of Birth: Month 7 Day 6 Year 66

Place of Birth (State or foreign country) Ill.

Residence Address: 649 Elm Dr. Street or R. R. Plfd. 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. 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 Ronald Edwin Popendieker
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Kay Ann Henderson
   Residence of mother (if deceased so state) Ind.
   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 x Mark Popendieker

New Address 649 Elm Dr.

Subscribed and sworn to before me this 24 day of Feb. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Cathi Middle — Last Pratt

Date of Birth: Month 11 Day 7 Year 66

Place of Birth (State or foreign country) Ill.

Residence Address: Same 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. 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 Ronald C. Cross
   Residence of father (if deceased so state) Nevada
   Birthplace of father (State or foreign country) Ill. (?)
9. Full maiden name of mother Patsy Jane Hartman
   Residence of mother (if deceased so state) Ill.
   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 x Cathi Pratt

New Address 649 Elm Dr.

Subscribed and sworn to before me this 24 day of Feb. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 3-Day Waiver and filed in Dr'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 24th day of Feb. 19 87, authorizing the joining together as husband and wife MARK ALLEN POPENDIEKER and CATHI ANNE PRATT

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

I, PATRICIA L. WESTERN hereby certify that on the 28th day of FEB. one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom MARK ALLEN POPENDIEKER of HENDRICKS County, State of IN, and, Bride CATHI ANNE PRATT 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 FEBRUARY, 19 87. Signed /s/ PATRICIA L. WESTERN

Official Designation EVANGELIST, 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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 A

File

2-25-87
Date of Application

MALE
Medical Examination Report Dated 2-24-87
Name of Physician Norman Whitney

FEMALE
Medical Examination Report Dated 2-24-87
Name of Physician Norman E. Whitney

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

MALE APPLICANT

Name: First Rodney Middle Morris Last Bennett

Date of Birth: Month 9 Day 4 Year 1964

Place of Birth (State or foreign country) Arkansas

Residence Address: Street or R. R. 2260 W. Main Street, 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 James Martin Bennett
   Residence of father (if deceased so state) Danville In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Gardenhire
   Residence of mother (if deceased so state) Danville In
   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 ☒ Rodney Morris Bennett

New Address 2260 West Main Danville In

Subscribed and sworn to before me this 25 day of February, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ruth Last Arrington

Date of Birth: Month 5 Day 27 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 67 South 300 E, City Danville, County State Ih

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 Fred Arrington
   Residence of father (if deceased so state) Virginia
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Wilmetta Ray ~~Hurp~~ Haskwell
   Residence of mother (if deceased so state) Indiana
   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 ☒ Betty Arrington

New Address 2260 W. Main St.

Subscribed and sworn to before me this 25 day of February, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

mother is custodial parent
Father in Virginia

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ☒ Wilmetta R Draper Mother

Subscribed and sworn to before me this 25th day of February, 1987

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* 2 *day of* March, 1987, *authorizing the joining together as husband and wife* RODNEY MORRIS BENNETT *and* BETTY RUTH ARRINGTON

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

I, MARY JANE RUSSELL *hereby certify that on the* 2nd *day of* MARCH, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ~~RODNEY MORRIS BENNETT~~ *of* ~~HENDRICKS~~ *County, State of* ~~IN~~ *and, Bride* BETTY RUTH ARRINGTON *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 87.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* MARCH, 1987.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

2-26-87 Date of Application

MALE
Medical Examination Report Dated 2-18-87
Name of Physician P. J. Portier

FEMALE
Medical Examination Report Dated 2-25-87
Name of Physician Susan Burkholder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Christopher Last Daugherty

Date of Birth: Month 5 Day 31 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: 499041. 350 E. ~~Danville~~ Street or R. R. Brownsburg 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 David Daugherty
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Ann Rhode
   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 ☒ David Christopher Daugherty

New Address 4321 N. 500 E. DANVILLE, IN. 46122

Subscribed and sworn to before me this 6th day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Darla Middle Sue Last Kays

Date of Birth: Month 9 Day 7 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: 4321 N. 500 E. 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)

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

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

New Address 4321 N. 500 E. Danville, Ind. 46122

Subscribed and sworn to before me this 26 day of February, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 6th day of March, 19 87, authorizing the joining together as husband and wife DAVID CHRISTOPHER DAUGHERTY and DARLA SUE KAYS

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

I, BRETT A. KAYS hereby certify that on the 7th day of MARCH, one thousand nine hundred and 87 at AVON, County of HENDRICKS, State of Indiana, Groom DAVID CHRISTOPHER DAUGHERTY of HENDRICKS County, State of IN, and, Bride DARLA SUE KAYS 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 87. Signed /s/ BRETT A. KAYS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

2-27-87
Date of Application

MALE
Medical Examination Report Dated 2-24-87
Name of Physician Mark S. Stine M.D.

FEMALE
Medical Examination Report Dated 2-27-87
Name of Physician Mark K. Stine

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

MALE APPLICANT

Name: First Elmer; Middle W.; Last Berrey

Date of Birth: Month 7; Day 10; Year 1927

Place of Birth (State or foreign country) Kansas

Residence Address: 9530 Kelly Ct., Indpls., Hend., 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 William Jesse Berrey
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Della V. Wiltse
   Residence of mother (if deceased so state) Brunswick, Ohio
   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 Elmer W. Berrey

New Address Same

Subscribed and sworn to before me this 27 day of Feb, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Alice; Middle Katherine; Last Weaver

Date of Birth: Month 5; Day 17; Year 1930

Place of Birth (State or foreign country) Wabash, Indiana

Residence Address: 218 Hancock St. Plfd., Hend., 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 Howard Strickler
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Josephine Nemyer
   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 Alice Katherine Weaver

New Address 9530 Kelly Crt Indpls In.

Subscribed and sworn to before me this 27 day of Feb., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* March, 19 87, *authorizing the joining together as husband and wife* ELMER W. BERREY *and* ALICE KATHERINE WEAVER

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

I, ~~JOHN CALDWELL~~ *hereby certify that on the* 12th *day of* MARCH, *one thousand nine hundred and* 87 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom* ELMER W. BERREY *of* HENDRICKS *County, State of* IN *and, Bride* ALICE KATHERINE WEAVER *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* MARCH, *19* 87.

Signed /s/ JOHN CALDWELL

Official Designation ~~MINISTER~~

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* MARCH, *19* 87.

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

Form Prescribed By
Indiana State Board of
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

2-27-87 Date of Application

MALE
Medical Examination Report Dated 2-17-87
Name of Physician L. D. Lovell

FEMALE
Medical Examination Report Dated 2-17-87
Name of Physician L. 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 Jeffrey Middle Lee Last Garland

Date of Birth: Month 1 Day 20 Year 70

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

Residence Address: Street or R. R. PO. Box 12 City Coatesville 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 Lewis E. Garland
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Jane Stewart
   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 X Jeffrey L. Garland

New Address 333 N Shilo Rd Indpls

Subscribed and sworn to before me this 27 day of Feb. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Lewis E. Garland Father

Signed Mary Jane Garland Mother

Subscribed and sworn to before me this 27 day of Feb. 19 87

Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Lynn Middle Renee Last Casner

Date of Birth: Month 12 Day 8 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 333 N. Shilo Rd. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Denzil P. Casner
   Residence of father (if deceased so state) S. Carolina
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Cordella A. Adams
   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 X Lynn Renee Casner

New Address 333 N Shelon Rd Indpls.

Subscribed and sworn to before me this 27 day of Feb. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 87, authorizing the joining together as husband and wife JEFFREY LEE GARLAND and LYNN RENEE CASNER

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

I, JERRY G. VANLUE hereby certify that on the 7th day of MARCH, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JEFFREY LEE GARLAND of HENDRICKS County, State of IN, and, Bride LYNN RENEE CASNER 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 87. Signed /s/ JERRY G. VAN LUE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of FEB., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-2-87
Date of Application

MALE
Medical Examination Report Dated 2-25-87

Name of Physician D. Bynum

FEMALE
Medical Examination Report Dated 2-23-87

Name of Physician K. 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 Richard Middle W. Last Turner Sr.

Date of Birth: Month 1 Day 17 Year 55

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. P.O. Box 725 City APG. County Maryland State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driv 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.
   Richard W. Turner 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 Elmer E. Turner
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Grace Courtney
   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 [signature]

New Address P.O.Box 725 APG, MD 21005

Subscribed and sworn to before me this 2 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First [illegible] Middle S. Last Pierson

Date of Birth: Month 12 Day 28 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 338 Avon Ave. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Pierson
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rosemary Hayes
   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 Robin Pierson

New Address P.O.BOX 725 APG Maryland

Subscribed and sworn to before me this 2 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 9 *day of* March, *19* 87, *authorizing the joining together as husband and wife* RICHARD WILLIAM TIVNER *and* ROBIN SUE PIERSON

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

I, JIM B. LUTTRELL *hereby certify that on the* ~~14th~~ *day of* MARCH, *one thousand nine hundred and* 87 *at* INDPLS., *County of* HENDRICKS, *State of Indiana, Groom* RICHARD WILLIAM TIVNER *of* HENDRICKS *County, State of* IN *and, Bride* ~~ROBIN SUE PIERSON~~ *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* 87.

Signed /s/ JIM B. LUTTRELL

Official Designation ~~MINISTER~~

Filed and recorded in accordance with the laws of the State of Indiana this ~~18th~~ *day of* MARCH, *19* 87

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

3-2-87 Date of Application

MALE
Medical Examination Report Dated 2-23-87
Name of Physician Cindy Brown, D.O.

FEMALE
Medical Examination Report Dated 2-23-87
Name of Physician Cindy Brown, 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 Donald Middle Eugene Last Lile, Jr.

Date of Birth: Month 4 Day 22 Year 1961

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 10006 Osceola 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Lile
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Josephine Marie Tolentino
   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 E. Lile Jr

New Address same as Above

Subscribed and sworn to before me this 2nd day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Magee

Date of Birth: Month 5 Day 10 Year 1964

Place of Birth (State or foreign country) Los Angeles Co. California

Residence Address: Street or R. R. 10006 Osceola 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carl Magee
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Nell Gibbs
   Residence of mother (if deceased so state) Indianapolis, 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 Melissa Dawn Magee

New Address Same as Above

Subscribed and sworn to before me this 2nd day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 6th day of MARCH, 19 87, authorizing the joining together as husband and wife DONALD EUGENE LILE, JR. and MELISSA DAWN MAGEE

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

I, CHARLES C. CANTRELL hereby certify that on the 14th day of MARCH, at INDPLS., County of MARION, one thousand nine hundred and 87, State of Indiana, Groom DONALD EUGENE LILE, JR. of HENDRICKS County, State of IN, and, Bride MELISSA DAWN MAGEE 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 87. Signed /s/ CHARLES C. CANTRELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 61

File

March 3 1987
Date of Application

MALE
Medical Examination Report Dated 2/27/87
Name of Physician Richard D. Floyd

FEMALE
Medical Examination Report Dated 2/27/87
Name of Physician Richard D. Floyd

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 H. Last Henrichs

Date of Birth: Month August Day 26 Year 1955

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

Residence Address: Street or R. R. 22 Acre Ln. 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.
   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 Thomas H. Henrichs
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Jean E. Neal
   Residence of mother (if deceased so state) Tempe Arizona
   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 H Henrichs

New Address 7355 Bimini Ln Apt B Indpls Ind 46234

Subscribed and sworn to before me this 3rd day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Sansone

Date of Birth: Month January Day 5 Year 1947

Place of Birth (State or foreign country) St Joseph Missouri

Residence Address: Street or R. R. 7355 Bimini Ln. Apt. B. 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 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.
   Lisa Sansone
   Lisa "

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Miller Jones
   Residence of father (if deceased so state) St. Joseph Mo.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Delpha LeRay Anderson
   Residence of mother (if deceased so state) St. Joseph, Mo.
   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 Janet S. Sansone

New Address 7355 Bimini Lane Apt B Indpls 46234

Subscribed and sworn to before me this 3rd day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* March, 19 87, *authorizing the joining together as husband and wife* THOMAS H. HENRICHS *and* JANET S. SANSONE

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

I, PAUL T. BRENTON *hereby certify that on the* 14th *day of* MARCH *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS H. HENRICHS *of* HENDRICKS *County, State of* IN *and, Bride* JANET S. SANSONE *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 87.

Signed /s/ PAUL T. BRENTON

Official Designation JUDGE PRO TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* MARCH 1987

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

3-5-87 Date of Application

MALE
Medical Examination Report Dated 2-20-87
Name of Physician R. Wells

FEMALE
Medical Examination Report Dated 2-20-87
Name of Physician R. 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 Darrell Middle Lee Last Jones

Date of Birth: Month 12 Day 16 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 889 West Clinton 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. Bible.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Darrell L. Jones
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Polly Phillips
   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 X Darrell Lee Jones
New Address 889 W Clinton Danville

Subscribed and sworn to before me this 5 day of March 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Wyatt

Date of Birth: Month 7 Day 18 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 889 West Clinton 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. Bible.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Wyatt
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Emma Hamline
   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 XSheila Lynn Wyatt
New Address 889 W. Clinton St Danville

Subscribed and sworn to before me this 5 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 9 *day of* March, 19 87, *authorizing the joining together as husband and wife* DARRELL LEE JONES *and* SHEILA LYNN WYATT

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

I, KENNETH E. VETTERS *hereby certify that on the* 14th *day of* MARCH, *one thousand nine hundred and* 87 *at* BARTLETT CHAPEL, *County of* HENDRICKS, *State of Indiana, Groom* DARRELL LEE JONES *of* HENDRICKS *County, State of* IN, *and, Bride* SHEILA LYNN WYATT *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 87. *Signed* /s/ KENNETH E. VETTERS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* MARCH, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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 5 1987
Date of Application

MALE
Medical Examination Report Dated 2-23-87
Name of Physician Robert D. Wells, Md

FEMALE
Medical Examination Report Dated 2-25-87
Name of Physician Robert D. Wells, 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 Brian Middle Donald Last Sheets
Date of Birth: Month Nov Day 18 Year 1960
Place of Birth (State or foreign country) Richmond Ind.
Residence Address: Street or R. R. 6079 Augusta Dr. N. Apt E. City Indpls. County Mn 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 Donald Sheets
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Lucille Merz
   Residence of mother (if deceased so state) Richmond, 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 Brian Donald Sheets
New Address
Subscribed and sworn to before me this 5 day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Kathleen Last Johnson
Date of Birth: Month July Day 14 Year 1963
Place of Birth (State or foreign country) Greenville Hend. Ind
Residence Address: Street or R. R. 113 Green St. 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 Jerry L. Johnson
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Sandra K. Mahan
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ireland

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

Signed Stacey Kathleen Johnson
New Address 6079 Augusta Drive North
Subscribed and sworn to before me this 5 day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* March, 19 87, *authorizing the joining together as husband and wife* BRIAN DONALD SHEETS *and* STACEY KATHLEEN JOHNSON

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* MARCH, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* BRIAN DONALD SHEETS *of* MARION *County, State of* IN *and, Bride* STACEY KATHLEEN JOHNSON *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 87.

Signed /s/ ROBERT JOE WALTERS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* MARCH, 19 87.

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

Form Prescribed By
Indiana State Board of
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

3-5-87 Date of Application

MALE
Medical Examination Report Dated 3-2-87
Name of Physician Thomas Dascoli

FEMALE
Medical Examination Report Dated 3-2-87
Name of Physician Thomas Dascoli

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Brian ~~Robert~~ Last Salmon

Date of Birth: Month 8 Day 17 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2 Bx 9 City Coatesville County In State 46121

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. Sh

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 ~~Robert~~ Salmon
   Residence of father (if deceased so state) Indpls. I
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Irene Cass
   Residence of mother (if deceased so state) Indpls, I
   Birthplace of mother (State or foreign country) I

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

Signed X James B Salmon

New Address Same

Subscribed and sworn to before me this 5 day of March, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Gentry

Date of Birth: Month 2 Day 5 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2 Bx 9, City Coatesville, County In State 46121

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. Sh

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christie Lynn Gentry
   Cheryl Lanette Gentry
   La Trisha Dawn Gentry
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Baker
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Delores Conway
   Residence of mother (if deceased so state) Indpls, I
   Birthplace of mother (State or foreign country) I

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

Signed X Susan Gentry

New Address Same

Subscribed and sworn to before me this 5 day of March, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the 9th day of March, 1986, authorizing the joining together as husband and wife and JAMES BRIAN SALMON and SUSAN A. GENTRY

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

I, FRED SHARP hereby certify that on the 4th day of APRIL, one thousand nine hundred and 87 at LIZTON, County of HENDRICKS, State of Indiana, Groom JAMES BRIAN SALMON of HENDRICKS County, State of IN, and, Bride SUSAN ANITA GENTRY 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 MARCH, 19 87. Signed /s/ FRED SHARP

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of APRIL, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-6-87
Date of Application

MALE
Medical Examination Report Dated 2-26-87
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 2-26-87
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 Carter Middle Lee Last Siddons

Date of Birth: Month 8 Day 3 Year 1949

Place of Birth (State or foreign country): Indianapolis 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.
   Carter L. Siddons - 11 yrs.
   Alex Joseph Siddons 6 yrs
   Father Has Custody - Court Order.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carter M. Siddons
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Luella Ann Whitaker
   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 Carter L. Siddons
New Address 393 Old Farm Road
Subscribed and sworn to before me this 6 day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lawson

Date of Birth: Month 9 Day 1 Year 1943

Place of Birth (State or foreign country) St. Petersburg Fl.

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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Nicole D. Lawson 16 yrs.
   R. Andrew Lawson 14 yrs
   Mother 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 Harry Lewis Kreighbaum
   Residence of father (if deceased so state) Crawfordsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Hope Zaker
   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 Karen Lawson
New Address 393 Old Farm Rd
Subscribed and sworn to before me this 6th day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* March, *19* 87, *authorizing the joining together as husband and wife* CARTER LEE SIDDONS *and* KAREN ANN LAWSON

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

I, SHELDON L. GEORGE *hereby certify that on the* 21st *day of* MARCH, *one thousand nine hundred and* 87 *at* NEW WINCHESTER, *County of* HENDRICKS, *State of Indiana, Groom* CARTER LEE SIDDONS *of* HENDRICKS *County, State of* IN, *and, Bride* KAREN ANN LAWSON *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* 87.

Signed /s/ SHELDON L. GEORGE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* MARCH, *19* 87.

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

Form Prescribed By
Indiana State Board of
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

March 6 1987
Date of Application

MALE
Medical Examination Report Dated 2-28-87
Name of Physician Gregory Grubb D.O.

FEMALE
Medical Examination Report Dated 2-28-87
Name of Physician Gregory Grubb 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 Joseph Middle M. Last Hardesty

Date of Birth: Month Jan. Day 13 Year 1962

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

Residence Address: Street or R. R. 1645 E. Main 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) Veterans 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 Victor James Hardesty
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Ann Jackson
   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 Joseph M Hardesty
New Address 1645 E MAIN ST APT 2 PLAINFIELD IN
Subscribed and sworn to before me this 6th day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Pine

Date of Birth: Month April Day 29 Year 1964

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

Residence Address: Street or R. R. 448 N. Bowman City Dolphs. 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) Veterans 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 Theodore Pine
   Residence of father (if deceased so state) Dolphs. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacqueline Hathorn
   Residence of mother (if deceased so state) Dolphs. 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 D. Pine
New Address 1645 E. Main St. Lot #2 Plainfield In.
Subscribed and sworn to before me this 6th day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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* 11 *day of* March, 19 87, *authorizing the joining together as husband and wife* JOSEPH MICHAEL HARDESTY *and* REBECCA DIANE PINE

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

I, DENA M. VITTORIO *hereby certify that on the* 14th *day of* MARCH, *one thousand nine hundred and* 87 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* JOSEPH MICHAEL HARDESTY *of* HENDRICKS *County, State of* IN, *and, Bride* REBECCA DIANE PINE *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* MARCH, 19 87.

Signed /s/ DENA M. VITTORIO
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd ~~MARCH~~ *day of* MARCH, 19 87.

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

Re Marriage

Form Prescribed By
Indiana State Board of
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

3-10-87
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 Robert Middle E. Last Brown

Date of Birth: Month 7 Day 11 Year 1923

Place of Birth (State or foreign country) Monrovia, Indiana

Residence Address: Street or R. R. 123 Cartersburg Rd. 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) Voters Social Security Verification; Reg.

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

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

New Address Same as above

Subscribed and sworn to before me this 10 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Last Brown

Date of Birth: Month 10 Day 27 Year 1922

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 123 Cartersburg Rd. 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)

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

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

New Address Same as above

Subscribed and sworn to before me this 10 th day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 March, 1987, authorizing the joining together as husband and wife ROBERT E. BROWN and ELIZABETH G. BROWN

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

I, CLIFTON COURTNEY, JR. hereby certify that on the 12th day of APRIL, one thousand nine hundred and 87 at CARTERSBURG, County of HENDRICKS, State of Indiana, Groom ROBERT E. BROWN of HENDRICKS County, State of IN, and, Bride ELIZABETH G. 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 12th day of APRIL, 1987.

Signed /s/ CLIFTON COURTNEY, JR.

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of APRIL, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-10-87 Date of Application

MALE
Medical Examination Report Dated 2-26-87
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 3-6-87
Name of Physician Paul G. 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 Thomas Middle Lloyd Last McLarty

Date of Birth: Month 11 Day 27 Year 1949

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 715 Lynn Ln. 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 Lloyd John McLarty
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Windsor, Ontario, Canada
9. Full maiden name of mother Ina Leola Thomas
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana (Huntington)

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

Signed Thomas L. McLarty

New Address 1702 Beech Cr. Plainfield IN

Subscribed and sworn to before me this 10 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Larkin

Date of Birth: Month 4 Day 26 Year 1956

Place of Birth (State or foreign country) Indiana (Montgomery Co.)

Residence Address: Street or R. R. 1702 Beech Cr. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Earl LaRaley
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Wilson
   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 Linda Ann Larkin

New Address 1702 Beech Circle Plainfield, In.

Subscribed and sworn to before me this 10 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 March, 1987, authorizing the joining together as husband and wife THOMAS LLOYD McLARTY and LINDA ANN LARKIN

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

I, ROBERT ~~DANIEL~~ SPANTON hereby certify that on the ~~21st~~ day of MARCH, at PLAINFIELD, County of HENDRICKS, one thousand nine hundred and 87 State of Indiana, Groom THOMAS LLOYD McLARTY of MARION County, State of IN, and, Bride LINDA ANN LARKIN 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, 1987.

Signed /s/ ROBERT DANIEL SPANTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of MARCH, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

March 10, 1987
Date of Application

MALE
Medical Examination Report Dated 3-6-87
Name of Physician Philip Snyder MD

FEMALE
Medical Examination Report Dated 3-6-87
Name of Physician Philip Snyder, 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 Leslie; Middle W.; Last Smith

Date of Birth: Month July; Day 27; Year 1958

Place of Birth (State or foreign country) Marion; County B.; State In

Residence Address: Street or R. R. 140 E. Clinton; 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Chassity Smith
   Nathan Smith
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 V. Smith
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dinah E. Gillispie
   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 Leslie W Smith

New Address 140 E CLINTON STREET

Subscribed and sworn to before me this 10 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Keila; Middle S.; Last Partlow

Date of Birth: Month June; Day 26; Year 1964

Place of Birth (State or foreign country) Marion; County Jr.; State In

Residence Address: Street or R. R. 140 E. Clinton; 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Partlow
   Residence of father (if deceased so state) Dale In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ellen L. McCord
   Residence of mother (if deceased so state) Dale 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 Keila S. Partlow

New Address 140 E Clinton

Subscribed and sworn to before me this 10 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 March, 19 87, authorizing the joining together as husband and wife LESLIE W. SMITH and KEILA S. PARTLOW

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

I, KENNETH E. VETTERS hereby certify that on the 14th day of MARCH one thousand nine hundred and 87 at BARTLETT CHAPEL, County of HENDRICKS, State of Indiana, Groom LESLIE W. SMITH of HENDRICKS County, State of IN and, Bride KEILA S. PARTLOW 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 87.

Signed /s/ KENNETH E. VETTERS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of MARCH, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-10-87 Date of Application

MALE
Medical Examination Report Dated 3-9-87
Name of Physician M. Perry

FEMALE
Medical Examination Report Dated 3-5-87
Name of Physician D. J. Sefcik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 M. Last O'Brien Jr.

Date of Birth: Month 7 Day 25 Year 32

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 802 E 93rd St Apt. 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. 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.
   Timothy J. O'Brien

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 M. O'Brien Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Maine.
9. Full maiden name of mother Helen M. Andruski
   Residence of mother (if deceased so state) Ft. Wayne
   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 Michael M O'Brien

New Address 802 E 93rd Apt A Indianapolis 46240

Subscribed and sworn to before me this 10 day of Mar., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A Last Reno

Date of Birth: Month 2 Day 23 Year 41

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 1411 Dallas Rd. City Pkln. 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 Herbert A. Sutherland
   Residence of father (if deceased so state) Wisconsin
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Helen L. Brahn
   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 X Judy A Reno

New Address 802 E 93rd Apt A Indianapolis, In 46240

Subscribed and sworn to before me this 10 day of Mar., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 16 day of March, 19 87, authorizing the joining together as husband and wife ..... and JUDY ANN RENO

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

I, WILLIAM R. CLAYTON hereby certify that on the 17th day of MARCH, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom MICHAEL M. O'BRIEN of MARION County, State of IN, and, Bride JUDY ANN RENO 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 MARCH, 19 87. Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-11-87
Date of Application

MALE
Medical Examination Report Dated 2-25-87

Name of Physician Lojann M. Torrella, M.D.

FEMALE
Medical Examination Report Dated 2-25-87

Name of Physician Lojann M. Torrella, 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 Douglas Middle W. Last Wilson

Date of Birth: Month 9 Day 15 Year 1965

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. 4462 N. Enos 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) 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 Wm. Douglas Wilson
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Kay Childs
   Residence of mother (if deceased so state) Silverdale, Washington
   Birthplace of mother (State or foreign country) Indiana

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

Signed Douglas W Wilson

New Address ~~4462~~ Same As Above

Subscribed and sworn to before me this 11 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Starr Middle L. Last Brock

Date of Birth: Month 6 Day 16 Year 1967

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 4462 N. Enos 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 Richard Lee Brock
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Glenda Lee Chatham
   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 Starr L. Brock

New Address Same as above

Subscribed and sworn to before me this 11 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* March, *19* 87, *authorizing the joining together as husband and wife* DOUGLAS WILLIAM WILSON *and* STARR LYNN PROCK

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

I, ~~STERLING PROCK~~ *hereby certify that on the* 2 ~~1st~~ *of* MARCH, *one thousand nine hundred and* 87 *at* BETHEL FAITH TEMPLE, *County of* MARION, *State of Indiana, Groom* DOUGLAS WILLIAM WILSON *of* HENDRICKS *County, State of* IN *and, Bride* STARR LYNN PROCK *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* MARCH, *19* 87.

Signed /s/ STERLING PROCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* MARCH, *19*87.

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

Form Prescribed By
Indiana State Board of
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

March 11, 1987
Date of Application

MALE
Medical Examination Report Dated 3-4-87
Name of Physician Michael S. Piggott D.O.

FEMALE
Medical Examination Report Dated 3-4-87
Name of Physician Michael S. Piggott 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 Robert Middle Richard Last Eldred

Date of Birth: Month Sept Day 11 Year 1950

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

Residence Address: Street or R. R. 613 Nelson 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.
   Abigail Marguerite Eldred
   Christi M. Eldred
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Joseph Eldred
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Marguerite Thyen
   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 Richard Eldred

New Address 613 Nelson Dr. Brownsburg, In 87

Subscribed and sworn to before me this 11 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Celeste Last Orlando

Date of Birth: Month March Day 14 Year 1958

Place of Birth (State or foreign country) Terre Haute Vigo In.

Residence Address: Street or R. R. 613 Nelson 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Orlando
   Residence of father (if deceased so state) Terre Haute, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Suesan Ripple
   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 Rhonda Celeste Orlando

New Address 613 Nelson Drive Brownsburg In 87

Subscribed and sworn to before me this 11 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 16 day of March, 19 87, authorizing the joining together as husband and wife ROBERT RICHARD ELDRED and RHONDA CELESTE ORLANDO

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

I, MYRON BARNARD hereby certify that on the 21st day of MARCH, one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of Indiana, Groom ROBERT RICHARD ELDRED of HENDRICKS County, State of IN, and, Bride RHONDA CELESTE ORLANDO 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 87. Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 73

File

3-11-87
Date of Application

MALE
Medical Examination Report Dated 3-4-87
Name of Physician Patricia K. Hendershot

FEMALE
Medical Examination Report Dated 3-5-87
Name of Physician Patricia K. Hendershot

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L. Last Wilson

Date of Birth: Month 3 Day 3 Year 43

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.R. 2, Box 294E City Clayton 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.
   Donna Lee 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 Kerney E. Wilson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Theresa M. Holsinger
   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 ☒ Thomas L. Wilson

New Address RR2 Box 294E Clayton, In 46118

Subscribed and sworn to before me this 11th day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Wilson

Date of Birth: Month 9 Day 4 Year 44

Place of Birth (State or foreign country) Monroe, La.

Residence Address: Street or R. R. R.R 2 Box 294 E 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 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 Ray Wolfe
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Jeffersonville, In.
9. Full maiden name of mother Audra Hulda Blakey
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Jamestown, Ky.

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

Signed ☒ Donna J. Wilson

New Address ☒ RR2 Box 294E Clayton, In 46118

Subscribed and sworn to before me this 13th day of March, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* THOMAS L. WILSON *and* DONNA J. WILSON

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

I, STEVAN W. RANSON *hereby certify that on the* 2nd *day of* APRIL, *one thousand nine hundred and* 87 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS L. WILSON *of* HENDRICKS *County, State of* IN *and, Bride* DONNA J. WILSON *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* APRIL, 19 87.

Signed /s/ STEVAN W. RANSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* APRIL, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

3-12-87 Date of Application

MALE
Medical Examination Report Dated 3-11-87

Name of Physician Wells

FEMALE
Medical Examination Report Dated 3-11-87

Name of Physician 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 Steven Middle R. Last Trent

Date of Birth: Month 3 Day 14 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3413 S. Campbell Lane City Indpls. County Hend. State Co.

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 William R. Trent
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Florida
9. Full maiden name of mother Virginia Lee Sheets
   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 X Steve Ray Trent

New Address 3413 So Campbell Lane

Subscribed and sworn to before me this 12 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Shugars

Date of Birth: Month 2 Day 1 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3413 S. Campbell Lane 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. 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.
   April R. Shugars
   Bradley Sander E. Shugars

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

New Address 3413 S. Campbell Ln.

Subscribed and sworn to before me this 12 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... 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 MARCH, 19 87, authorizing the joining together as husband and wife STEVEN R. TRENT and SANDRA E. SHUGARS

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

I, ABBY ROSE McFETERS hereby certify that on the 4th day of APRIL, one thousand nine hundred and 87 at 2:30 p.m., County of HENDRICKS, State of Indiana, Groom STEVEN R. TRENT of HENDRICKS County, State of IN, and, Bride SANDRA E. SHUGARS 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 APRIL, 19 87.

Signed /s/ ABBY ROSE McFETERS

Official Designation JUDGE PRO TEM

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of APRIL, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

March 12, 1987
Date of Application

MALE
Medical Examination Report Dated 2-11-87
Name of Physician Jon Fisch Md.

FEMALE
Medical Examination Report Dated 2-11-87
Name of Physician Jon Fisch, 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 Danny Middle E. Last Crow

Date of Birth: Month Jan Day 24 Year 1950

Place of Birth (State or foreign country): Clinton Co. In.

Residence Address: Street or R. R. R.R.#1 Box 172-L 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 (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.
   Kyle Todd Crow
   Jeffrey Neal Crow
   Janet Lee Crow
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 H. Crow
   Residence of father (if deceased so state) Colfax, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Garret Wilson
   Residence of mother (if deceased so state) Colfax, 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 Danny E. Crow
New Address R.R.#1 Box 172-L Pittsboro

Subscribed and sworn to before me this 13th day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Jackson

Date of Birth: Month Feb Day 16 Year 1945

Place of Birth (State or foreign country): Anderson In.

Residence Address: Street or R. R. R.R.#1 Box 172-L 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 (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.
   Diane Mary Jackson
   Dawn Monica "
   Wayne Keith Jackson
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clyde Cunningham
   Residence of father (if deceased so state) Spring Port, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Marie Bramblett
   Residence of mother (if deceased so state) Brookfield, 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 Sue Jackson
New Address R.R.#1 Box 172-L Pittsboro

Subscribed and sworn to before me this 12th day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* March *day of* 16th, 19 87, *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. 76

File

3-13-87 Date of Application

MALE
Medical Examination Report Dated 3-10-87
Name of Physician Maynard

FEMALE
Medical Examination Report Dated 3-9-87
Name of Physician L. 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 Robert Middle A. Last Drollinger

Date of Birth: Month 1 Day 24 Year 1954

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. P.O. 526 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. 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.
   Theresa Elaine Drollinger
   Stephanie Lynn Drollinger
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Drollinger
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Del.
9. Full maiden name of mother Rosalie Whaley
   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 X Robert A. Drollinger
New Address 1109 Dukane Ct. Indpls.

Subscribed and sworn to before me this 13 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marcia Middle Ann Last Hobbs

Date of Birth: Month 4 Day 19 Year 51

Place of Birth (State or foreign country) Bloomington Ind

Residence Address: Street or R. R. 1109 Dukane Ct. City Indpls. 46241 County Marion 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Hobbs
   Jordan Hobbs
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 P. Hooper
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha E. Mitchell
   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 X Marcia A. Hobbs
New Address 1109 Dukane Ct

Subscribed and sworn to before me this 13 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... 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 ..... on the 18 day of March, 1987, authorizing the joining together as husband and wife of Indiana dated the ..... and ROBERT A. DROLLINGER and MARCHIA A. HOBBS

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

I, KEVIN J. HINKLE hereby certify that on the 21st day of MARCH, one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ROBERT A. DROLLINGER of HENDRICKS County, State of IN, and, Bride MARCIA A. HOBBS 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 MARCH, 1987. Signed /s/ KEVIN J. HINKLE

Official Designation JUDGE PRO TEM

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of MARCH, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-16-87
Date of Application

MALE
Medical Examination Report Dated 3-11-87
Name of Physician Stuart Dutton

FEMALE
Medical Examination Report Dated 3-11-87
Name of Physician Stuart Dutton

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 C. Last Chisham

Date of Birth: Month 9 Day 1 Year 1964

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

Residence Address: Street or R. R. 6516 Sunset Circle, City Indpls., County In. 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) 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 R. Chisham
   Residence of father (if deceased so state) Indpls In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evnogene Williams
   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 Troy C Chisham

New Address 8860 Kathleen Ave. Clermont

Subscribed and sworn to before me this 16th day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Dianna Middle K. Last Fulmer

Date of Birth: Month 9 Day 14 Year 1960

Place of Birth (State or foreign country) Franklin Indiana

Residence Address: Street or R. R. 75 Dell Dr., City Monrovia, 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Fulmer
   Residence of father (if deceased so state) Longboat Key, Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda L. Hudson
   Residence of mother (if deceased so state) Vaquilla, 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 Dianna K Fulmer

New Address 8860 Kathleen Ave Clermont

Subscribed and sworn to before me this 16th day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* TROY CLAYTON CHISHAM *and* DIANNA KAY FULMER

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

I, FRED W. FIEDLER *hereby certify that on the* 21 *day of* MARCH, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* TROY CLAYTON CHISHAM *of* MARION *County, State of* IN, *and, Bride* DIANNA KAY FULMER *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 87.

Signed /s/ FRED W. FIEDLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* MARCH, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

File

3-16-87 Date of Application

MALE
Medical Examination Report Dated 3-16-87
Name of Physician R. Steigmeier

FEMALE
Medical Examination Report Dated 3-16-87
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 James Middle R. Last Wood

Date of Birth: Month 9 Day 25 Year 56

Place of Birth (State or foreign country) Ind.

Residence Address: 3002 S. Parkway Street or R. R. St. 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. 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 William R. Wood
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lucille E. Warecki
   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 X James R. Wood

New Address 137 N. Tennessee St. Danville

Subscribed and sworn to before me this 16 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 J. Last Fowler

Date of Birth: Month 7 Day 10 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: 137 N. Tennessee Street or R. R. 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. 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.
   Amy
   Jarod
   Justin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Cook
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia C. Clark
   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 X Deborah J. Fowler

New Address 137 N. Tenn. St. Danville

Subscribed and sworn to before me this 16 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 23 day of March, 19 87, authorizing the joining together as husband and wife JAMES R. WOOD and DEBORAH J. FOWLER

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

I, DAVID CLARK hereby certify that on the 4th day of APRIL, one thousand nine hundred and 87 at HENDRICKS COUNTY, County of HENDRICKS, State of Indiana, Groom JAMES R. WOOD of MARION County, State of IN, and, Bride DEBORAH J. FOWLER 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, 1987. Signed /s/DAVID CLARK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of APRIL, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-16-87
Date of Application

MALE
Medical Examination Report Dated 3-3-87
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 3-5-87
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 Peter; Middle Stuart; Last Jellison

Date of Birth: Month Nov.; Day 7; Year 1960

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 3603 S. Clark Creek; 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 Roland Walter Jellison
   Residence of father (if deceased so state) Richmond In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn Louise Gay
   Residence of mother (if deceased so state) Richmond 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 Stuart Jellison

New Address 3603 S Clark Creek Rd Indpls

Subscribed and sworn to before me this 16 day of March, 1987.

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

FEMALE APPLICANT

Name: First Jo; Middle Raline; Last Lyman

Date of Birth: Month 10; Day 26; Year 1956

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 3603 S. Clark Creek 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jessica Ly Lyman
   Jeremy Patrick Lyman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilford Leonard Frederick
   Residence of father (if deceased so state) Indpls In.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Mary Helen Newlin
   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 Jo R. Lyman

New Address 3603 S. Clark Creek Rd. Indpls

Subscribed and sworn to before me this 16 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* March, 19 87, *authorizing the joining together as husband and wife* PETER STUART JELLISON *and* JO RALINE LYMAN

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

I, LARRY N. WILLIAMS *hereby certify that on the* 4th *day of* APRIL, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* PETER STUART JELLISON *of* HENDRICKS *County, State of* IN *and, Bride* JO RALINE LYMAN *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* MARCH, 19 87.

Signed /s/ LARRY N. WILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* APRIL, 19 87.

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

Form Prescribed By
Indiana State Board of
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

3-17-87 Date of Application

MALE
Medical Examination Report Dated 2-28-87
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 3-3-87
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: Jeffrey (First) S. (Middle) Mongan (Last)
Date of Birth: 3-15-61 (Month / Day / Year)
Place of Birth (State or foreign country): Hendricks County
Residence Address: 1045 West Main St. (Street or R. R.) Plainfield (City) Hendricks (County) Indiana (State)
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: Anthony R. Mongan
   Residence of father (if deceased so state): 1188 Moon Road Plainfield
   Birthplace of father (State or foreign country): Indianapolis, Indiana
9. Full maiden name of mother: Gladys Eileen Heald
   Residence of mother (if deceased so state): 1188 Moon Road Plainfield
   Birthplace of mother (State or foreign 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 Mongan
New Address: 1045 W MAIN PLAINFIELD IND

Subscribed and sworn to before me this 17 day of March, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: Karen (First) Kelly (Middle) Taylo (Last)
Date of Birth: 8-1-60 (Month / Day / Year)
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Route 3 Box 321C (Street or R. R.) Clayton (City) Hendricks (County) Indiana (State)
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 L. Taylo
   Residence of father (if deceased so state): Rensselear, Indiana
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Susanna Harper
   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: Karen Kelly Taylo
New Address: 1045 W. Main Plainfield

Subscribed and sworn to before me this 17 day of March, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 March, 19 87, authorizing the joining together as husband and wife JEFFREY S. MONGAN and KAREN KELLY TAYLO

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

I, DAVID BETHOLD hereby certify that on the 27th day of MARCH, one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom JEFFREY S. MONGAN of HENDRICKS County, State of IN, and, Bride KAREN KELLY TAYLO 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, 1987.

Signed /s/ DAVID BERTHOLD
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of MARCH, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-17-87
Date of Application

MALE
Medical Examination Report Dated 3/10/87
Name of Physician Dr. Michael Pizzato

FEMALE
Medical Examination Report Dated 3/10/87
Name of Physician Dr. 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 Donald Middle Eugene Jr. Last Stout

Date of Birth: Month 3 Day 8 Year 1963

Place of Birth (State or foreign country) Seymor, Indiana

Residence Address: Street or R. R. 247 N. Adams 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) 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 Eugene Stout Jr.
   Residence of father (if deceased so state) 247 N. Adams, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Ann Warren
   Residence of mother (if deceased so state) Seymor, 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 Eugene Stout Jr.
New Address 247 N. Adams Brownsburg

Subscribed and sworn to before me this 17 day of March, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lin Last Manwaring

Date of Birth: Month 11 Day 7 Year 1968

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R. R. 6525 N. 625 East 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).....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father W. Wayne Manwaring
   Residence of father (if deceased so state) 65 Brownsburg, Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Linda Jean West
   Residence of mother (if deceased so state) Brownsburg, 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 Lori Lin Manwaring
New Address 247 N. Adams Brownsburg

Subscribed and sworn to before me this 17 day of March, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* 26th *day of* March, 19 87, *authorizing the joining together as husband and wife* DONALD EUGENE STOUT, JR. *and* LORI LIN MANWARING

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* MARCH, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DONALD EUGENE STOUT, JR. *of* MARION *County, State of* INDIANA *and, Bride* LORI LIN MANWARING *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 26th *day of* MARCH, 19 87.

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 26th *day of* MARCH, 19 87.

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

Form Prescribed By
Indiana State Board of
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

March 17, 1987
Date of Application

MALE
Medical Examination Report Dated 3-12-87
Name of Physician Robert D. Wells

FEMALE
Medical Examination Report Dated 3-12-87
Name of Physician Robert D. Nelson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Mosier

Date of Birth: Month March Day 3 Year 1961

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

Residence Address: Street or R. R. 2309 Lake of Lanterns Dr. 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) Illinois 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 David J. Mosier
   Residence of father (if deceased so state) Lyster, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ardyth Marie
   Residence of mother (if deceased so state) Lyster In.
   Birthplace of mother (State or foreign country) Philippines

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

Signed Mitchell J. Mosier
New Address 2309 Lake of Lanterns Dr. Indpls 46234

Subscribed and sworn to before me this 13 day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathryn Middle J. Last Dalton

Date of Birth: Month Dec. Day 28 Year 1958

Place of Birth (State or foreign country): Philadelphia Pa.

Residence Address: Street or R. R. 819 Broken Bow Trail #217 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 Voorhees C. Dalton
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Billie Jewel McRee
   Residence of mother (if deceased so state) Indianapolis, In.
   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 Kathryn J. Dalton
New Address 2309 Lake of Lanterns Dr.

Subscribed and sworn to before me this 13 day of March, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 26th day of March, 19 87, authorizing the joining together as husband and wife MITCHELL J. MOSIER and KATHRYN J. DALTON

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

I, THOMAS W. RAKOCZY hereby certify that on the 4th day of APRIL, one thousand nine hundred and 87 at LAKEVIEW TEMPLE, County of MARION, State of Indiana, Groom MITCHELL J. MOSIER of HENDRICKS County, State of IN, and, Bride KATHRYN J. DALTON 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 MARCH, 19 87. Signed /s/ THOMAS W. RAKOCZY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of APRIL, 19 87
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 83

File

3-18-87
Date of Application

MALE
Medical Examination Report Dated 3-11-87
Name of Physician Margaret Berry

FEMALE
Medical Examination Report Dated 3-11-87
Name of Physician Margaret Berry 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 R. Last Hayden (4)

Date of Birth: Month 3 Day 9 Year 1963.

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1234 N. 67 E 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. 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 Hayden, Jr.
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Marilyn Jean Virgil
   Residence of mother (if deceased so state) Danville, In
   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 ✕ John R. Hayden Jr.
New Address 31 LINCOLN AVE, BROWNSBURG, IN

Subscribed and sworn to before me this 18 day of March, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Burkert

Date of Birth: Month 10 Day 23 Year 63

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 31 Lincoln Ave. 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.

7. *Are you required by any court order or orders to support the above dependent children?* No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. Burkert
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Joan Randolph
   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 Lori Burkert
New Address 31 Lincoln Ave, Brownsburg, In

Subscribed and sworn to before me this 26 day of March, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* March, *19* 87, *authorizing the joining together as husband and wife* JOHN R. HAYDEN JR. *and* LORI A. BURKERT

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

I, ~~DON KRUEGER~~ *hereby certify that on the* 4th *day of* APRIL, *one thousand nine hundred and* 87 *at* 2:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* ~~JOHN R. HAYDEN JR.~~ *of* ~~HENDRICKS~~ *County, State of* ~~IN~~ *and, Bride* LORI A. BURKERT *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* 87.

Signed /s/ DON KRUEGER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* APRIL, *19* 87.

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

Form Prescribed By
Indiana State Board of
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

Date of Application

MALE
Medical Examination Report Dated 3-12-87
Name of Physician Robert Canfield

FEMALE
Medical Examination Report Dated 3-12-87
Name of Physician Robert Canfield

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

MALE APPLICANT

Name: First Kent Middle D Last Vanover

Date of Birth: Month 5 Day 24 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 219 E. Main 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 Howard Edward Vanover
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Wright
   Residence of mother (if deceased so state) Venice, 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 Kent D Vanover

New Address

Subscribed and sworn to before me this 18th day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Laurie Middle E. Last Harris

Date of Birth: Month 9 Day 4 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 219 E. Main, 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dean Sefton
   Residence of father (if deceased so state) Indpls In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan Marie Nave
   Residence of mother (if deceased so state) Avon, 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 Laurie M Harris

New Address

Subscribed and sworn to before me this 18th day of March, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 March, 1987, authorizing the joining together as husband and wife KENT D. VANOVER and LAURIE M. HARRIS

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

I, MYRON BARNARD hereby certify that on the 4th day of APRIL, one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom KENT D. VANOVER of HENDRICKS County, State of IN, and, Bride LAURIE M. HARRIS 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 MARCH, 19 87 Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of APRIL, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

March 18, 1987
Date of Application

MALE
Medical Examination Report Dated 3-12-87
Name of Physician Fred R. Burke MD.

FEMALE
Medical Examination Report Dated 3-9-87
Name of Physician Terry L. Frederick 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 Dennis Middle M. Last Allen

Date of Birth: Month May Day 2 Year 1954

Place of Birth (State or foreign country) Hobbs Marion In.

Residence Address: Street or R. R. RR#1 Box 237-E3 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) Dennis Allen

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Ann 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 James M. Allen
   Residence of father (if deceased so state) Avon In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Meredith
   Residence of mother (if deceased so state) Avon 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 Dennis M. Allen
New Address RR#1 Box 237-E3
Subscribed and sworn to before me this 18 day of March, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Eva Middle Mae Last Montgomery

Date of Birth: Month May Day 5 Year 1957

Place of Birth (State or foreign country) Canada

Residence Address: Street or R. R. R.R.#1 Box 237 E3 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) Eva Montgomery

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Earle Leroy Bailey
   Residence of father (if deceased so state) Canada
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Doris Mae Hodgson
   Residence of mother (if deceased so state) Canada
   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 Eva Mae Montgomery
New Address RR#1 Box 237 E3 Pittsboro Ind. 46167
Subscribed and sworn to before me this 18 day of March, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 87, *authorizing the joining together as husband and wife* DENNIS MARION ALLEN *and* EVA MAE MONTGOMERY

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

I, ~~HAROLD L. LEININGER II~~ *hereby certify that on the* ~~4th~~ *day of* MAY, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HEDNRICKS, *State of Indiana, Groom* DENNIS MARION ALLEN *of* HENDRICKS *County, State of* IN *and, Bride* EVA MAE MONTGOMERY *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 87.

Signed /s/ HAROLD L. LEININGER II
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this ~~8th~~ *day of* MAY, 19 87.

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

Form Prescribed By
Indiana State Board of
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

3-19-87 Date of Application

MALE
Medical Examination Report Dated 3-14-87
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 3-6-87
Name of Physician Paul H. Schoon

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A. Last Fugate

Date of Birth: Month 5 Day 11 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 52 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Fugate
   Residence of father (if deceased so state) Indpls. In
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Patty A. Setty
   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 Steven A. Fugate

New Address

Subscribed and sworn to before me this 19 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Harris

Date of Birth: Month 11 Day 9 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 312 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Fugate Harris
   Residence of father (if deceased so state) Indpls. In
   Birthplace of father (State or foreign country) Indiana.
9. Full maiden name of mother Susan Lynn Williams
   Residence of mother (if deceased so state) Clayton, 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 Sherry Lynn Harris

New Address

Subscribed and sworn to before me this 19 day of March, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* 24th *day of* March, 19 87, *authorizing the joining together as husband and wife* STEVEN FUGATE *and* SHERRY LYNN HARRIS

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

I, STEVAN W. RANSON *hereby certify that on the* 28th *day of* MARCH, *one thousand nine hundred and* 87 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN FUGATE *of* HENDRICKS *County, State of* IN, *and, Bride* SHERRY LYNN HARRIS *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 87. *Signed* /s/ STEVAN W. RANSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* APRIL, 19 87.

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

Form Prescribed By
Indiana State Board of
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

3-20-87
Date of Application

MALE
Medical Examination Report Dated 2-28-87

Name of Physician Edwin J. Seiny

FEMALE
Medical Examination Report Dated 3-4-87

Name of Physician Robert L. Deaton

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Alan Last Davis

Date of Birth: Month 1 Day 19 Year 64

Place of Birth (State or foreign country) Shelbyville, Ill.

Residence Address: Street or R. R. 106 N. Green St. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Elmer Davis
   Residence of father (if deceased so state) Shelbyville Ill.
   Birthplace of father (State or foreign country) Link Skillet Ill.
9. Full maiden name of mother Arlene Kay Lape
   Residence of mother (if deceased so state) Shelbyville, Ill.
   Birthplace of mother (State or foreign country) Shelbyville Ill.

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

X Signed Todd A. Davis

X New Address 106 N. Green St. Brownsburg, In.

Subscribed and sworn to before me this 20th day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Gia Middle Renée Last Hamilton

Date of Birth: Month 12 Day 9 Year 67

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

Residence Address: Street or R. R. 3440 N. 950 E. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bradley Hamilton
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana (Shelbyville)
9. Full maiden name of mother Judith Ann Berkey (VERHEY)
   Residence of mother (if deceased so state) Brownsburg, In.
   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 Gia R. Hamilton

X New Address 106 N. Green St. Brownsburg, In.

Subscribed and sworn to before me this 20th day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 87, *authorizing the joining together as husband and wife* TODD ALAN DAVID *and* GIA RENEE' HAMILTON

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

I, STEVEN T. REEVES *hereby certify that on the* 28th *day of* MARCH, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* TODD ALAN DAVIS *of* HENDRICKS *County, State of* IN *and, Bride* GIA RENEE' HAMILTON *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* 87.

Signed /s/ STEVEN T. REEVES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* MARCH, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

March 20, 1987
Date of Application

MALE
Medical Examination Report Dated 3-17-87
Name of Physician Donald J. Sefcik

FEMALE
Medical Examination Report Dated 3-17-87
Name of Physician Donald J. Sefcik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 G. Last Graham

Date of Birth: Month Jan Day 19 Year 1958

Place of Birth (State or foreign country) Sudbury Ontario Canada

Residence Address: Street or R. R. 10229 Owasco Dr. 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)

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

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

New Address 10229 Owasco Dr.

Subscribed and sworn to before me this 20 day of March, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Temple

Date of Birth: Month March Day 12 Year 1962

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

Residence Address: Street or R. R. 10229 Owasco 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.
   Amanda Jo Mullins

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

New Address 10229 Owasco Dr.

Subscribed and sworn to before me this 20 day of March, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 24th day of March, 1987, authorizing the joining together as husband and wife DAVID G. GRAHAM and SHIRLEY A. TEMPLE

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

I, DAVID L. JOHNSON hereby certify that on the 4th day of APRIL, at CLERMONT, County of HENDRICKS, one thousand nine hundred and 87 of HENDRICKS County, State of IN, State of Indiana, Groom DAVID G. GRAHAM of HENDRICKS County, State of IN, and, Bride SHIRLEY A. TEMPLE were by me united 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*7. Signed /s/ DAVID L. JOHNSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of APRIL, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-24-87
Date of Application

MALE
Medical Examination Report Dated 3-20-87
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 3-20-87
Name of Physician Glen 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 Christopher Middle L. Last Kerr

Date of Birth: Month 6 Day 5 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4090 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) 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 Richard Kerr
   Residence of father (if deceased so state) Brownsburg.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Laurel Francis Mason
   Residence of mother (if deceased so state) Brownsburg
   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 Christopher Kerr

New Address

Subscribed and sworn to before me this 24 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Elizabeth Last Smith

Date of Birth: Month 4 Day 25 Year 1962

Place of Birth (State or foreign country) Washington (State)

Residence Address: Street or R. R. 4090 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) 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.
   Nicole Marie Smith
   Rick Lee Smith

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Henderson Wolf
   Residence of father (if deceased so state) Social Circle, Ga.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Katrina Sue Blake
   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 X Wendy Elizabeth Smith

New Address

Subscribed and sworn to before me this 24 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

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* 27 *day of* March, 19 87, *authorizing the joining together as husband and wife* CHRISTOPHER L. KERR *and* WENDY ELIZABETH SMITH

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

I, MARY JANE RUSSELL *hereby certify that on the* 27th *day of* MARCH, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CHRISTOPHER L. KERR *of* HENDRICKS *County, State of* IN *and, Bride* WENDY ELIZABETH 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 27th *day of* MARCH, 19 87.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* MARCH, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

3-24-87 Date of Application

MALE
Medical Examination Report Dated 3-13-87
Name of Physician J. Roskam

FEMALE
Medical Examination Report Dated 3-17-87
Name of Physician J. Roskam

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lewis Last Smith

Date of Birth: Month April Day 30 Year 1968

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 813 Tomahawk Trail #805 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Holder
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Smith
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Beverly A. Minter
   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 Steven L. Smith

New Address 813 Tomahawk Trail #805

Subscribed and sworn to before me this 24 day of Mar, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Grace Middle Ellen Last Holder

Date of Birth: Month Dec Day 19 Year 1967

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9507 W. Vermont 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Holder
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Holder
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Aurelia McCann
   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 Grace E. Holder

New Address 813 Tomahawk Tr. 805 46214

Subscribed and sworn to before me this 24 day of Mar, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 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 87, authorizing the joining together as husband and wife of Indiana dated the 24th day of MARCH and GRACE ELLEN HOLDER STEVEN L. SMITH

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

I, JANICE S. CHILEWSKI hereby certify that on the 24th day of MARCH, at DANVILLE, County of HENDRICKS, one thousand nine hundred and 87 at MARION County, State of IN, State of Indiana, Groom STEVEN L. SMITH of HENDRICKS County, State of IN, and, Bride GRACE ELLNE HOLDER 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 24th day of MARCH, 19 87. Signed /s/ JANICE S. CHILEWSKI

Official Designation 1st DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of MARCH, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-24-87
Date of Application

MALE
Medical Examination Report Dated 3-17-87
Name of Physician R. A. Heaven

FEMALE
Medical Examination Report Dated 3-17-87
Name of Physician R. A. Heaven

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

MALE APPLICANT

Name: First Phillip Middle E. Last Pa Hud

Date of Birth: Month 3 Day 1 Year 41

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. R.R. 3, Box 355A City Clayton 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 Elmer D. Pa Hud
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Virginia C. Bryant
   Residence of mother (if deceased so state) 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 X Phillip C. Pa Hud
New Address R1 Box 366 Clayton, In 46118

Subscribed and sworn to before me this 24 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Cummins

Date of Birth: Month 4 Day 18 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.R. 2 Box 235 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. 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 Boyd Cummins
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie J. Curtis
   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 X Sandra D Cummins
New Address R 1 Box 366 Clayton In 46118

Subscribed and sworn to before me this 24 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 March, 1987, authorizing the joining together as husband and wife PHILLIP EUGENE PA HUD and SANDRA DEE CUMMINS

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 25th day of APRIL, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom PHILLIP EUGENE PA HUD of HENDRICKS County, State of IN and, Bride SANDRA DEE DUMMINS 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 87.

Signed /s/ ROBERT D. SPANTON JR.

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of APRIL, 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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~~ 92

File

3-24-87 Date of Application

MALE
Medical Examination Report Dated 3-18-87
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 3-18-87
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 Bradley Middle Allen Last Jones

Date of Birth: Month 12 Day 28 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: 5138 C Street or R. R. Hillsboro 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) D.L.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 Bob Jones
   Residence of father (if deceased so state) Plydla
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Lee Montgomery
   Residence of mother (if deceased so state) Tofas
   Birthplace of mother (State or foreign 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 Bradley A Jones

New Address 5138C Hillsboro Dr Indpls

Subscribed and sworn to before me this 24 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Opal Middle Lorraine Last Nash

Date of Birth: Month Mar. Day 8 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: 23 Burns Dr. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ronald Nash
   Residence of father (if deceased so state) Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice Lorraine Worthington
   Residence of mother (if deceased so state) Brownsburg
   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 X Opal Lorraine Nash

New Address 5138C Hillsboro Dr. Indpls.

Subscribed and sworn to before me this 24 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 31 *day of* March, 19 87, *authorizing the joining together as husband and wife* BRADLEY ALLEN JONES *and* OPAL L. NASH

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

I, JERRY R. NASH *hereby certify that on the* 4th *day of* APRIL, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* BRADLEY ALLEN JONES *of* MARION *County, State of* INDIANA, *and, Bride* OPAL L. NASH *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 4th *day of* APRIL, *19* 87. *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* APRIL, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

3-25-87
Date of Application

MALE
Medical Examination Report Dated 3-11-87
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated 3-11-87
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 Jeffrey Middle Allen Last Rollings

Date of Birth: Month 4 Day 14 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: 125 E 800 S Street or R. R. Lebanon City In County (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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ronald Rolfing
   Residence of father (if deceased so state) Lebanon In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice Rae Kirk
   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 ☒ Jeffrey A. Rolling

New Address same

Subscribed and sworn to before me this 25 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Tracy Middle Ann Last Carter

Date of Birth: Month 1 Day 27 Year 1968

Place of Birth (State or foreign country) Ohio

Residence Address: 125 E 800 S Street or R. R. Lebanon City In County (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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barney Lee Carter
   Residence of father (if deceased so state) Whiteland In
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Viney Inez Hall
   Residence of mother (if deceased so state) ☒ Somerset, Ky
   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 ☒ Tracy Carter

New Address 125 E 800 S Lebanon

Subscribed and sworn to before me this 25 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 87, *authorizing the joining together as husband and wife* JEFFREY ALLEN ROLLINGS *and* TRACY ANN CARTER

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

I, ~~CHRIS E. WYNN~~ *hereby certify that on the* 25th *day of* APRIL, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JEFFREY ALLEN ROLLINGS *of* HENDRICKS *County, State of* IN *and, Bride* TRACY ANN CARTER *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 87.

Signed /s/ CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* MAY, 19 87

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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 3-26-87 Date of Application

MALE
Medical Examination Report Dated 3/27/87
Name of Physician Michael A. Pizzato

FEMALE
Medical Examination Report Dated 3/27/87
Name of Physician Michael A. 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 Steven Middle John Last Tillotson

Date of Birth: Month 9 Day 30 Year 1961

Place of Birth (State or foreign country) Putnam Co., Indiana

Residence Address: Street or R. R. 628 Alpha Ave. 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 Lic. - 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 Jesse Irving Tillotson
   Residence of father (if deceased so state) Leavitt, Mass.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Janet Carol Parker
   Residence of mother (if deceased so state) Fairbridge, 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 ☒ Steve Tillotson

New Address Same As above.

Subscribed and sworn to before me this 26 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kellie Middle Kaye Last Smith

Date of Birth: Month 5 Day 19 Year 1967

Place of Birth (State or foreign country) Beech Grove, Indiana

Residence Address: Street or R. R. 628 Alpha Ave. 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 James R. Smith
   Residence of father (if deceased so state) Coatesville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary N. Wenske
   Residence of mother (if deceased so state) Coatesville, 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 ☒ Kellie Smith

New Address Same as above

Subscribed and sworn to before me this 26 day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 March, 1987, authorizing the joining together as husband and wife STEVEN JOHN TILLOTSON and KELLIE KAYE SMITH

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

I, STEVEN T. REEVES hereby certify that on the 4th day of APRIL, one thousand nine hundred and 87 at BROWNSBURG, County of IN, State of Indiana, Groom STEVEN JOHN TILLOTSON of HENDRICKS County, State of IN, and, Bride KELLIE KAYE 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 30th day of MARCH, 1987. Signed /s/ STEVEN T. REEVES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of APRIL, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

March 27, 1987
Date of Application

MALE
Medical Examination Report Dated 3-22-87
Name of Physician Joseph C. Kirlin M.D.

FEMALE
Medical Examination Report Dated 3-22-87
Name of Physician Joseph C. Kirlin 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 William Last Nunnery

Date of Birth: Month Sept. Day 8 Year 1948

Place of Birth (State or foreign country) Tuckman Ky

Residence Address: Street or R. R. 510 N 50 East 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) 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.
   Paul Nunnery Leonard Nunnery
   Roy " Paula "
   Johnny "
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harrison Nunnery
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ruby Jordan
   Residence of mother (if deceased so state) Avon City, Texas
   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 Paul W. Nunnery
New Address 510 N 50E
Subscribed and sworn to before me this 27 day of March, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Willa Middle Mae Last Hutchison

Date of Birth: Month Nov. Day 1st Year 1930

Place of Birth (State or foreign country) Columbia Texas

Residence Address: Street or R. R. 510 N. 50 East 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) 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
   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 Walter Franklin Richardson
   Residence of father (if deceased so state) Columbia, Texas
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Virgie Mildred Moore
   Residence of mother (if deceased so state) Columbia Texas.
   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 Willa mae Hutchison
New Address 510 N 50E
Subscribed and sworn to before me this 27 day of March, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... 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 March 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* 27th *day of* March, 1987, *authorizing the joining together as husband and wife* PAUL WILLIAM NUNNERY *and* WILLA MAE HUTCHISON

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

I, MARY JANE RUSSELL *hereby certify that on the* 27th *day of* MARCH, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* PAUL WILLIAM NUNNERY *of* HENDRICKS *County, State of* IN *and, Bride* WILLA MAY HUTCHISON *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, 1987.

Signed /s/ MARY JANE RUSSELL
Official Designation CLERK OF HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* MARCH, 87

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

Form Prescribed By
Indiana State Board of
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

3-27-87 Date of Application

MALE
Medical Examination Report Dated 3-20-87
Name of Physician M. Baker

FEMALE
Medical Examination Report Dated 3-17-87
Name of Physician J. R. Minor

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Edward Last Deaton

Date of Birth: Month 12 Day 9 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9404 Bakeway Dr. City Indpls. 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 William Elliott Deaton
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Delores D. Kirkendall
   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 X William E. Deaton

New Address 9404 Bakeway Drive

Subscribed and sworn to before me this 27 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Jeanette Middle D. Last Soots

Date of Birth: Month 6 Day 14 Year 67

Place of Birth (State or foreign country) Ind

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)

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

   —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Soots
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Phyllis M. Cothron
   Residence of mother (if deceased so state) Ind.
   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 Jeanette D. Soots

New Address 9404 Bakeway Dr.

Subscribed and sworn to before me this 27 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE 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 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 27th day of March, 1987, authorizing the joining together as husband and wife WILLIAM E. DEATON and JEANETTE D. SOOTS

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

I, MARY JANE RUSSELL hereby certify that on the 27th day of MARCH, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WILLIAM E. DEATON of HENDRICKS County, State of IN, and, Bride JEANETTE D. SOOTS 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 87.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK OF HENDRICKS COUNTY COURTS

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-27-87
Date of Application

MALE
Medical Examination Report Dated 3/21/87
Name of Physician Kenneth L. Gray, M.D.

FEMALE
Medical Examination Report Dated 3/21/87
Name of Physician Kenneth L. Gray, 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 N. Last Malicoat

Date of Birth: Month 11 Day 18 Year 1959

Place of Birth (State or foreign country) Los Angeles Calif.

Residence Address: Street or R. R. 5020 W. 150 S. 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. - 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.
   Leah Malicoat, age 8; Michael Malicoat, age 7; Grant Malicoat, age 4
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Malicoat
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bea Tegner
   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 Michael N Malicoat

New Address SAME

Subscribed and sworn to before me this 27 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Gretchen Middle M. Last McNabb

Date of Birth: Month 12 Day 5 Year 1960

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

Residence Address: Street or R. R. 5020 W. 150 S. 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. - 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.
   Patrick H. McNabb, age 4½
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Mayer, Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara June Reed
   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 Gretchen M. McNabb

New Address same as above

Subscribed and sworn to before me this 27 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, *authorizing the joining together as husband and wife* MICHAEL H. MALICOAT *and* GRETCHEN M. McNABB

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* APRIL, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL H. MALICOAT *of* HENDRICKS *County, State of* IN *and, Bride* GRETCHEN M. McNabb *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* APRIL, *19* 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* APRIL, *19* 87.

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

Form Prescribed By
Indiana State Board of
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

3-27-87 Date of Application

MALE
Medical Examination Report Dated 3-7-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 3-7-87
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 David Middle W. Last Chandler

Date of Birth: Month 9 Day 17 Year 44

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 1909 E. Whitecak Ln. City Mtvl. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wilson
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Beatrice A. Freeman
   Residence of mother (if deceased so state) Ind.
   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 David W Chandler

New Address 1909 E. White Oak Ln Martinsville Ind. 46151

Subscribed and sworn to before me this 27 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Judith Middle A. Last Stephenson

Date of Birth: Month 1 Day 9 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 412 Hickory Ln. City Pitt. 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.
   Stacey
   Eric

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Staver
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lolen Jackson
   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 X Judith A. Stephenson

New Address 1909 E Whiteoak Ln Martinsville Ind 46151

Subscribed and sworn to before me this 27 day of March, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* DAVID W. CHANDLER *and* JUDITH A. STEPHENSON

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

I, RONALD E. SEARS *hereby certify that on the* 12th *day of* JUNE, *one thousand nine hundred and* 87 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* DAVID W. CHANDLER *of* MORGAN *County, State of* IN, *and, Bride* JUDITH A. STEPHENSON *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 87. *Signed* /s/ RONALD E. SEARS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JUNE, 19 87.

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

Form Prescribed By
Indiana State Board of
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

3-30-87
Date of Application

MALE
Medical Examination Report Dated 3-16-87

Name of Physician J. Thomas

FEMALE
Medical Examination Report Dated 3-11-87

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 David Middle R. Last Palamara

Date of Birth: Month 6 Day 30 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: 11931 Westwood Dr. Carmel 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. 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 Ronald D. Palamara
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margot Finley
   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 X David R Pal

New Address

Subscribed and sworn to before me this 30 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Pennington

Date of Birth: Month 5 Day 31 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address: 649 Lawndale Blvd. 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. 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 James H. Pennington
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Sandra J. Seabert
   Residence of mother (if deceased so state) Ind.
   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 X Jill Pennington

New Address 649 Lawndale Dr., Plainfield

Subscribed and sworn to before me this 30 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* April, 19 87, *authorizing the joining together as husband and wife* DAVID R. PALAMARA *and* JILL D. PENNINGTON

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

I, LEO (not legible) *hereby certify that on the* 4th *day of* APRIL, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DAVID R. PALAMARA *of* ARIZONA *and, Bride* JULL D. PENNINGTON *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* 87.

Signed /s/ LEO (not legible)

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* APRIL, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

3-30-87 Date of Application

MALE
Medical Examination Report Dated 3-27-87
Name of Physician P. Batista

FEMALE
Medical Examination Report Dated 3-27-87
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 Larry Middle J. Last Duncan

Date of Birth: Month 4 Day 3 Year 42

Place of Birth (State or foreign country) Ind

Residence Address: 6815 N. 550 E. Street or R. R. Brownsburg 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. 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.
   Jordan

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Duncan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Helen E. Wells
   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 X Larry J. Duncan

New Address same

Subscribed and sworn to before me this 30 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Bishop

Date of Birth: Month 11 Day 2 Year 42

Place of Birth (State or foreign country) Ind

Residence Address: same 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. 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 William H. Butterfield
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Betty L. Mayer
   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 X Nancy L. Bishop

New Address same

Subscribed and sworn to before me this 30 day of March, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 3 day of April, 19 87, authorizing the joining together as husband and wife LARRY J. DUNCAN and NANCY L. BISHOP

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

I, TED A. MILLER hereby certify that on the 11th day of APRIL, one thousand nine hundred and 87, at CLAY CITY, County of CLAY, State of Indiana, Groom LARRY J. DUNCAN of HENDRICKS County, State of IN, and, Bride NANCY L. BISHOP 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 87. Signed /s/ TED A. MILLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of APRIL, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

3-30-87
Date of Application

MALE
Medical Examination Report Dated 3-30-87
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 3-20-87
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 Brian Middle L. Last Owens

Date of Birth: Month 7 Day 7 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 327 Donnelly Dr. City B'burg 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 Lee Owens
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Darlene Dale
   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 L. Owens

New Address

Subscribed and sworn to before me this 30th day of March, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Garrison

Date of Birth: Month 9 Day 14 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 327 Donnelly Dr. City B'burg 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 Jerry Neal Garrison
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Louise Mitchel
   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 L Garrison

New Address

Subscribed and sworn to before me this 31st day of March, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* April, 19 87, *authorizing the joining together as husband and wife* BRIAN L. OWENS *and* TERRI L. GARRISON

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

I, STEVEN T. REEVES *hereby certify that on the* 18th *day of* APRIL, *one thousand nine hundred and* 87 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* BRIAN L. OWENS *of* HENDRICKS *County, State of* IN *and, Bride* TERRI L. GARRISON *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* APRIL, *19* 87.

Signed /s/ STEVEN T. REEVES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* APRIL, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-1-87 Date of Application

MALE
Medical Examination Report Dated 3-26-87
Name of Physician Stegemoller

FEMALE
Medical Examination Report Dated 3-26-87
Name of Physician 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 Donald Middle J. Last Anderson

Date of Birth: Month Mar Day 13 Year 1953

Place of Birth (State or foreign country) Rhode Island

Residence Address: Street or R. R. 1752 Timberwood 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. Deane

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Anderson
   Residence of father (if deceased so state) Warwick, R.I.
   Birthplace of father (State or foreign country) R.I.
9. Full maiden name of mother Edna Burgoin
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) R.I.

State of Indiana, County of HENDRICKS } ss:

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

Signed Donald Anderson

New Address 1752 Timberwood

Subscribed and sworn to before me this 1 day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dawn Middle A. Last Bunting

Date of Birth: Month July Day 20 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1752 Timberwood 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.
   Stacey Bunting

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Bergman
   Residence of father (if deceased so state) Virginia Beach, Va
   Birthplace of father (State or foreign country) Pa.
9. Full maiden name of mother Donna M. McNulty
   Residence of mother (if deceased so state) Naples, Fl.
   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 Dawn Bunting

New Address 1752 Timberwood

Subscribed and sworn to before me this 1 day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... 8th day of April, 19 87, authorizing the joining together as husband and wife of Indiana dated the ..... and DAWN B. BUNTING

DONALD J. ANDERSON

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

I, MYRON BARNARD hereby certify that on the 18th day of APRIL, at INDPLS., County of MARION, one thousand nine hundred and 87 State of Indiana, Groom DONALD J. ANDERSON of HENDRICKS County, State of IN, and, Bride DAWN B. BUNTING 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 ARPIL, 19 87. Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of APRIL, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-3-87
Date of Application

MALE
Medical Examination Report Dated 3-30-87
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 3-30-87
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 William Middle C. Last Zweige

Date of Birth: Month 5 Day 19. Year 1960

Place of Birth (State or foreign country) Royal Oak Michigan

Residence Address: Street or R. R. 7440 Waterfront Dr. City Indpls. County In. State 46214

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 Raymond Carl Zweige
   Residence of father (if deceased so state) Munster Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Suzanne Bourguin
   Residence of mother (if deceased so state) Munster, 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 William C Zweige
New Address 7440 WATERFRONT DR #109

Subscribed and sworn to before me this 10 day of APRIL, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Maryann Middle — Last Overman

Date of Birth: Month March Day 31 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 617 S. Grant St. 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) Id 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 H. Overman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Suzanne Rapp
   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 Ann Overman
New Address 7440 Waterfront Drive #109

Subscribed and sworn to before me this 3 day of April, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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, 87, *authorizing the joining together as husband and wife* William C. Zweige *and* Maryann Overman

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

I, HAROLD L. LEININGER *hereby certify that on the* 11th *day of* APRIL, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM C. ZQEIGE *of* MARION *County, State of* IN *and, Bride* MARY ANN OVERMAN *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* MAY, 87.

Signed /s/ HAROLD L. LEININGER
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* MAY, 87.

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

Form Prescribed By
Indiana State Board of
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

4-6-87 Date of Application

MALE
Medical Examination Report Dated 3-26-87
Name of Physician Fred Sanders, M.D.

FEMALE
Medical Examination Report Dated 3-26-87
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 William Middle R. Last Robinson
Date of Birth: Month 11 Day 17 Year 1940
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 3197 Indiana 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: William Roy Robinson, Jr.
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Pennsylvania
9. Full maiden name of mother: Mildred Irene Stuart
   Residence of mother (if deceased so state): Danville, In.
   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 William R. Robinson

New Address

Subscribed and sworn to before me this 6th day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Iris Middle M. Last Allen
Date of Birth: Month 5 Day 22 Year 47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2913 Mildred 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) 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: Charles Wendell Jordan
   Residence of father (if deceased so state): Indiana
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Margaret Alice Lloyd
   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 Iris M. Allen

New Address

Subscribed and sworn to before me this 6th day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* April, 19 87, *authorizing the joining together as husband and wife* WILLIAM R. ROBINSON *and* IRIS M. ALLEN

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

I, JOHN C. TRIMBLE *hereby certify that on the* 11th *day of* APRIL, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of* IN, *Groom* WILLIAM R. ROBINSON *of* HENDRICKS *County, State of* IN, *and, Bride* IRIS M. 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 11th *day of* APRIL, 19 87. *Signed* /s/ JOHN C. TRIMBLE

Official Designation JUDGE PRO-TEM

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* APRIL, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

Date of Application

MALE
Medical Examination Report Dated 4-6-87
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-6-87
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 Venbert, Middle B., Last Chambers, Jr.
Date of Birth: Month 11, Day 7, Year 1943
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R. R. 536 Sennybrook Dr., City B'burg, 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 Venbert B. Chambers Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Bobie Christine Comatser
   Residence of mother (if deceased so state) 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 Venbert B Chambers Jr

New Address

Subscribed and sworn to before me this 6th day of April, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D., Last Chambers
Date of Birth: Month 12, Day 7, Year 1946
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R. R. 536 Sennybrook Dr., City B'burg, 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 Elmer Price Voiles
   Residence of father (if deceased so state) Anderson, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Lydia Marie Treadway
   Residence of mother (if deceased so state) Muncie, 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 Judy Chambers

New Address

Subscribed and sworn to before me this 6th day of April, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* APRIL, 19 87, *authorizing the joining together as husband and wife* VENBERT B. CHAMBERS, JR. *and* JUDY G. CHAMBERS

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

I, PAUL T. BRENTON *hereby certify that on the* 6th *day of* APRIL, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* VENBERT B. CHAMBERS JR. *of* HENDRICKS *County, State of* IN *and, Bride* JUDY G. 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 6th *day of* APRIL, 19 87.

Signed /s/ PAUL T. BRENTON

Official Designation JUDGE PRO - TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* APRIL, 19 87.

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

Form Prescribed By
Indiana State Board of
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

4-6-87 Date of Application

MALE
Medical Examination Report Dated March 31, 1987
Name of Physician Freda Thompson

FEMALE
Medical Examination Report Dated March 31, 1987
Name of Physician Freda 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 E. Last Gentry

Date of Birth: Month 2 Day 21 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2062 S Six Points Road 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 Clarence Wilson Gentry
   Residence of father (if deceased so state) Decease
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Mae Lock
   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 Richard E Gentry

New Address

Subscribed and sworn to before me this 6th day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Marlene Middle L. Last Niehaus

Date of Birth: Month 9 Day 11 Year 1961

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 2006 Six Points Rd. 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Vermont Niehaus
   Residence of father (if deceased so state) Illinois
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Marefayette Stemmer
   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 Marlene L. Niehaus

New Address

Subscribed and sworn to before me this 6th day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 ..... on the 10 day of April, 19 87, authorizing the joining together as husband and wife of Indiana dated the ..... RICHARD E. GENTRY ..... and ..... MARLENE L. NIEHAUS .....

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

I, TIMOTHY M. HARDING hereby certify that on the 2nd day of MAY, County of HENDRICKS, one thousand nine hundred and 87 at CAMBY County, State of IN State of Indiana, Groom RICHARD E. GENTRY of HENDRICKS County, State of IN and, Bride MARLENE L. NIEHAUS 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 2nd day of MAY, 19 87. Signed /s/ TIMOTHY M. HARDING

Official Designation OFFICIATING PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-7-87
Date of Application

MALE
Medical Examination Report Dated 4-3-87
Name of Physician Robert D. Aiello

FEMALE
Medical Examination Report Dated 4-2-87
Name of Physician Robert D. 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 Darryl Middle W Last Schick

Date of Birth: Month 11 Day 21 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2131 Fontana St. 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 Donald J. Schick
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth M. Eskridge
   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 X Darryl W. Schick
New Address Same

Subscribed and sworn to before me this 7th day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Traci Middle M. Last Hintz

Date of Birth: Month 1 Day 14 Year 69

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 2131 Fontana St. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Hintz
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Wis.
9. Full maiden name of mother Clara Barker
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Wis.

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

Signed X Traci M. Hintz
New Address same as above

Subscribed and sworn to before me this 7 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 11 *day of* April, *19* 87, *authorizing the joining together as husband and wife* DARRYL W. SCHICK *and* TRACI M. HINTZ

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

I, CARL D. CLOETER *hereby certify that on the* 11th *day of* APRIL, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DARRYL W. SCHICK *of* HENDRICKS *County, State of* IN *and, Bride* TRACI M. HINTZ *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* 87.

Signed /s/ CARL D. CLOETER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* APRIL, *19* 87.

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

Form Prescribed By
Indiana State Board of
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

4-8-87 Date of Application

MALE
Medical Examination Report Dated 4-6-87
Name of Physician R. Stegmoller

FEMALE
Medical Examination Report Dated 4-6-87
Name of Physician R. Stegmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 V. Last Monroe

Date of Birth: Month 4 Day 5 Year 58

Place of Birth (State or foreign country) S. Carolina

Residence Address: Street or R. R. 2689 East Township Line Rd. City Pitts. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 J.
   Tonya 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 Daniel Leroy Monroe
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Brenda Ruth Mahaffey
   Residence of mother (if deceased so state) ~~Ind.~~ S. Carolina
   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 X [signature] 46158

New Address 69 Crestwood Dr Mooresville In

Subscribed and sworn to before me this 8 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sondra Middle A. Last Smith

Date of Birth: Month 9 Day 18 Year 49

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 69 Crestwood Dr. City Mooresville 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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
   Shanon
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leland Breeding
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Marion J. Day
   Residence of mother (if deceased so state) 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 X Sondra Smith

New Address 69 Crestwood Dr Mooresville

Subscribed and sworn to before me this 8 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 April, 1987, authorizing the joining together as husband and wife WILLIAM V. MONROE and SONDRA ARLENE SMITH

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

I, RONALD PRILLIMAN hereby certify that on the 25th day of APRIL one thousand nine hundred and 87 at MOORESVILLE, County of MORGAN, State of Indiana, Groom WILLIAM V. MONROE of HENDRICKS County, State of IN, and, Bride SONDRA ARLENE SMITH 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 13th day of APRIL, 1987. Signed /s/ RONALD R. PRILLIMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of APRIL, 1987

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. 109

File

April 8, 1987
Date of Application

MALE
Medical Examination Report Dated 4-7-87
Name of Physician Nestor C. Reyes, MD.

FEMALE
Medical Examination Report Dated 4-7-87
Name of Physician Nestor C. Reyes, 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 Samuel Middle Paul Last Vanhook

Date of Birth: Month Feb. Day 26 Year 1968

Place of Birth (State or foreign country): Odessa City Texas

Residence Address: Street or R. R. 5712 Mc Farland 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 Raymond C. Vanhook
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara A. Pyeatte
   Residence of mother (if deceased so state) Marion Co. 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 Sam VanHook

New Address 5712 McFarland

Subscribed and sworn to before me this 8th day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Tracy Middle Ann Last Mundy

Date of Birth: Month November Day 16 Year 1966

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

Residence Address: Street or R. R. 9691 Kenmore Dr. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Mundy
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Kersey
   Residence of mother (if deceased so state) Plainfield 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 Tracy Ann Mundy

New Address 5712 McFarland Rd

Subscribed and sworn to before me this 8th day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....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* 8th *day of* April, 19 87, *authorizing the joining together as husband and wife* SAMUEL PAUL VANHOOK *and* TRACY ANN MUNDY

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

I, RON HALLOCK *hereby certify that on the* 11th *day of* APRIL, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* SAMUEL P. VANHOOK *of* MARION *County, State of* IN *and, Bride* TRACY ANN MUNDY *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* APIRL, *19* 87.

Signed /s/ RON HALLOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* APRIL, *19* 87.

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

Form Prescribed By
Indiana State Board of
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

4-8-87 Date of Application

MALE
Medical Examination Report Dated 3-20-87
Name of Physician Cindy Brown

FEMALE
Medical Examination Report Dated 3-20-87
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 Joseph Middle L. Last Collins

Date of Birth: Month 3 Day 6 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: 211 W. Tilton 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)

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

   —

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

New Address

Subscribed and sworn to before me this 8 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Devoney Middle R. Last McClure

Date of Birth: Month 4 Day 11 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: 1723 S. Banner Ave. Indpls. 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 Lloyd A. McClure
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda R. Shoulders
   Residence of mother (if deceased so state) Florida
   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 Devoney McClure

New Address 6032 Eagleview Ct Apt C

Subscribed and sworn to before me this 8 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 April, 1987, authorizing the joining together as husband and wife JOSEPH L. COLLINS and DEVONEY M. McCLURE

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

I, DAVID L. POPPLEWELL hereby certify that on the 18th day of APRIL, one thousand nine hundred and 87, at MT. OLIVE, County of MARION, State of Indiana, Groom JOSEPH L. COLLINS of HENDRICKS County, State of IN, and, Bride DEVONEY M. McCLURE 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 ARPIL, 1987. Signed /s/ DAVID L. POPPLEWELL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22rd day of ARPIL, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

458

Form Prescribed By
Indiana State Board of
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

4/10/87
Date of Application

MALE
Medical Examination Report Dated 3/11/87
Name of Physician Richard D. Floyd

FEMALE
Medical Examination Report Dated 3/11/87
Name of Physician Richard D. Floyd

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 C. Last Steel

Date of Birth: Month 4 Day 8 Year 1963

Place of Birth (State or foreign country) Clarinda, Iowa

Residence Address: Street or R. R. 126 Timber Lane 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 Lic - 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 Wm. Carl Steel
   Residence of father (if deceased so state) Elkhart, Indiana
   Birthplace of father (State or foreign country) Nebraska (Omaha)
9. Full maiden name of mother Betty Jean Isabelle
   Residence of mother (if deceased so state) Elkhart, 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 ☒ John C. Steel

New Address 8363 Basswood Dr #2-B Indianapolis

Subscribed and sworn to before me this 10 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Sheppard

Date of Birth: Month 4 Day 15 Year 1963

Place of Birth (State or foreign country) Bedford, Indiana

Residence Address: Street or R. R. 126 Timber Ln. 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 Lic. - 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 Duane Sheppard
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sheila Lynn Coffman
   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 Melinda L Sheppard

New Address 8363 Basswood Dr #2-B Indianapolis

Subscribed and sworn to before me this 10 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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* May, 19 87, *authorizing the joining together as husband and wife* JOHN C. STEEL *and* MELINDA L. SHEPPARD

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

I, LARRY L. BELLVILLE *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JOHN C. STEEL *of* HEDNRICKS *County, State of* IN *and, Bride* MELINDA L. SHEPPARD *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 87.

Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JUNE, 19 87.

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

Form Prescribed By
Indiana State Board of
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

April 10, 1987
Date of Application

MALE
Medical Examination Report Dated 4-6-87
Name of Physician Michael Nulty MD.

FEMALE
Medical Examination Report Dated 4-6-87
Name of Physician Michael Nulty 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 Gary Middle J. Last Phillips

Date of Birth: Month Dec. Day 5 Year 1943

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 342 N. Wade City Dpls 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.
   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 Jesse L. Phillips
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Mary Elizabeth Metheny
   Residence of mother (if deceased so state) Dpls. In.
   Birthplace of mother (State or foreign country) North Carolina

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

Signed Gary O Phillips

New Address

Subscribed and sworn to before me this 10 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Nichols

Date of Birth: Month June Day 21 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3493 North 200 W. 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) 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.
   Douglas Lee Nichols
   Kimberly Marie 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 Paul Douglas Lester Sr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Willie Collins
   Residence of mother (if deceased so state) Danville 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 Peggy S Nichols

New Address 3493 N 200 W Danville Ind

Subscribed and sworn to before me this 10 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 April, 19 87, authorizing the joining together as husband and wife GARY O. PHILLIPS and PEGGY S. NICHOLS

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

I, RAYMOND H. DUFF hereby certify that on the 2nd day of MAY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GARY O. PHILLIPS of MARION County, State of IN, and, Bride PEGGY S. NICHOLS 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 APRIL, 19 87. Signed /s/ RAYMOND H. DUFF

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of MAY, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-10-87
Date of Application

MALE
Medical Examination Report Dated 4-3-87

Name of Physician D. Kovarny

FEMALE
Medical Examination Report Dated 4-3-87

Name of Physician D. Kovarny

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Fidler

Date of Birth: Month 11 Day 2 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. S 382 E. Main 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. 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 Delbert Wayne Fidler
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carol Jean Deer
   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 X Douglas D. Fidler

New Address Same

Subscribed and sworn to before me this 10 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Staggs

Date of Birth: Month 10 Day 8 Year 66

Place of Birth (State or foreign country) Ind.

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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elton D. Staggs
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Lucille E. Ind.
9. Full maiden name of mother [illegible] Kennedy
   Residence of mother (if deceased so state) Texas
   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 Dawn D Staggs

New Address Same

Subscribed and sworn to before me this 10 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 15 *day of* apr, 19 87, *authorizing the joining together as husband and wife* DOUGLAS D. FIDLER *and* DAWN D. STAGGS

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

I, DAVID D. MAHURIN *hereby certify that on the* 18th *day of* APRIL, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DOUGLAS D. FIDLER *of* HENDRICKS *County, State of* IN *and, Bride* DAWN D. STAGGS *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* APRIL, 19 87.

Signed /s/ DAVID D. MAHURIN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* APRIL, 19 87.

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

Form Prescribed By
Indiana State Board of
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

4-13-87 Date of Application

MALE
Medical Examination Report Dated 4-13-87
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-13-87
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 Larry Middle E. Last Voils Jr.

Date of Birth: Month 6 Day 19 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: 215 1/2 N. Center 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Voils Sr.
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ruth M. Ramsey
   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 X Larry E Voils Jr

New Address 215 1/2 N Center St Plfd

Subscribed and sworn to before me this 13 day of April, 19 87

Mary Jane Rynell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Ridenour

Date of Birth: Month 10 Day 30 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: 505 Miller 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Ridenour
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Darlene Davis
   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 Dawn Ridenour

New Address 215 1/2 N. Center St Plfd.

Subscribed and sworn to before me this 13 day of April 87

Mary Jane Rynell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this 13 day of April, 19 87

Mary Jane Rynell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 17th day of April, 19 87, authorizing the joining together as husband and wife LARRY E. VOILS SR. and DAWN E. RIDENOUR

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

I, DONALD P. RAMSEY hereby certify that on the 18th day of april one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom LARRY E. VOILS SR. of HENDRICKS County, State of IN and, Bride DAWN E. 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 18th day of APRIL, 19 87. Signed /s/ DONALD P. RAMSEY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of APRIL, 19 87

Signed Mary Jane Rynell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-13-87 Date of Application

MALE
Medical Examination Report Dated 4-13-87
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-13-87
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 Larry Middle E. Last Voils Jr.
Date of Birth: Month 6 Day 19 Year 66
Place of Birth (State or foreign country) Ind.
Residence Address: 215½ N. Center St. Street or R. R. Plfd. 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 Larry E. Voils Sr.
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ruth H. Ramsey
   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 X Larry E Voils Jr
New Address 215½ N Center St Plfd 87

FEMALE APPLICANT

Name: First Dawn Middle E. Last Ridenour
Date of Birth: Month 10 Day 30 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: 505 Miller St. Street or R. R. Plfd. 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

Signed X
New Address 215½ N. Center St Plfd.
Subscribed and sworn to before me this 13 day of April, 19 87
Mary Jane Pruett Clerk HENDRICKS Circuit Court

Dawn Elizabeth Ridenour has our permission to apply for and obtain a marriage licence.

Dawn Ridenour
Marion County at Indianapolis, Ind.
appeares before me this 4-13-1987
Day of April 1987 My Commission
Expires 2-11-91 Raymond C Day
Notary

4-13-87
Dawn Elizabeth Ridenour has our permission to apply for and obtain a marriage licence.

Dawn J. Ridenour Jr.
Marion County at Indianapolis Ind.
appeares before me this 4-13-1987
Day of april
My Commission Expires 2-11-91
Notary Raymond C Day

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this 13 day of April, 19 87
Mary Jane Pruett Clerk

A marriage license having been refused to the above named parties, the
by written order issued and filed
marriage license to the above named parties.

MARRIAGE CERTIFICATE

Issued by the clerk of the HENDRICKS Circuit Court
, 19 87, authorizing the joining together as husband and wife
DAWN E. RIDENOUR
witness:
I certify that on the 18th day of april,
PLFD. County of HENDRICKS,
HENDRICKS County, State of IN,
HENDRICKS County, State of IN,
Purpose by the Clerk of the Circuit Court of HENDRICKS

Signed /s/ DONALD P. RAMSEY
Official Designation PASTOR
22rd day of APRIL, 19 87.
Signed Mary Jane Pruett Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-13-87
Date of Application

MALE
Medical Examination Report Dated 3-30-87
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 3-30-87
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 Christopher Middle E. Last Arbuckle

Date of Birth: Month 3 Day 25 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 213 City Coatesville County [illegible] State

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 Carl [redacted] Arbuckle
   Residence of father (if deceased so state) Coatesville, In
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Marilyn Juanita Miller
   Residence of mother (if deceased so state) Coatesville
   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 ☒ Christopher E Arbuckle

New Address 510 S. Center Apt A Plfd In

Subscribed and sworn to before me this 13 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Stockrahm

Date of Birth: Month 9 Day 14 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 526 Wayside Ct 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Loren Stockrahm
   Residence of father (if deceased so state) Linton In
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Marilyn Marian K. Edmondson
   Residence of mother (if deceased so state) Linton
   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 ☒ Stephanie Ann Stockrahm

New Address 510 S Center Apt A Plfd In

Subscribed and sworn to before me this 13 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 22nd *day of* April, 1987, *authorizing the joining together as husband and wife* CHRISTOPHER E. ARBUCKLE *and* STEPHANIE ANN STOCKRAHM

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

I, DENNIS L. DEETER *hereby certify that on the* 25th *day of* APRIL, *one thousand nine hundred and* 87 *at* LINTON, *County of* GREENE, *State of Indiana, Groom* CHRISTOPHER E. ARBUCKLE *of* HENDRICKS *County, State of* IN *and, Bride* STEPHANIE ANN STOCKRAHM *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* 87.

Signed /s/ DENNIS L. DEETER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* APRIL, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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 14, 1987 Date of Application

MALE
Medical Examination Report Dated 4/8/87
Name of Physician Robert W. Kirtley

FEMALE
Medical Examination Report Dated 4/8/87
Name of Physician Robert W. Kirtley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Vince Middle Clee Last Boone

Date of Birth: Month March Day 13 Year 1962

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R. R. 725 Mickey Rd. 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) 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 Herbert Eugene Boone
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Faye Crumbley
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Silver City, New Mexico

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vince Clee Boone

New Address 64 North High

Subscribed and sworn to before me this 14 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Marie Last Goodson

Date of Birth: Month February Day 20 Year 1965

Place of Birth (State or foreign country) Hendricks Co. In.

Residence Address: Street or R. R. 438 S. Tennessee 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) 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 Marvin Godson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Marie Selch
   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 Sherry Marie Goodson

New Address 64 North High

Subscribed and sworn to before me this 14 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 27th day of April, 1987, authorizing the joining together as husband and wife VINCE CLEE BOONE and SHERRY MARIE GOODSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH D. STUMP hereby certify that on the 2nd day of MAY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom VINCE CLEE BOONE of HENDRICKS County, State of IN, and, Bride SHERRY MARIE GOODSON 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 MAY, 1987. Signed /s/ JOSEPH D. STUMP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of MAY, 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-15-87
Date of Application

MALE
Medical Examination Report Dated April 8, 1987
Name of Physician Greg Carpenter

FEMALE
Medical Examination Report Dated April 8, 1987
Name of Physician Greg Carpenter

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D.; Last Callahan

Date of Birth: Month 12; Day 12; Year 1957

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 120 E. South St.; City Plainfield; County; 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) 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 Roy E. Callahan
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dora Elmore
   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 Doug Callahan

New Address 120 E. South St. Plainfield IN

Subscribed and sworn to before me this 15th day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Vickie; Middle T.; Last Wiley

Date of Birth: Month 5; Day 27; Year 1964

Place of Birth (State or foreign country) Roanoke N. C.

Residence Address: Street or R. R. 120 E. South St.; City Plainfield; County; 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) 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 Larry Robert Wiley
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Mulder
   Residence of mother (if deceased so state) Roanoke, N.C.
   Birthplace of mother (State or foreign country) North Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

+ Signed Vickie Wiley

New Address 120 E. South St. Plainfield, In.

Subscribed and sworn to before me this 15th day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 87, *authorizing the joining together as husband and wife* DOUGLAS D. CALLAHAN *and* VICKIE T. WILEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID D. PITCHER *hereby certify that on the* 25th *day of* APRIL, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ~~DOUGLAS D. CALLAHAN~~ *of* ~~HENDRICKS~~ *County, State of* ~~IN~~ *and, Bride* VICKIE T. WILEY *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* 87.

Signed /s/ DAVID D. PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* APRIL, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-15-87 Date of Application

MALE
Medical Examination Report Dated 4-9-87
Name of Physician Greg Carpenter

FEMALE
Medical Examination Report Dated 4-9-87
Name of Physician Greg Carpenter

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Raymond Middle James Last Kenyon

Date of Birth: Month 5 Day 7 Year 1960

Place of Birth (State or foreign country) Vermont

Residence Address: Street or R. R. 4923 Rockville Rd Lot 31 City Indpls County (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. 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 Leon Walter Kenyon
   Residence of father (if deceased so state) Crafton, Vermont
   Birthplace of father (State or foreign country) Vermont
9. Full maiden name of mother Barbara Ann O'Leary
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Vermont

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Raymond James Kenyon

New Address SAME

Subscribed and sworn to before me this 15 day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Ann Last Wray

Date of Birth: Month June Day 22 Year 1954

Place of Birth (State or foreign country) North Carolina

Residence Address: Street or R. R. 4923 Rockville Rd, Lot 31 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charlie Allen Wray
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Jean Waugh Holyfield
   Residence of mother (if deceased so state) deceased
   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 ☒ Brenda A. Wray

New Address same

Subscribed and sworn to before me this 15 day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 ..... on the 2nd day of April, 1987, authorizing the joining together as husband and wife of Indiana dated the ..... and RAYMOND JAMES KENYON and BRENDA ANN WRAY

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, County of HENDRICKS, one thousand nine hundred and 87 at DANVILLE, County, State of IN, State of Indiana, Groom RAYMOND JAMES KENYON of HENDRICKS, County, State of IN, and, Bride BRENDA ANN WRAY 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 1st day of MAY, 1987. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of MAY, 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-15-87
Date of Application

MALE
Medical Examination Report Dated 4-13-87

Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-15-87

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 Charles Last Sanders

Date of Birth: Month 10 Day 26 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR. 1 Box 190 City Clayton County Hendricks 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 DeVee P. Sanders
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ethel Anson
   Residence of mother (if deceased so state) 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 John C Sanders

New Address RR#1 Box 190 Clayton IN 46118

Subscribed and sworn to before me this 15 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janice Middle Louise Last Hix

Date of Birth: Month 1 Day 13 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9825 W. Wash St. City Indpls. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Hix Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Katherine F. Bradbury
   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 X Janice L Hix

New Address RR#1 Box 190 Clayton IN 46118

Subscribed and sworn to before me this 15 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, *authorizing the joining together as husband and wife* JOHN C. SANDERS *and* JANICE L. HIX

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HUBERT GREER *hereby certify that on the* 16th *day of* MAY, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JOHN C. SANDERS *of* HENDRICKS *County, State of* IN *and, Bride* JANICE HIX *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 87.

Signed /s/ HUBERT GREER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* MAY, 1987.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-15-87 Date of Application

MALE
Medical Examination Report Dated 4-13-87
Name of Physician Jf. Black

FEMALE
Medical Examination Report Dated 4-13-87
Name of Physician Jf. 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 Larry Middle R. Last Kemerly

Date of Birth: Month 1 Day 28 Year 52

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1432 Candlelight Dr. City Greenfield County Hancock 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 tranamissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Erika
   Randy
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kemerly
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Eileen Drinkut
   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 X Larry R. Kemerly

New Address 1432 CANDLELITE DR.

Subscribed and sworn to before me this 15 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Lynn Last Ridenour

Date of Birth: Month 11 Day 24 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9220 N. 925 E. City Boruneburg. 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.
   Brittnee
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ridenour
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Miller
   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 X Shellie Lynn Ridenour

New Address 1432 CANDLELITE DR.

Subscribed and sworn to before me this 15 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 20th *day of* April, 19 87, *authorizing the joining together as husband and wife* LARRY R. KIMERLY *and* SHELLIE L. RIDENOUR,

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, NANCY WAMPLER *hereby certify that on the* 20th *day of* APRIL, *one thousand nine hundred and* 87, *at* GREENFIELD, *County of* HANCOCK, *State of Indiana, Groom* LARRY R. KIMERLY *of* HANCOCK *County, State of* IN, *and, Bride* SHELLIE L. 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 20th *day of* APRIL, 19 87.

Signed /s/ NANCY WAMPLER

Official Designation DEPUTY-CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* APRIL, 19 87.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-16-87
Date of Application

MALE
Medical Examination Report Dated 3-26-87

Name of Physician J. F. Thompson

FEMALE
Medical Examination Report Dated 3-26-87

Name of Physician J. 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 Ronald Middle J. Last Blaschke

Date of Birth: Month 10 Day 26 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: 5724 Street or R. R. Port Fillian 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 Harry D. Blaschke
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Johanna Knotts
   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 X Ronald J Blaschke

New Address Same as above.

Subscribed and sworn to before me this 16 day of April, 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Christl

Date of Birth: Month 9 Day 5 Year 64

Place of Birth (State or foreign country) Wisconsin

Residence Address: 951 Hunter Dr. Street or R. R. Plfd 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 Merald R. Christl
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Janice M. Mueller
   Residence of mother (if deceased so state) Ind.
   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 Sharon M Christl

New Address Same.

Subscribed and sworn to before me this 16 day of April, 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* April, *19* 87, *authorizing the joining together as husband and wife* RONALD JAY BLASCHKE *and* SHARON MARIE CHRISTL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED W. FIEDLER *hereby certify that on the* 25th *day of* APRIL, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* RONALD JAY BLASCHKE *of* MARION *County, State of* IN *and, Bride* SHARON MARIE CHRISTL *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* 87.

Signed /s/ FRED W. FIEDLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* APRIL, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-16-87
Date of Application

MALE
Medical Examination Report Dated 4-11-87
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 4-11-87
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 JEFFREY Middle P. Last Friend

Date of Birth: Month 11 Day 27 Year 1963

Place of Birth (State or foreign country) Mass.

Residence Address: Street or R. R. 11225 W. Washington 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 P. Friend
   Residence of father (if deceased so state) Mass.
   Birthplace of father (State or foreign country) Mass.
9. Full maiden name of mother Lena C. Pittman
   Residence of mother (if deceased so state) Mass.
   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 ☒ Jeffrey Friend

New Address

Subscribed and sworn to before me this 16 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Lynn Last Shirley

Date of Birth: Month 12 Day 11 Year 1963

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 11225 W. Washington City Indpls County (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) Armed Forces Identicards 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Kay Shirley
   Jess Eugene Shirley
   Bobbie Jo Shirley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobbie Ray Shirley
   Residence of father (if deceased so state) Indpls In
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Betty Carolyn Stone
   Residence of mother (if deceased so state) Floydale, In Ky
   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 ☒ Sheila L Shirley

New Address

Subscribed and sworn to before me this 16 day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 16th day of APRIL, 19 87, authorizing the joining together as husband and wife JEFFREY P. FRIEND and SHEILA LYNN SHIRLEY

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 APRIL, at DANVILLE, County of HENDRICKS, one thousand nine hundred and 87 State of Indiana, Groom JEFFREY P. FRIEND of HENDRICKS County, State of IN, and, Bride SHEILA LYNN SHIRLEY 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 APRIL, 19 87. Signed /s/ MARY LEE COMER

Official Designation JUDGE, HENDRICKS COUNTY SUP. 1

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of APRIL, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-20-87
Date of Application

MALE
Medical Examination Report Dated 4-16-87
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 4-16-87
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 Clifton Middle Paul Last Tyrrell, III

Date of Birth: Month 9 Day 17 Year 1963

Place of Birth (State or foreign country) Vermont

Residence Address: 98 Blake, St 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifton Paul Tyrrell, III
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Vermont
9. Full maiden name of mother Helen Ilene Frye
   Residence of mother (if deceased so state) Muncie In
   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 ☒ Clifton P. Tyrrell 3rd

New Address

Subscribed and sworn to before me this 20 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Christine Middle Mae Last Levandoski

Date of Birth: Month 9 Day 17 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: 98 Blake St Street or R. R. Danville City County, I State

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 Scott Ferrier
   Deanna Marie Levandoski

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gilbert Clark
   Residence of father (if deceased so state) Plfd In
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Mary Alice Howard
   Residence of mother (if deceased so state) Plfd In
   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 ☒ Christine M. Levandoski

New Address same

Subscribed and sworn to before me this 20 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

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* 20th *day of* APRIL, *19* 87, *authorizing the joining together as husband and wife* CLIFTON PAUL TYRRELL III *and* CHRISTINE M. LEVANDOSKI

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* APRIL, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CLIFOTN PAUL TYRRELL III *of* HENDRICKS *County, State of* IN *and, Bride* CHRISTINE M. LEVANDOSKI *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* 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* APRIL, *19* 87

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-20-87 Date of Application

MALE
Medical Examination Report Dated 4-16-87
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 4-16-87
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 Garland Middle Edward Last Martin

Date of Birth: Month 1 Day 2 Year 57

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 10201 Lake of Lanterns North Dr. City Indianapolis County [illegible] 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.
   Paul Martin 9 yrs.
   Angela Martin 10 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 Garland Elmer Martin
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Sullivan, In.
9. Full maiden name of mother Mildred Roberts
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Manhattan, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Garland E. Martin
☒ New Address 10201 Lake of Lanterns DR.

Subscribed and sworn to before me this 20th day of April, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Norma Middle Jean Last Young

Date of Birth: Month 5 Day 21 Year 58

Place of Birth (State or foreign country) Anno, Indiana

Residence Address: Street or R. R. 10201 Lake of Lanterns North Dr. City Indianapolis County [illegible] 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 Jesse Lou Young
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) ~~Illinois~~ Kentucky
9. Full maiden name of mother Betty Lou Sandusky
   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 Norma J. Young
☒ New Address 10201 Lake of Lanterns DR.

Subscribed and sworn to before me this 20th day of April, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 24 day of April, 19 87, authorizing the joining together as husband and wife GARLAND EDWARD MARTIN and NORMA JEAN YOUNG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF hereby certify that on the 29th day of APRIL, one thousand nine hundred and 87, at DANVILLE, County of HENDRICKS, State of Indiana, Groom GARLAND EDWARD MARTIN of HENDRICKS County, State of IN, and, Bride NORMA JEAN YOUNG 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 APRIL, 19 87. Signed /s/ JOHN P. ROOF

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of MARCH, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-20-87
Date of Application

MALE
Medical Examination Report Dated 4-8-87
Name of Physician David Breitweiser

FEMALE
Medical Examination Report Dated 4-8-87
Name of Physician Thomas Emmett, 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 Edward Last Esarey

Date of Birth: Month 9 Day 28 Year 59

Place of Birth (State or foreign country) St. Louis, Mo.

Residence Address 163 N. West St. Street or R. R. Plainfield 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) 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 Bernard John Esarey
   Residence of father (if deceased so state) Bedford, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Frances Matilda McIrwin
   Residence of mother (if deceased so state) Bedford, 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 William Edward Esarey
☒ New Address 163 N. West St. Plainfield, In

Subscribed and sworn to before me this 20th day of April, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Robin Middle Elizabeth Last Parsley

Date of Birth: Month 12 Day 15 Year 62

Place of Birth (State or foreign country) 5146 Waterberry Dr. # B Indianapolis, In.

Residence Address Street or R. R. 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) 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 Elmer Amos Parsley, Jr.
   Residence of father (if deceased so state) Nashville, In.
   Birthplace of father (State or foreign country) Brown Cty, In.
9. Full maiden name of mother Frances Antonia Zuparcic
   Residence of mother (if deceased so state) Nashville, In.
   Birthplace of mother (State or foreign country) Brown Cty, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Robin Elizabeth Parsley
☒ New Address 163 N. West St. Plainfield, IN 46168

Subscribed and sworn to before me this 20th day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued April 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, 1987, *authorizing the joining together as husband and wife* WILLIAM ESAREY *and* ROBIN PARSLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~PAUL KOETTER~~ *hereby certify that on the* ~~2nd~~ *day of* MAY, *one thousand nine hundred and* 87 *at* NASHVILLE, *County of* BROWN, *State of Indiana, Groom* WILLIAM ESAREY *of* HENDRICKS *County, State of* IN *and, Bride* ROBIN PARSLEY *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, 1987.

Signed /s/ PAUL KOETTER

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* MAY, 1987.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-20-87 Date of Application

MALE
Medical Examination Report Dated 4-14-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 4-14-87
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 Tom Middle B. Last Kinman

Date of Birth: Month 5 Day 16 Year 63

Place of Birth (State or foreign country) Colorado

Residence Address: Street or R. R. 202 N. Main City N. 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. 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 J. Kinman
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn S. Wolfe
   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 X Tom Kinman

New Address 202 N. MAIN NORTH SALEM, IN.

Subscribed and sworn to before me this 20 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 J. Last Parr

Date of Birth: Month Day 25 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 325 E. 200 S. 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. 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 M. Parr
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mary E. Franklin
   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 X Nancy Parr

New Address 202 N. Main North Salem, IN.

Subscribed and sworn to before me this 20 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 24th day of April, 19 87, authorizing the joining together as husband and wife TOM B. KINMAN and NANCY J. PARR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG hereby certify that on the 2nd day of MAY, one thousand nine hundred and 87, at DANVILLE, County of HENDRICKS, State of Indiana, Groom TOM B. KINMAN of HENDRICKS County, State of IN, and, Bride NANCY J. PARR 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 MAY, 19 87. 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 87.

Signed ..... Clerk

HENDRICKS Circuit Court

474

Remarriage

No. 127

Form Prescribed By
Indiana State Board 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 April 23 1987
Date of Application

MALE
Medical Examination Report Dated 4-14-87
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 4-14-87
Name of Physician Michael Pizzato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-8.6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Keller

Date of Birth: Month Sept Day 28 Year 1955

Place of Birth (State or foreign country) Dayton Ohio

Residence Address: 158 Street or R. R. Timber Ln. City B'Burg 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.
   Katherine Nicole Keller
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Keller
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ada Maxine Williams
   Residence of mother (if deceased so state) Indpls.
   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 William R. Keller
New Address 158 TIMBER LANE

Subscribed and sworn to before me this 23 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Keller

Date of Birth: Month Nov. Day 19 Year 1958

Place of Birth (State or foreign country) Ind. Marion Co.

Residence Address: 158 Street or R. R. Timber Lane City B'Burg 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.
   Katherine Nicole Keller
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Eggleton
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Joan Rue
   Residence of mother (if deceased so state) Ft. Wayne
   Birthplace of mother (State or foreign 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 L Keller
New Address 158 Timber Lane, Brownsburg

Subscribed and sworn to before me this 23 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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, 1987, *authorizing the joining together as husband and wife* WILLIAM R. KELLER *and* REBECCA L. KELLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER *hereby certify that on the* 30th *day of* APRIL, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM R. KELLER *of* HENDRICKS *County, State of* IN *and, Bride* REBECCA L. KELLER *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* 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* APRIL, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-24-87 Date of Application

MALE
Medical Examination Report Dated 4-23-87
Name of Physician Thadeous Poe

FEMALE
Medical Examination Report Dated 4-23-87
Name of Physician Thadeous Poe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Clayton Last Ban

Date of Birth: Month 8 Day 4 Year 1964

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R # 2 Box 88 City Roachdale, 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 Frank Joseph Ban
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Velta Louise Sutton
   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 Joseph C. Ban
New Address Rt. 2 Box 88 Roachdale In.

Subscribed and sworn to before me this 24th day of April, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Ann Last Wehrman

Date of Birth: Month 1 Day 24 Year 1964

Place of Birth (State or foreign country) Crawfordsville, In.

Residence Address: Street or R. R. R # 1 Box 195 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) 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 James Clay Wehrman
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marlene June Miller
   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 Beth A. Wehrman
New Address RR2 Box 88 Roachdale Indiana 46172

Subscribed and sworn to before me this 24 day of April, 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 ..... 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 ..... Circuit Court of Indiana dated the 30th day of April, 19 87, authorizing the joining together as husband and wife JOSEPH CLAYTON BAN and BETH ANN WEHRMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES SEAN CHESEBROUGH hereby certify that on the 2nd day of MAY, one thousand nine hundred and 87 at ST. MARY QUEEN OF PEACE, County of HENDRICKS, State of Indiana, Groom JOSEPH CLAYTON BAN of HENDRICKS County, State of IN, and, Bride BETH ANN WEHRMAN 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 MAY, 1987. Signed /s/ CHARLES SEAN CHESEBROUGH
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of MAY, 19 87.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

476

Form Prescribed By
Indiana State Board of
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

4-24-87
Date of Application

MALE
Medical Examination Report Dated 4-17-87
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 4-17-87
Name of Physician Williams 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 Joseph Middle C. Last Walden
Date of Birth: Month Sept Day 17 Year 1943
Place of Birth (State or foreign country) Brazil, In.
Residence Address: Street or R. R. City Plainfield, 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 Ross Walden
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Draper
   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 X Joseph C Walden
New Address 844 E main St. Plainfield

Subscribed and sworn to before me this 24 day of April, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 S. Last Dahl
Date of Birth: Month 6 Day 6 Year 1948
Place of Birth (State or foreign country) Muncie In.
Residence Address: Street or R. R. City Plainfield, 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.
   Stephen 14

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Bennett
   Residence of father (if deceased so state) Yorktown, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie Marie Maton
   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 Linda S Dahl
New Address 844 E Main St Plainfield

Subscribed and sworn to before me this 24 day of April, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 87, *authorizing the joining together as husband and wife* JOSEPH C. WALDEN *and* LINDA S. DAHL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT SHIPLEY *hereby certify that on the* 16th *day of* MAY, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* JOSEPH C. WALDEN *of* HENDRICKS *County, State of* IN *and, Bride* LINDA S. DAHL *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* APIRL, *19* 87.

Signed /s/ ROBERT SHIPLEY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

April 24, 1987 Date of Application

MALE
Medical Examination Report Dated 4-13-87
Name of Physician R. Stegemoller, MD.

FEMALE
Medical Examination Report Dated 4-13-87
Name of Physician R. Stegemoller, 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 David Last Rulfs

Date of Birth: Month July Day 13 Year 1961

Place of Birth (State or foreign country) Greencastle Putnam Co. In.

Residence Address: Street or R. R. R. #1 Box 394 A 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 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 Henry Rulfs
   Residence of father (if deceased so state) Bainbridge, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Carol Jo Custer
   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 Michael D Rulfs
New Address RT 1 Box 394-A Coatesville IN 46121

Subscribed and sworn to before me this 24 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Penni Middle Mishel Last Fatch

Date of Birth: Month Jan Day 13 Year 1960

Place of Birth (State or foreign country) Hend. Co. In.

Residence Address: Street or R. R. R #1 Box 394A 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 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. Phillip Karlin Fatch

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Smith
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Ann Trent
   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 Penni Mishel Fatch
New Address RR 1 Box 394-A Coatesville 46121

Subscribed and sworn to before me this 24 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 28 *day of* April, 19 87, *authorizing the joining together as husband and wife* MICHAEL DAVID RULFS *and* PENNI MISHEL FATCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HARLAN KINCADE *hereby certify that on the* 2nd *day of* MAY, *one thousand nine hundred and* 87 *at* WHITESTONE CHRISTIAN CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL DAVID RULFS *of* HENDRICKS *County, State of* IN, *and, Bride* PENNI MISHEL FATCH *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* MAY, 19 87. *Signed* /s/ HARLAN KINCADE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* MAY, 1987.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Re-Marriage

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 131

File

4-24-87 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 4-23-87
Name of Physician M. R. Harris

FEMALE
Medical Examination Report Dated 4-23-87
Name of Physician M. 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 Roy Middle F. Last Garrett
Date of Birth: Month 8 Day 10 Year 39
Place of Birth (State or foreign country) Ind.
Residence Address: 9650 W. Wash St. Indpls. Hend. Co.
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 James L. Garrett
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Millie F. Black
   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 X Roy F. Garrett
New Address Same

Subscribed and sworn to before me this 24 day of April, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Jacqueline Middle M. Last Garrett
Date of Birth: Month 4 Day 11 Year 44
Place of Birth (State or foreign country) Ind.
Residence Address: Same
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.
   Brian Bottema

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Swisher
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wilma J. Davis
   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 X Jacqueline M Garrett
New Address Same as above

Subscribed and sworn to before me this 24 day of April, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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, 19 87, *authorizing the joining together as husband and wife* RAY F. GARRETT *and* JACQUELINE M. GARRETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES L. THOMPSON *hereby certify that on the* 1st *day of* MAY, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* RAY F. GARRETT *of* HENDRICKS *County, State of* IN *and, Bride* JACQUELINE M. GARRETT *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 87

Signed /s/ JAMES L. THOMPSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* MAY, 19 87

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-24-87 Date of Application

MALE
Medical Examination Report Dated 4-21-87
Name of Physician B. Stegemoller

FEMALE
Medical Examination Report Dated 4-21-87
Name of Physician B. 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 Clyde Middle W. Last Frantzreb II

Date of Birth: Month 9 Day 13 Year 43

Place of Birth (State or foreign country) Ind.

Residence Address: 9738 W. Wash Street or R. R. Indpls. City Hend. Co. 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 Sic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 E.~~

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Frantzreb I
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn J. Killmeyer
   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 ~~Clyde W. Frantzreb II~~

New Address 9738 W. WASHINGTON

Subscribed and sworn to before me this 24 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 J. Last Fenton

Date of Birth: Month 5 Day 10 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Same 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 Sic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Fenton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Hickam
   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 X Barbara J Fenton

New Address 9738 W. Washington

Subscribed and sworn to before me this 24 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 1 day of May, 1987, authorizing the joining together as husband and wife CLYDE W. FRANTZREB II and BARBARA J. FENTON

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 15th day of MAY, one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom CLYDE W. FRANTZREB II of HENDRICKS County, State of IN, and, Bride BARBARA J. FENTON 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 MAY, 1987. Signed /s/ R. LOWELL PARR III

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of MAY, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

4-27-87
Date of Application

MALE
Medical Examination Report Dated 4-21-87
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-21-87
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 Larry Middle C. Last Tyler
Date of Birth: Month 12 Day 12 Year 1967
Place of Birth (State or foreign country): Granite City Illinois
Residence Address: Street or R.R. 412 Linden Ln. City Mpls. 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 James Roland Tyler
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Betty Jean Wright
   Residence of mother (if deceased so state) Plainfield, 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 Larry Tyler
New Address
Subscribed and sworn to before me this 27th day of April, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Robin Middle S Last Smith
Date of Birth: Month 3 Day 8 Year 1967
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R.R. 11027 Reeves 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 Jerry Roland Smith
   Residence of father (if deceased so state) Fla Indpls, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Linda Sue Bridges
   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 Robin Smith
New Address
Subscribed and sworn to before me this 27th day of April, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* LARRY ALAN TYLER *and* ROBIN SUE SMITH
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, GEORGE PLASTERER *hereby certify that on the* 9th *day of* MAY, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* LARRY ALAN TYLER *of* HENDRICKS *County, State of* IN *and, Bride* ROBIN SUE SMITH *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 9th *day of* MAY, *19* 87.

Signed /s/ GEORGE PLASTERER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* MAY, *19* 87.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134

File

4-27-87 Date of Application

MALE
Medical Examination Report Dated 4-22-87

Name of Physician J. Conklin

FEMALE
Medical Examination Report Dated 4-22-87

Name of Physician J. Conklin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 [illegible] Last Jung

Date of Birth: Month 5 Day 8 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. [illegible] City Rudolph 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. 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 Vincent W. Jung
   Residence of father (if deceased so state) Rudolph, Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Barbara K. Moser
   Residence of mother (if deceased so state) 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 [illegible]

New Address same as above

Subscribed and sworn to before me this 27 day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Ja Nell Middle E. Last Moore

Date of Birth: Month 5 Day 20 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. [illegible] 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 Kenneth H. Moore
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Judith B. Cruse
   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 Ja Nell E Moore

New Address same as above

Subscribed and sworn to before me this 27 day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 4 *day of* May, 19 87, *authorizing the joining together as husband and wife* VINCENT P. JUNG *and* JA NELL E. MOORE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALFRED J. HELLERT *hereby certify that on the* 13th *day of* JUNE, *one thousand nine hundred and* 87, *at* MESSIAH LUTHERAN CHURCH, *County of* MARION, *State of Indiana, Groom* VINCENT P. JUNG *of* HENDRICKS *County, State of* IN, *and, Bride* JA NELL E. MOORE *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 87. *Signed* /s/ ALFRED J. HELLERT

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JUNE, 19 87.

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-27-87
Date of Application

MALE
Medical Examination Report Dated 4-27-87
Name of Physician J. Thompson

FEMALE
Medical Examination Report Dated 4-22-87
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 Michael Middle W. Last Pruitt

Date of Birth: Month 7 Day 6 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: 2340 Brooklyn Rd. 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) Dr. Files.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Pruitt
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Christine Socorro Garcia
   Residence of mother (if deceased so state) Ind.
   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 Michael W. Pruitt

New Address Same as above

Subscribed and sworn to before me this 27 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dawn Middle M. Last Hostling

Date of Birth: Month 1 Day 28 Year 65

Place of Birth (State or foreign country) Michigan

Residence Address: Same 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 Dennis W. Hostling
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) England
9. Full maiden name of mother Doris E. Van Curler
   Residence of mother (if deceased so state) Ind.
   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 Dawn M Gostling

New Address Same as above

Subscribed and sworn to before me this 27 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 4th *day of* May, 1987, *authorizing the joining together as husband and wife* MICHAEL W. PRUITT *and* DAWN M. GASTLING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY LILLY *hereby certify that on the* 9th *day of* MAY, *one thousand nine hundred and* 87 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL W. RRUITT *of* HENDRICKS *County, State of* IN *and, Bride* DAWN M. GASTLING *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* MAY, 19 87.

Signed /s/ LARRY LILLY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* MAY, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-27-87 Date of Application

MALE
Medical Examination Report Dated 4-21-87
Name of Physician I. Walker

FEMALE
Medical Examination Report Dated 4-21-87
Name of Physician I. 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 Granville Middle D. Last Metzger

Date of Birth: Month 12 Day 19 Year 1935

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9036 Eldorado Dr #103 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 Burt Metzger
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Belva Jacobson
   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 Granville D. Metzger

New Address 36 Round Hill Ct. Danville, 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 Dianna Middle Rose Last Bechtel

Date of Birth: Month Jan Day 26 Year 1965

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 36 Roundhill 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. 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.
   Kemberly Bechtel
   David "
   Deena "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Simas
   Residence of father (if deceased so state) Dan., In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Holland
   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 Dianna L. Bechtel

New Address 36 Round Hill Ct. Danville, 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 ..... 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 1 day of May, 1987, authorizing the joining together as husband and wife GRANVILLE DALLAS METZGER and DIANNA ROSE BECHTEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF hereby certify that on the 2nd day of MAY, at DANVILLE, County of HENDRICKS, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GRANVILLE DALLAS METZGER of MARION County, State of IN, and, Bride DIANNA ROSE BECHTEL 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 MAY, 19 87. Signed /s/ JOHN P. ROOF

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of MAY, 19 87. Signed Mary Jane Pruett Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

April 27, 1987
Date of Application

MALE
Medical Examination Report Dated 4-23-87
Name of Physician David B. Haggard MD

FEMALE
Medical Examination Report Dated 4-23-87
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 Michael Middle [illegible] Last Walker

Date of Birth: Month March Day 3 Year 1941

Place of Birth (State or foreign country): Indpls. Marion In

Residence Address: 575 Connie Dr. Street or R. R. Pfld City Hend. 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 Ransom Walker
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ida Mc Moore
   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 Michael Walker

New Address 575 CONNIE DR.

Subscribed and sworn to before me this 27 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Geneva Last Rief

Date of Birth: Month Feb. Day 7 Year 1949

Place of Birth (State or foreign country): Indpls. (Marion) Indiana

Residence Address: 575 Connie Dr. Street or R. R. Pfld City Hend. 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 Walker Eugene Cash
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Emmaline Coyal
   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 Mary Geneva Rief

New Address 515 Connie Dr.

Subscribed and sworn to before me this 27 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 1 *day of* May, 1987, *authorizing the joining together as husband and wife* MICHAEL WALKER *and* MARY G. RIEF

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~KENNETH W. EARL~~ *hereby certify that on the* ~~1st~~ *day of* MAY, *one thousand nine hundred and* 87 *at* LAKEVIEW TEMPLE, *County of* MARION, *State of Indiana, Groom* MICHAEL WALKER *of* HENDRICKS *County, State of* IN *and, Bride* MARY G. RIEF *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* 87.

Signed /s/ KENNETH W. EARL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* ~~May~~ June, *19* 87

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

4-29-87 Date of Application

MALE
Medical Examination Report Dated 4-23-87
Name of Physician P. Batista

FEMALE
Medical Examination Report Dated 4-23-87
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 Robert Middle M. Last Robertson

Date of Birth: Month 2 Day 15 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2682 N. St. Rd. 39 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 Robert M. Robertson
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary E. Willow
   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 X Robert M Robertson

New Address 118 A Rockshire

Subscribed and sworn to before me this 29 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Murphy

Date of Birth: Month 10 Day 19 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 638 N. Rd. 50E. 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 Ronald R. Murphy
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Eileen J. Dish
   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 X Sheila Murphy

New Address 118 A Rockshire

Subscribed and sworn to before me this 29 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* ..... *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* ....., *at* ....., *County of* ....., *one thousand nine hundred and* ..... *of* ....., *County, State of* ....., *State of Indiana, Groom* ..... *of* ....., *County, State of* ....., *and, Bride* ..... *were by me united 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. 139

File

4-29-87
Date of Application

MALE
Medical Examination Report Dated 4-23-87

Name of Physician R. Steigmeller

FEMALE
Medical Examination Report Dated 4-23-87

Name of Physician R. Steigmeller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edward Middle E. Last Dyer

Date of Birth: Month 9 Day 10 Year 46

Place of Birth (State or foreign country) Ind.

Residence Address: 631 Morning Star Street or R. R. Mooresville 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. 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.
   Michael Allan
   Melissa Sue
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Dyer
   Residence of father (if deceased so state) Hondo
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie Everett
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) U.S. Washington

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Edward E Dyer

New Address 5850 N 901 E Brownsburg

Subscribed and sworn to before me this 29 day of April, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Penny Middle J. Last Bailey

Date of Birth: Month 6 Day 28 Year 52

Place of Birth (State or foreign country) Ind.

Residence Address: 114 Meadows 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. 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.
   Joshua Allan 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 D. Neff
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris J. McCarthy
   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 Penny J Bailey

New Address [illegible]

Subscribed and sworn to before me this 29 day of April, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* EDWARD E. DYER *and* PENNY J. BAILEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY L. BELLVILLE *hereby certify that on the* 9th *day of* MAY, *one thousand nine hundred and* 87 *at* JAMESTOWN, *County of* BOONE, *State of Indiana, Groom* EDWARD E. DYER *of* MORGAN *County, State of* IN *and, Bride* PENNY J. BAILEY *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* MAY, *19* 87.

Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* MAY, *1987*

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. 140

File

April 30, 1987 Date of Application

MALE
Medical Examination Report Dated 4-13-87
Name of Physician Dr. N. Harvey Heinelstein M.D.

FEMALE
Medical Examination Report Dated 4-13-87
Name of Physician Dr. N. Harvey Heinelstein 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 Eddie Middle G. Last Halcomb

Date of Birth: Month Feb. Day 24 Year 1957

Place of Birth (State or foreign country) Indpls. Marion In

Residence Address: Street or R. R. R.R. #1 Box 234 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 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 Edward Eugene Halcomb
   Residence of father (if deceased so state) Bellmville, In.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Sue Carol Stokes
   Residence of mother (if deceased so state) Bellmville, 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 Eddie G. Halcomb
New Address RR1 Box 234 Clayton 46118

Subscribed and sworn to before me this 30 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Michaela Middle A. Last Stout

Date of Birth: Month Dec. Day 1 Year 1957

Place of Birth (State of foreign country) Lafayette In

Residence Address: Street or R. R. R.R. #1 Box 234 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 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 Jack Lloyd Stout Sr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy Lee Tipps
   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 Michaela A. Stout
New Address RR1 Box 234 Clayton, In 46118

Subscribed and sworn to before me this 30 day of April, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 6th day of May, 1987, authorizing the joining together as husband and wife EDDIE G. HALCOMB and MICHAELA A. STOUT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. GLEN BURNSIDE hereby certify that on the 9th day of MAY, County of MARION, at INDPLS., one thousand nine hundred and 87 County, State of IN, State of Indiana, Groom EDDIE G. HALCOMB of HENDRICKS County, State of IN, and, Bride MICHAELA A. STOUT 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 MAY, 19 87. Signed /s/ CHARLES G. BURNSIDE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of MAY, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-1-87
Date of Application

MALE
Medical Examination Report Dated 4-27-87
Name of Physician R. D. Dillo

FEMALE
Medical Examination Report Dated 4-27-87
Name of Physician R. D. Dillo

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 L Last Hammer

Date of Birth: Month 7 Day 31 Year 61

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. RR. 1 Box 185 C-14 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 Russell E. Hammer Sr.
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rosen Eller
   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 X Randy Hammer

New Address RI Box 185C-14 PITTSBORO, IN

Subscribed and sworn to before me this 1 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lorraine Middle J Last Harris

Date of Birth: Month 3 Day 10 Year 63

Place of Birth (State or foreign country) England

Residence Address: Street or R. R. 342C Hunters Lane City Carmel 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 Norvick Harris
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) England
9. Full maiden name of mother Irene J. Stirndup
   Residence of mother (if deceased so state) Ind.
   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 X Lorraine Harris

New Address RR1 Box 185C-14 Pittsboro, Ind

Subscribed and sworn to before me this 1 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* RANDY L. HAMMER *and* LORRAINE J. HARRIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES W. SORUM *hereby certify that on the* 9th *day of* MAY *one thousand nine hundred and* 87 *at* NORTHVIEW CHRISTIAN L. FE CHURCH *County of* HAMILTON *State of Indiana, Groom* RANDY L. HAMMER *of* HENDRICKS *County, State of* IN *and, Bride* LORRAINE J. HARRIS *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 9th *day of* MAY, 19 87.

Signed /s/ JAMES W. SORUM

Official Designation ASSOCIATE MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* MAY, 19 87

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

May 1, 1987
Date of Application

MALE
Medical Examination Report Dated 4-24-87
Name of Physician J. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated 4-24-87
Name of Physician J. Thomas Vieira, 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 Maurice Middle D. Last Unversaw

Date of Birth: Month Jul. Day 5 Year 1937

Place of Birth (State or foreign country) Morgan Co. In.

Residence Address: Street or R. R. P.O. Box 206 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.
   Brooke D. Unversaw
   Mark D. "

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes" it is required that this Application be 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 M. Unversaw
   Residence of father (if deceased so state) R.R. Crawfordsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy A. Baby
   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 Maurice D. Unversaw
New Address P.O. Box 206 Amo Ind 46103

Subscribed and sworn to before me this 1st day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Joan Middle J. Last Daniel

Date of Birth: Month Jul. Day 20 Year 1938

Place of Birth (State or foreign country) Hendricks Co. In.

Residence Address: Street or R. R. 9315 Evergreen Ave. D. 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.
   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 Randolph C. Daniel
   Residence of father (if deceased so state) Crawfordsville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen M. Hayward
   Residence of mother (if deceased so state) Merrill
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joan J. Daniel
New Address P.O. Box 206 Amo In. 46103

Subscribed and sworn to before me this 1st day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 6th day of May, 19 87, authorizing the joining together as husband and wife MAURICE DUANE UNVERSAW and JOAN JUANITA DANIEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, NORMAN C. HILL hereby certify that on the 8th day of MAY one thousand nine hundred and 87 at GREENCASTLE, County of PUTNAM, State of Indiana, Groom MAURICE DUANE UNVERSAW of HENDRICKS County, State of IN, and, Bride JOAN JUANITA 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 MAY, 19 87.

Signed /s/ NORMAN C. HILL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of MAY, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-1-87
Date of Application

MALE
Medical Examination Report Dated 4-28-87
Name of Physician Patricia Cookowski

FEMALE
Medical Examination Report Dated 4-28-87
Name of Physician Cookowski

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 S.; Last Pelton

Date of Birth: Month 10; Day 6; Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 844 A Chapelwood Blvd; 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Forrestor Pelton
   Residence of father (if deceased so state) Brown County In.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Jeanette Sirois
   Residence of mother (if deceased so state) Deceased
   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 George Pelton

New Address

Subscribed and sworn to before me this 1 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 J.; Last Stephens

Date of Birth: Month 8; Day 25; Year 1947

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 605 Cobblestone Ct.; 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 Eugene Edgar Gauntt
   Residence of father (if deceased so state) Michigan
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Nelda Ruth Jerles
   Residence of mother (if deceased so state) Michigan
   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 Sherry J Stephens

New Address

Subscribed and sworn to before me this 1 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 15 *day of* May, 19 87, *authorizing the joining together as husband and wife* GEORGE S. PELTON *and* SHERRY J. STEPHENS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY L. WOOD *hereby certify that on the* 15th *day of* MAY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* GEORGE S. PELTON *of* MARION *County, State of* IN *and, Bride* SHERRY J. 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 15th *day of* MAY, 19 87.

Signed /s/ GARY L. WOOD

Official Designation JUDGE PRO-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* MAY, 19 87.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 144

File

May 1, 1987
Date of Application

MALE
Medical Examination Report Dated 4-21-87
Name of Physician David B. Haggard, MD

FEMALE
Medical Examination Report Dated 4-21-87
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 Anthony Middle E Last Graham

Date of Birth: Month 10 Day 22 Year 1963

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 11080 W. Wash St. City Ind. 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Everett Graham
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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. Graham
   Residence of father (if deceased so state) Lafayette, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Rose Winchester
   Residence of mother (if deceased so state) Lafayette, 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 Anthony E. Graham
New Address 11,080 W. Wash #53

Subscribed and sworn to before me this 1st day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 Norton

Date of Birth: Month Jan Day 1 Year 1964

Place of Birth (State or foreign country) Marion Co. In

Residence Address: 11080 W. Wash 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) 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.
   Adrian Jean Norton
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Doyle
   Residence of father (if deceased so state) Marsh, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Jean Norton
   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 Elizabeth Ann Norton
New Address 11080 W. Washington Lot 53

Subscribed and sworn to before me this 1st day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* ANTHONY E. GRAHAM *and* ELIZABETH ANN NORTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BILLY J. GOTT *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* MOORESVILLE, *County of* MORGAN, *State of* IN, *State of Indiana, Groom* ANTHONY E. GRAHAM *of* HENDRICKS *County, State of* IN, *and, Bride* ELIZABETH ANN NORTON *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 87. *Signed* /s/ BILLY J. GOTT *Official Designation* MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* JULY, 19 87.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-1-87
Date of Application

MALE
Medical Examination Report Dated 4-25-87

Name of Physician D. J. Mandel

FEMALE
Medical Examination Report Dated 4-25-87

Name of Physician D. J. Mandel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Vondersaar

Date of Birth: Month 10 Day 26 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10411 W. 56th 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. 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 John H. Vondersaar
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet Conley
   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 X Kurt J Vondersaar

New Address 3995 N. 575 E. Brownsburg IN 46112

Subscribed and sworn to before me this 1 day of May, 19 87.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of 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 D Last Herbert

Date of Birth: Month 7 Day 27 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3895 N. 575 E. City Brownsburg, 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. 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 Thomas H. Herbert
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edna J. Brown
   Residence of mother (if deceased so state) 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 X Anita D. Herbert

New Address 3995 N 575 E. Brownsburg IN 46112

Subscribed and sworn to before me this 1 day of May, 19 87.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 May, 19 87, authorizing the joining together as husband and wife KURT JEFFREY VONDERSAAR and ANITA DIANE HERBERT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL J. STAUBLIN hereby certify that on the 16th day of MAY, one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom KURT JEFFREY VONDERSAAR of MARION County, State of IN and, Bride ANITA DIANE HERBERT 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 87.

Signed /s/ DANIEL J. STAUBLIN

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of MAY, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-4-87 Date of Application

MALE
Medical Examination Report Dated 4-11-87
Name of Physician Robert D. Aiello M.D.

FEMALE
Medical Examination Report Dated 4-11-87
Name of Physician Robert D. Aiello 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 Landon Last Clark

Date of Birth: Month 3 Day 26 Year 64

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R. R. P.O. Box 54 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) 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 Stephen Benton Clark
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) ~~Four Corners~~ Cayuga, In.
9. Full maiden name of mother Carolyn Sue Coats
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) North Salem, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed David Clark

☒ New Address P.O. Box 54 N. SALEM, IN

Subscribed and sworn to before me this 4th day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Su Last Watkins

Date of Birth: Month 4 Day 1 Year 63

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 1911 N. Washington 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 Larry Dean Watkins
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indianapolis In.
9. Full maiden name of mother Vera Lou Riley
   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 Kimberly S. Watkins

☒ New Address 1911 N. Washington, Danville, IN

Subscribed and sworn to before me this 4th day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* 8th *day of* MAY, 19 87, *authorizing the joining together as husband and wife* DAVID LANDON CLARK *and* KIMBERLY SU WATKINS.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GREGORY D. MONTAGUE *hereby certify that on the* 8th *day of* MAY, *one thousand nine hundred and* 87 *at* 7:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* DAVID LANDON CLARK *of* HENDRICKS *County, State of* IN, *and, Bride* KIMBERLY SU WATKINS *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* MAY, 19 87.

Signed /s/ GREGORY D. MONTAGUE

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* MAY, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-4-1987
Date of Application

MALE
Medical Examination Report Dated 4-23-87
Name of Physician Joseph F Thompson

FEMALE
Medical Examination Report Dated 4-23-87
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 Daniel Middle J. Last Althoff

Date of Birth: Month 9 Day 9 Year 1963

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 9040 N. 800E 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 P. Althoff
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn R. Albright
   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 + David J Althoff
New Address 9080 N 800 E

Subscribed and sworn to before me this 4th day of May, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 S. Last Baumer

Date of Birth: Month 10 Day 18 Year 1966

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 24 Acre Ln 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 Richard L. Baumer
   Residence of father (if deceased so state) Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lenore S. Smith
   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 Michelle S Baumer
New Address 9080 N. 800 E. Brownsburg

Subscribed and sworn to before me this 4th day of May, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 May, 19 87, authorizing the joining together as husband and wife DANIEL JOSEPH ALTHOFF and MICHELLE SUZANNE BAUMER

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 16th day of MAY, one thousand nine hundred and 87 at 7:30 p.m., County of HENDRICKS, State of Indiana, Groom DANIEL JOSEPH ALTHOFF of HENDRICKS County, State of IN, and, Bride MICHELLE SUZANNE BAUMER 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 87.

Signed /s/ DAVID KOVALOW-ST. JOHN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of MAY, 19 87.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 148

File 5-4-87 Date of Application

MALE
Medical Examination Report Dated 4-22-87
Name of Physician Joseph Kuhn

FEMALE
Medical Examination Report Dated 4-22-87
Name of Physician Joseph Kuhn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Richardson

Date of Birth: Month 6 Day 20 Year 1960

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 David L. Richardson
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Lebanon, In.
9. Full maiden name of mother Joanna L. Stewart
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Lebanon, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David M. Richardson

New Address 765 S. 600 W Danville In. 46122

Subscribed and sworn to before me this 4th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Lynn Last Hancock

Date of Birth: Month 6 Day 1 Year 1959

Place of Birth (State or foreign country) Indianapolis, 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 male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Haggard
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marcia R. Bransford
   Residence of mother (if deceased so state) Plainfield, In.
   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 Julie L Hancock

New Address 766 S.C.R. 600 W - Danville, In 46122

Subscribed and sworn to before me this 4th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 May, 19 87, authorizing the joining together as husband and wife DAVID MICHAEL RICHARDSON and JULIE LYNN HANCOCK

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 MAY, one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom DAVID MICHAEL RICHARDSON of HENDRICKS County, State of IN, and, Bride JULIE LYNN HANCOCK 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 87. Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of MAY, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-4-87 Date of Application

MALE
Medical Examination Report Dated 4-23-87
Name of Physician C. R. Johnston

FEMALE
Medical Examination Report Dated 4-23-87
Name of Physician C R Johnston

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stanton Middle D. Last Heimsath

Date of Birth: Month July Day 16 Year 1946

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10009 Lanterns Ct. N. 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. 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 Stanton D. Heimsath
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Esther Perry
   Residence of mother (if deceased so state) Indpls 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 Stanton Heimsath

New Address 10009 Lanterns Ct. N.

Subscribed and sworn to before me this 4 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 McClellan

Date of Birth: Month July Day 26 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10009 Lanterns Ct. N. 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. 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 Wm F. McClellan
   Residence of father (if deceased so state) Pompano Beach, Fla.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ruth McDowell
   Residence of mother (if deceased so state) Greenfield, In.
   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 Patricia L. McClellan

New Address 10009 LANTERNS CT. N.

Subscribed and sworn to before me this 4 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* May, 19 87, *authorizing the joining together as husband and wife* STANTON D. HEIMSATH *and* PATRICIA L. McCLELLAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT J. OVERTON *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 87 *at* EAGLE CREEK PARK, *County of* MARION, *State of Indiana, Groom* STANTON D. HEIMSATH *of* HENDRICKS *County, State of* IN *and, Bride* PATRICIA L. McCLELLAN *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 87.

Signed /s/ ROBERT J. OVERTON

Official Designation JUDGE PRO TEMPORE MARION COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* MAY, 19 *7

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-4-87 Date of Application

MALE
Medical Examination Report Dated 4-24-87
Name of Physician Dr Tripple

FEMALE
Medical Examination Report Dated 4.24.87
Name of Physician Dr. Tripple

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Thomas

Date of Birth: Month 11 Day 17 Year 63

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. RR1 Box 67 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) 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 Paul Thomas
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Green Co. Indiana
9. Full maiden name of mother Iris Jean Lacey
   Residence of mother (if deceased so state) Clayton. In.
   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 Philip A Thomas

New Address RR1 Box 225 Clayton In 46118

Subscribed and sworn to before me this 4 day of May 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Rene Last Nevins

Date of Birth: Month 6 Day 28 Year 66

Place of Birth (State or foreign country) Cookeville Tennessee

Residence Address: Street or R. R. 504 Avon Rd. City Pfgd. 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 Leon Kenneth Nevins
   Residence of father (if deceased so state) Pfgd. In.
   Birthplace of father (State or foreign country) Celina, Tennessee
9. Full maiden name of mother Prilla Earline Hawkins
   Residence of mother (if deceased so state) Pfgd In.
   Birthplace of mother (State or foreign country) Cookeville, Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Laura R. Nevins

New Address .....

Subscribed and sworn to before me this 4 day of May 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 MAY, 1987, authorizing the joining together as husband and wife PHILIP ANDREW THOMAS and LAURA RENE NEVINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEITH GALLOWAY hereby certify that on the 16th day of MAY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom PHILIP ANDREW THOMAS of HENDRICKS County, State of IN, and, Bride LAURA RENE NEVINS 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 87. Signed /s/ KEITH GALLOWAY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of MAY, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-5-87
Date of Application

MALE
Medical Examination Report Dated 4-29-87
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 4-29-87
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 Thomas Middle J. Last Harris

Date of Birth: Month 9 Day 15 Year -1935

Place of Birth (State or foreign country): Harrision Kentucky
Residence Address: Street or R. R. Clayton 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 Boyd Harris Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy Ethel Carter
   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 Thomas Harris
New Address RR2 Box 359 Clayton

Subscribed and sworn to before me this 5th day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A Last Mayo

Date of Birth: Month 5 Day 10 Year 1938

Place of Birth (State or foreign country): Frankfort. In
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) 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 Marshall M. Rud Sr.
   Residence of father (if deceased so state) Moorsville, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Kathrine Anna Jasper
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Chicago, Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Mayo
New Address R R 2 - Box 359 Clayton, Ind.

Subscribed and sworn to before me this 5th day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* THOMAS HARRIS *and* MARY MAYO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT SHERMAN *hereby certify that on the* 9th *day of* MAY, *one thousand nine hundred and* 87 *at* STILESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS HARRIS *of* HENDRICKS *County, State of* IN *and, Bride* MARY MAYO *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* MAY, *19* 87

Signed /s/ ROBERT SHERMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* MAY, *19* 87

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

May 6, 1987 Date of Application

MALE
Medical Examination Report Dated 5-4-87
Name of Physician Thaddaeus Poe M.D.

FEMALE
Medical Examination Report Dated 5-4-87
Name of Physician Thaddaeus Poe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Johnnie Middle V. Last Simison

Date of Birth: Month 2 Day 28 Year 1959

Place of Birth (State or foreign country) Anderson, In.

Residence Address: Street or R. R. 10213 Lake of Lanterns Drive City Indpls. County North Dr. 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 Maj Simison
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha J. Smith
   Residence of mother (if deceased so state) Anderson, In.
   Birthplace of mother (State or foreign country) Anderson, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Johnnie V. Simison

New Address SAME AS ABOVE

Subscribed and sworn to before me this 6th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 A. Last Michael

Date of Birth: Month 11 Day 29 Year 1962

Place of Birth (State or foreign country) Kokomo In.

Residence Address: Street or R. R. 10213 Lake of Lanterns North Dr. 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Michael
   Residence of father (if deceased so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Derrell
   Residence of mother (if deceased so state) Kokomo
   Birthplace of mother (State or foreign country) Kokomo

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa A Michael

New Address.....

Subscribed and sworn to before me this 6th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* 12th *day of* May, 19 87, *authorizing the joining together as husband and wife* JOHNNIE SIMISON *and* TERESA MICHAEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY EDWARDS CAVANAUGH *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 87 *at* GREENWOOD, *County of* JOHNSON, *State of* IN, *of* HENDRICKS *County, State of* IN, *State of Indiana, Groom* JOHNNIE SIMISON, *and, Bride* TERESA MICHAEL *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* JUNE, 19 87. *Signed* /s/ GARY E. CAVANAUGH

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JULY, 19 87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-6-87
Date of Application

MALE
Medical Examination Report Dated 4-29-87
Name of Physician Steigmueller

FEMALE
Medical Examination Report Dated 4-29-87
Name of Physician Steigmueller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ray Last Jordan

Date of Birth: Month Nov Day 12 Year 1967

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 205 S. Leota City Colfax 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 Oscar E. Jordon
   Residence of father (if deceased so state) Naples, Fla.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Elsie L. Bryant
   Residence of mother (if deceased so state) Naples
   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 Donald R. Jordan
New Address RR 1 Box 35 Clayton, Ind.

Subscribed and sworn to before me this 6 day of May, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Anissa Middle Lynn Last Pearcy

Date of Birth: Month Feb Day 9 Year 1970

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 35 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loren N. Pearcy
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Palmer
   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 Anissa Lynn Pearcy
New Address Route #1 Box 35 Clayton In

Subscribed and sworn to before me this 6 day of May, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Loren N Pearcy Father

Signed Barbara J Pearcy Mother

Subscribed and sworn to before me this 6 day of May, 1987.
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 days 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* 6th *day of* May, 19 87, *authorizing the joining together as husband and wife* DONALD R. JORDAN *and* ANISSA LYNN PEARCY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. MOWRER *hereby certify that on the* 9th *day of* MAY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DONALD R. JORDAN *of* MARION *County, State of* IN *and, Bride* ANISSA LYNN PEARCY *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* MAY, 1987.

Signed /s/ JOHN C. MOWRER
Official Designation JUDGE PRO-TEM

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* MAY, 19 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-7-87 Date of Application

MALE
Medical Examination Report Dated 4-27-87
Name of Physician D. Kovarny

FEMALE
Medical Examination Report Dated 4-27-87
Name of Physician D. Kovarny

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Ehrsam

Date of Birth: Month 3 Day 21 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 416 N. Dexter Apt. 22 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 Ray W. Ehrsam
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geraldine M. Coyne
   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 Eric J. Ehrsam

New Address Same as above

Subscribed and sworn to before me this 7 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tracy Middle J. Last Cooper

Date of Birth: Month 11 Day 8 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1650 Danbury Rd. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Cooper
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith A. Jane
   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 Tracy J. Cooper

New Address 416 N. Dexter Apt. 22 Plfd.

Subscribed and sworn to before me this 7 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* 11 *day of* May, 19 87, *authorizing the joining together as husband and wife* ERIC EHRSAM *and* TRACY JOCOOPER *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, JOHN PARSONS *hereby certify that on the* 16th *day of* MAY, *one thousand nine hundred and* 87 *at* BELLEVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ERIC EHRSAM *of* HENDRICKS *County, State of* IN, *and, Bride* TRACY 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 16th *day of* MAY, 19 87. *Signed* /s/ JOHN PARSONS *Official Designation* ELDER PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, 19 87.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-7-87
Date of Application

MALE
Medical Examination Report Dated 5-2-87

Name of Physician D. B. Baird

FEMALE
Medical Examination Report Dated 5-2-87

Name of Physician D. B. Baird

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 R. Last Wood

Date of Birth: Month 7 Day 4 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 28 B. Michael 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. 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 Alford Wood
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Eva C. Stevens
   Residence of mother (if deceased so state) 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 X Gary R Wood

New Address Same

Subscribed and sworn to before me this 7 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A. Last Erny

Date of Birth: Month 11 Day 8 Year 63

Place of Birth (State or foreign country) Ind.

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. 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 James A. Erny
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janice R. Kruer
   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 X Kimberly A. Erny

New Address same as above

Subscribed and sworn to before me this 7 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., 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 87, *authorizing the joining together as husband and wife* GARY R. WOOD *and* KIMBERLY A. ERNY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES P. HIGGINS *hereby certify that on the* 16th *day of* MAY, *one thousand nine hundred and* 87 *at* MARTINSVILLE, *County of* MORGAN, *State of Indiana, Groom* GARY R. WOOD *of* HENDRICKS *County, State of* IN, *and, Bride* KIMBERLY A. ERNY *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* 87.

Signed /s/ JAMES P. HIGGINS

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this ~~19th~~ *day of* MAY, *19* 87

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By Indiana State Board of 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

May 7, 1987 Date of Application

MALE
Medical Examination Report Dated: None Required
Name of Physician:

FEMALE
Medical Examination Report Dated: Non Required
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: Forest Middle: J. Last: Weber
Date of Birth — Month: March Day: 18 Year: 1918
Place of Birth (State or foreign country): Rushville In.
Residence Address — Street or R. R., City, County, State: [illegible] Drive S. 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.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. Weber
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lena R. Cochran
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Forest J Weber
New Address: 863 Walton Dr Plainfield.
Subscribed and sworn to before me this 7 day of May, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19__
____ Clerk

FEMALE APPLICANT

Name — First: Ocie Middle: Last: Coffman
Date of Birth — Month: October Day: 9 Year: 1924
Place of Birth (State or foreign country): East Point Ky.
Residence Address — Street or R. R., City, County, State: 863 Walton Dr. Plfd. 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: Steve Ward
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Margaret J. Honeycutt
   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: Ocie Coffman
New Address: 863 Walton Dr Plainfield In
Subscribed and sworn to before me this 7 day of May, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19__
____ 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* 7th *day of* May, *19*87, *authorizing the joining together as husband and wife* OCIE COFFMAN *and* FOREST J. WEBER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEPHEN K. WHITE *hereby certify that on the* 9th *day of* MAY, *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* FOREST J. WEBER *of* HENDRICKS *County, State of* IN *and, Bride* OCIE COFFMAN *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* MAY, *19*87

Signed /s/ STEPHEN K. WHITE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, *19*87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

504

Form Prescribed By
Indiana State Board of
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

May 7 1987
Date of Application

MALE
Medical Examination Report Dated 4-16-87
Name of Physician Dr. Lawrence DeLon MD.

FEMALE
Medical Examination Report Dated 4-16-87
Name of Physician Dr. Lawrence DeLon 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 John Last Collisi

Date of Birth: Month May Day 21 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 452 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   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 Clarence Jessie Collisi
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Phyllis Ann Ward
   Residence of mother (if deceased so state) Brownsburg, 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 Robert John Collisi
New Address 10929 W. Rockville Rd. #8 INDPLS. 46234
Subscribed and sworn to before me this 7 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Starla Middle Annette Last Mullis

Date of Birth: Month Feb Day 15 Year 1961

Place of Birth (State or foreign country) Ind. Marion Co.

Residence Address: Street or R. R. 10929 W. Rockville Rd #8 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.
   Erica Lott Mullis
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Miller Jr.
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Annette Clark
   Residence of mother (if deceased so state) Indpls. 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 Starla Annette Mullis
New Address 10929 W. Rockville Rd #8 Indpls. In 46234
Subscribed and sworn to before me this 7 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* ROBERT JOHN COLLISI *and* STARLA ANNETTE MULLIS

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* MAY, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* ROBERT JOHN COLLISI *of* HENDRICKS *County, State of* IN *and, Bride* STARLA ANNETTE MULLIS *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* 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* MAY, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5/8/87 Date of Application

MALE
Medical Examination Report Dated 5/5/87
Name of Physician Robert H. Kurtley

FEMALE
Medical Examination Report Dated 5/5/87
Name of Physician Robert H. Kurtley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Wood

Date of Birth: Month 3 Day 27 Year 1939

Place of Birth (State or foreign country) Marion, In.

Residence Address: Street or R. R. 187 S. Rd 150 E 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 Everett Brown Wood
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Marian Frances Ott
   Residence of mother (if deceased so state) Jonesboro, 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 Robert Lee Wood

New Address

Subscribed and sworn to before me this 8th day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jeanette Middle C. Last Singleton

Date of Birth: Month 12 Day 03 Year 1949

Place of Birth (State or foreign country) Hudson Kentucky

Residence Address: Street or R. R. RR #3, Box 13 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 Jesse Murrell Jerkins
   Residence of father (if deceased so state) Coatesville In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sallie Francis Bunch
   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 Jeanette C Singleton

New Address

Subscribed and sworn to before me this 8th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, authorizing the joining together as husband and wife of Indiana dated the 12 day of May and JEANETTE SINGLETON ROBERT WOOD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE U. LANHAM hereby certify that on the 30th day of MAY one thousand nine hundred and 87 at 1:30 p.m. DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT WOOD of HENDRICKS County, State of IN and, Bride JEANETTE SINGLETON 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 87. Signed /s/ GEORGE U. LANHAM

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of JUNE, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-8-87
Date of Application

MALE
Medical Examination Report Dated 5-6-87

Name of Physician D. J. Sefcik

FEMALE
Medical Examination Report Dated 5-6-87

Name of Physician D. J. Sefcik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Human Jr.

Date of Birth: Month 2 Day 8 Year 58

Place of Birth (State or foreign country) Ky.

Residence Address: Street or R. R. P.O. Box 58 City Amo 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. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Dawn Marie
   Crystal Dawn
   Kenneth Lloyd
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Human Sr.
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Donna J. Bailey
   Residence of mother (if deceased so state) 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 Kenneth E Human Jr

New Address PO Box 458 Amo IN 46103

Subscribed and sworn to before me this 8 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 L. Last Clements

Date of Birth: Month 8 Day 25 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7247 Warrior Dr. City #105 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.
   —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Otton J. Clements
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Shirley A. Agnew
   Residence of mother (if deceased so state) Ind.
   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 Teresa L. Clements

New Address PO Box 58 Amo Ind.

Subscribed and sworn to before me this 8 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* KENNETH E. HUMAN JR. *and* TERESA L. CLEMENTS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RONALD RICKETTS *hereby certify that on the* 16th *day of* MAY, *one thousand nine hundred and* 87 *at* LYNHURST BAPTISH, *County of* MARION, *State of Indiana, Groom* KENNETH EARL HUMAN JR. *of* HENDRICKS *County, State of* IN *and, Bride* TERESA ANN CLEMENTS *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 16th *day of* MAY, *19* 87.

Signed /s/ RONALD RICKETTS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* MAY, *19*87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-8-87 Date of Application

MALE
Medical Examination Report Dated 4-28-87
Name of Physician Ray D Howell

FEMALE
Medical Examination Report Dated 4-28-87
Name of Physician Ray D. 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 Gordon Middle M. Last Eggers

Date of Birth: Month 5 Day 30 Year 1965

Place of Birth (State or foreign country) Crawfordsville In.

Residence Address: Street or R. R. Crawfordsville 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 Algie Jr. Eggers
   Residence of father (if deceased so state) Crawfordsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn M. Oliver
   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 X Gordon M. Eggers
New Address P.O. Box 161 Roachdale, In.

Subscribed and sworn to before me this 8th day of May, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 E. Last Keck

Date of Birth: Month 3 Day 10 Year 1967

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R. R. North Salem 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 Robert L. Keck
   Residence of father (if deceased so state) North Salem
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta Carol Hays
   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 Laura E. Keck
New Address P.O. Box 161 Roachdale, In.

Subscribed and sworn to before me this 8th day of May, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 13 day of May, 19 87, authorizing the joining together as husband and wife GORDON M. EGGERS and LAURA E. KECK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID A. EICHENBERGER hereby certify that on the 16th day of MAY, one thousand nine hundred and 87 at ROACHDALE, County of PUTNAM, State of Indiana, Groom GORDON M. EGGERS of MONTGOMERY County, State of IN, and, Bride LAURA E. KECK 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 87. Signed /s/ DAVID A. EICHENBERGER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of MAY, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-8-87
Date of Application

MALE
Medical Examination Report Dated 4-8-87
Name of Physician Philip Batista M.D.

FEMALE
Medical Examination Report Dated 4-8-87
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 Martin Middle W. Last Feeney

Date of Birth: Month 6 Day 15 Year 1954

Place of Birth (State or foreign country) Indianapolis, 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) 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 J. Feeney
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary June Williams
   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 Martin Feeney
New Address 8315 E. Maloney Rd Brownsburg, 46112

Subscribed and sworn to before me this 8th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Elizabeth Last Nolan

Date of Birth: Month 6 Day 10 Year 1957

Place of Birth (State or foreign country) Rochester Minn.

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 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 B. Nolan
   Residence of father (if deceased so state) Columbus Ohio
   Birthplace of father (State or foreign country) Neb.
9. Full maiden name of mother Dorothy K. Ziskovsky
   Residence of mother (if deceased so state) Columbus Ohio
   Birthplace of mother (State or foreign country) Neb.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Elizabeth Nolan
New Address 8315 E. Maloney Rd. Brownsburg, In

Subscribed and sworn to before me this 8th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 1987, *authorizing the joining together as husband and wife* MARTIN WILLIAM FEENEY *and* MARY ELIZABETH NOLAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL J. STAUBLIN *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* ST. MALACHY CATHOLIC CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* MARTIN WILLIAM FEENEY *of* HENDRICKS *County, State of* IN *and, Bride* MARY ELIZABETH NOLAN *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* 87.

Signed /s/ DANIEL J. STAUBLIN

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-11-87
Date of Application

MALE
Medical Examination Report Dated 4-29-87
Name of Physician R. D. Howell

FEMALE
Medical Examination Report Dated 4-20-87
Name of Physician R. D. 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 Hugh Middle R. Last Hanlin

Date of Birth: Month 4 Day 20 Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 City Coatesville 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) 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.
   Patrick Dwayne
   Hugh Tyler Hanlin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hanlin
   Residence of father (if deceased so state) Deceased.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia L. Gilbert
   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 Hugh Hanlin

New Address RR 1 Box 88A Coatesville IN 46121

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ruth Middle Ann Last Watson

Date of Birth: Month 6 Day 29 Year 47

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) 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Dustin A. Watson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Clark
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn F. Cooper
   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 Ruth Ann Watson

New Address RR 1 Coatesville In

Subscribed and sworn to before me this 11 day of May, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... 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 15 day of May, 19 87, authorizing the joining together as husband and wife HUGH RAYMON HANLIN and RUTH ANN WATSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, SHELDON L. GEORGE hereby certify that on the 16th day of MAY one thousand nine hundred and 87 at NEW WINCHESTER, County of HENDRICKS State of Indiana, Groom HUGH RAYMON HANLIN of HENDRICKS County, State of IN and, Bride RUTH ANN WATSON 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 87 Signed /s/ SHELDON L. GEORGE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of JUNE, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-11-87
Date of Application

MALE
Medical Examination Report Dated 4-17-87

Name of Physician R. Hoffman

FEMALE
Medical Examination Report Dated 4-20-87

Name of Physician M. M. Vance

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wallace Middle E. Last Dixon Jr.

Date of Birth: Month 3 Day 6 Year 62

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 325 W. High #11 City Oxford County Oxford State Ohio

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 Wallace E. Dixon Sr.
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Patricia J. Frankfather
   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 X Wallace E. Dixon Jr.

New Address 325 W. High #11, Oxford, OH 45056

Subscribed and sworn to before me this 11 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of 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 R. Last Moser

Date of Birth: Month 11 Day 17 Year 60

Place of Birth (State or foreign country) Ind.

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 Sammy Ray Moser
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda D. Heath
   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 X Michele R. Moser

New Address 325 W High #11, Oxford, OH 45056

Subscribed and sworn to before me this 11 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 15 *day of* May, 19 87, *authorizing the joining together as husband and wife* WALLACE E. DIXON JR. *and* MICHELE R. MOSER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEITH H. KIRK *hereby certify that on the* 16th *day of* MAY, *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* WALLACE E. DIXON JR. *of* BUTLER *County, State of* OHIO, *and, Bride* MICHELE R. MOSER *of* BUTLER *County, State of* OHIO, *were by me united 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 87.

Signed /s/ KEITH H. KIRK

Official Designation FRIENDS MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-11-87 Date of Application

MALE
Medical Examination Report Dated 5-2-87
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 5-5-87
Name of Physician David B. 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 Brian Middle A. Last Johnson

Date of Birth: Month 4 Day 9 Year 57

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R. R. RR#2 Box 377 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) 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 Pleas Arthur Johnson
   Residence of father (if deceased so state) Centerville, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Alberta Jellison
   Residence of mother (if deceased so state) Centerville, 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 Johnson

☒ New Address RR2 Box 377 Clayton

Subscribed and sworn to before me this 11th day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 A. Last Wells

Date of Birth: Month 6 Day 20 Year 64

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R. R. RR2 Box 310A 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) 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 Maurice E. Wells
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra J. Metzler
   Residence of mother (if deceased so state) Clayton, In.
   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 Renee A. Wells

☒ New Address RR2 Box 377 Clayton

Subscribed and sworn to before me this 11th day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 15 day of May, 19 87, authorizing the joining together as husband and wife BRIAN A. JOHNSON and RENEE A. WELLS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES A. JONES hereby certify that on the 30th day of MAY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom BRIAN A. JOHNSON of MORGAN County, State of IN, and, Bride RENEE A. 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 30th day of MAY, 19 87. Signed /s/ JAMES A. JONES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JUNE, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-11-87
Date of Application

MALE
Medical Examination Report Dated May 7, 1987
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated May 7, 1987
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 Rusty; Middle K.; Last Goodpaster

Date of Birth: Month 7; Day 30; Year 1957

Place of Birth (State or foreign country) Dayton, Ohio

Residence Address: Street or R. R. 4946 Hawthorne Hwy; City Pfld.; 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 Clyde Junior Goodpaster
   Residence of father (if deceased so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Thelma Lowrene Anthony
   Residence of mother (if deceased so state) Cincinnati, 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 Rusty Kent Goodpaster

New Address

Subscribed and sworn to before me this 11th day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 F.; Last Phillips

Date of Birth: Month 9; Day 16; Year 1963

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R. R. 4946 Hawthorne Hwy; City Pfld.; 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 Henry Edwen Freitag
   Residence of father (if deceased so state) Plainfield, Ind
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Eileen Cunningham
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Liverpool, England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra F Phillips

New Address

Subscribed and sworn to before me this 11th day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 1987, *authorizing the joining together as husband and wife* RUSTY K. GOODPASTER *and* DEBRA F. PHILLIPS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TEAL O'NEIL YOUNCE *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 87 *at* PRESTWICK, *County of* HENDRICKS, *State of Indiana, Groom* RUSTY K. GOODPASTER *of* HENDRICKS *County, State of* IN *and, Bride* DEBRA F. 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 23rd *day of* MAY, *19* 87.

Signed /s/ REV. TEAL O. YOUNCE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* MAY, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1972

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 166

File

5-11-87 Date of Application

MALE
Medical Examination Report Dated 5-5-87
Name of Physician D. Baker

FEMALE
Medical Examination Report Dated 5-5-87
Name of Physician D. 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 Garry Middle L. Last Fox

Date of Birth: Month 7 Day 25 Year 46

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 122 William Dr. Apt. A 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. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be 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 B. Fox
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elsie M. Kershaw
   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 X Garry Lee Fox

New Address 122 William Dr Apt A

Subscribed and sworn to before me this 11 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Paulette Middle Michael Last

Date of Birth: Month 6 Day 20 Year 58

Place of Birth (State or foreign country) Ind.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Michael (?)
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary M. (?)
   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 X Paulette Michael

New Address Same as above

Subscribed and sworn to before me this 11 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 15 day of May, 19 87, authorizing the joining together as husband and wife GARRY L. FOX and PAULETTE MICHAEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS DE WITT hereby certify that on the 23 day of MAY, one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom GARRY L. FOX of HENDRICKS County, State of IN, and, Bride PAULETTE MICHAEL 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 87. Signed /s/ DENNIS DE WITT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of JUNE, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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 11, 1987
Date of Application

MALE
Medical Examination Report Dated 5-2-87
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 5-2-87
Name of Physician Wm. 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 Ronald Middle Allen Last Gosken

Date of Birth: Month January Day 2 Year 1964

Place of Birth (State or foreign country) Miss.

Residence Address: 5533 B. Versailles 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) 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert Lewis Gosken
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Sue Wright
   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 Allen Gosken

New Address 5533 B. Versailles Dr. Indpls, IN 46227

Subscribed and sworn to before me this 11 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Louise Last Rupp

Date of Birth: Month Nov. Day 10 Year 1964

Place of Birth (State or foreign country) Bedford In.

Residence Address: 1261 E. Shelby Ld. Plfd. (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 John Edward Rupp
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Vigo Co. In.
9. Full maiden name of mother Loretta Maureen Shepherd
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Clay Co. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gina Louise Rupp

New Address 5633 B. Versailles Dr. Indpls. IN. 46227

Subscribed and sworn to before me this 11 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 15th *day of* May, 1987, *authorizing the joining together as husband and wife* RONALD ALLEN GOSHEN *and* GINA LOUISE RUPP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH L. BAKER *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* RONALD ALLEN GOSHEN *of* MARION *County, State of* IN *and, Bride* GINA LOUISE RUPP *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 87.

Signed /s/ DR. JOSEPH L. BAKER

Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* MAY, 19 *7

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. 168

File

May 12, 1987
Date of Application

MALE
Medical Examination Report Dated April 12, 1987
Name of Physician Freda Thompson MD

FEMALE
Medical Examination Report Dated April 29 1987
Name of Physician Michael Jacobson 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 Joe Middle J. Last Firkins

Date of Birth: Month Nov. Day 12 Year 1956

Place of Birth (State or foreign country): Indpls. Marion In.

Residence Address: Street or R. R. 431 Stuart 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Archie K. Firkins
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Frances Kornoelle
   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 Joe Firkins
New Address 431 Stuart Dr Brownsburg Ind

Subscribed and sworn to before me this 12 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Last Cox

Date of Birth: Month May Day 21 Year 1949

Place of Birth (State or foreign country): Big Stone Gap Virginia

Residence Address: Street or R. R. 437 Stuart 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.

   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 Ralph Houston Cox
   Residence of father (if deceased so state) Virginia
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Dorothy Louise Teasley
   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 Sandra Cox
New Address 437 Stuart Dr. Brownsburg In 87

Subscribed and sworn to before me this 12 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 21 day of May, 19 87, authorizing the joining together as husband and wife JOE J. FIRKINS and SANDRA COX

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE OCMER hereby certify that on the 21st day of MAY one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS State of Indiana, Groom JOE JEFFREY FIRKINS of HENDRICKS County, State of IN and, Bride SANDRA COX 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 87. 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 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-11-87
Date of Application

MALE
Medical Examination Report Dated 5-5-87

Name of Physician

FEMALE
Medical Examination Report Dated 5-5-87

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 Reginald Middle Louis Last Lovell

Date of Birth: Month 10 Day 3 Year 41

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 107 E Main 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. Spence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Frank James Lovell
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Lovell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Lelia Merle Wilson
   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 Reginald Louis Lovell

New Address 107 E Main Brownsburg, In 46112

Subscribed and sworn to before me this 11 day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Ann Last Moutaw

Date of Birth: Month 4 Day 13 Year 42

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10 Mahan Ln 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. Spence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristen Aimee Moutaw
   Roy Gilbert Moutaw, 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 James B. Mahan
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sarah Ellen Glossop
   Residence of mother (if deceased so state) Brownsburg, 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 Patricia Ann Moutaw

New Address 107 East Main Street Brownsburg, Indiana 46112

Subscribed and sworn to before me this 11 day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 15 *day of* May, 1987, *authorizing the joining together as husband and wife* REGINALD LOUIS LOVELL *and* PATRICIA ANN MOUTAW

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LYNN COLEMAN *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* REGINALD LOUIS LOVELL *of* HENDRICKS *County, State of* IN *and, Bride* PATRICIA ANN MOUTAW *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 87.

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 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 170

File

5-12-87 Date of Application

MALE
Medical Examination Report Dated 4-17-87
Name of Physician J. King

FEMALE
Medical Examination Report Dated 4-17-87
Name of Physician J. King

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kelley Middle M. Last Camblin

Date of Birth: Month 9 Day 9 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 3 Box 374 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 Richard Kelley Camblin
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jane Ellen Morris
   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 X Kelley Morris Camblin

New Address

Subscribed and sworn to before me this 12th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Stacy Middle L. Last Johnson

Date of Birth: Month 9 Day 27 Year 59

Place of Birth (State or foreign country) Kentucky

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.

   Daniel Eric Robertson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene McIntyre
   Residence of father (if deceased so state) Georgia
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Anita England
   Residence of mother (if deceased so state) 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 X Stacy Johnson

New Address same as above

Subscribed and sworn to before me this 12th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* July, 19 87, *authorizing the joining together as husband and wife* KELLY M. CAMBLIN *and* STACY L. JOHNSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MIKE ROBERTS *hereby certify that on the* 31st *day of* JULY, *one thousand nine hundred and* 87 *at* LOGANSPORT, *County of* CASS, *State of* IN, *State of Indiana, Groom* KELLY M. CAMBLIN *of* HENDRICKS *County, State of* IN, *and, Bride* STACY L. JOHNSON *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* JULY, 19 87. *Signed* /s/ MIKE ROBERTS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* AUGUST, 19 87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

518

Form Prescribed By
Indiana State Board of
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

May 12, 1987
Date of Application

MALE
Medical Examination Report Dated April 30, 1987
Name of Physician G. M. Sikovic, MD.

FEMALE
Medical Examination Report Dated April 30, 1987
Name of Physician G. M. Sikovic 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 D. Last Schuttler II

Date of Birth: Month July Day 16 Year 1953

Place of Birth (State or foreign country) Evansville In

Residence Address: 6138 Haverford 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) Dennis Mensi

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Schuttler
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth M Baehl
   Residence of mother (if deceased so state) Evansville, 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 D Schuttler II

New Address 6138 Haverford

Subscribed and sworn to before me this 12 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A. Last Modesitt

Date of Birth: Month Feb. Day 18 Year 1960

Place of Birth (State or foreign country) Brazil (Clay) County Ind. State

Residence Address: 224 Avon Ave. Street or R. R. Plainfield (Hend.) City 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.
   Jessica Rae

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Modesitt
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn R. Price
   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 Lisa A. Modesitt

New Address 6138 Haverford

Subscribed and sworn to before me this 12 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* ROBERT D. SCUTTLER II *and* LISA A. MODESITT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALAN W. HUGHES *hereby certify that on the* 22nd *day of* MAY, *one thousand nine hundred and* 87 *at* KINGSWAY CHRISTIAN CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT D. SCHUTTLER II *of* MARION *County, State of* IN *and, Bride* LISA A. MODESITT *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 87.

Signed /s/ ALAN W. HUGHES

Official Designation MINISTER OF CHRIST

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* MAY, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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 12 1987 Date of Application

MALE
Medical Examination Report Dated 4-28-87
Name of Physician Salva Gibson

FEMALE
Medical Examination Report Dated 5-12-87
Name of Physician Wm. R. 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 Trevor Middle Stuart Last Juniper

Date of Birth: Month March Day 12 Year 1964

Place of Birth (State or foreign country): Toronto Ontario

Residence Address: Street or R. R. 127 Broadway Apt 320 City Toronto County State Ontario M4P 1V4

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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Juniper
   Residence of father (if deceased so state) Montreal Quebec
   Birthplace of father (State or foreign country) England
9. Full maiden name of mother Patricia D. Winchell
   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 Trevor S Juniper

New Address 127 BROADWAY Ave #320 TORONTO, ONT M4P 1V4

Subscribed and sworn to before me this 16 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Caireen Middle Moffett Last Brain

Date of Birth: Month April Day 2 Year 1965

Place of Birth (State or foreign country): Toronto Ontario

Residence Address: Street or R. R. 476 N. 50 East 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) Passport with 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 Horatio Melvin Brain
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Toronto, Ontario
9. Full maiden name of mother Christine Moffett
   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 Caireen M. Brain

New Address 127 Broadway Ave. #320 Toronto, Ont. M4P 1V4

Subscribed and sworn to before me this 12 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife of Indiana dated the* 16 *day of* May *and* CAIREEN MOFFITT BRAIN TREVOR STUART JUNIPER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF *hereby certify that on the* 17th *day of* MAY, *County of* HENDRICKS, *one thousand nine hundred and* 87 *at* DANVILLE, *County, State of* ONTARIO, *State of Indiana, Groom* TREVOR STUART JUNIPER *of* YORK *County, State of* ONTARIO, *and, Bride* CAIREEN MOFFITT BRAIN *of* YORK *County, State of* ONTARIO, *were by me united 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* 87. *Signed* /s/ JOHN P. ROOF

Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, *19* 87.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-13-87
Date of Application

MALE
Medical Examination Report Dated 4-30-87
Name of Physician Donald G. Baird D.O.

FEMALE
Medical Examination Report Dated 4-30-87
Name of Physician Donald G. Baird, 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 Terry Middle Lee Last Hoffman

Date of Birth: Month 12 Day 3 Year 51

Place of Birth (State or foreign country) London Ky.

Residence Address: Street or R.R. 349 E. Washington St. City Mooresville 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.
   - Amy Haffman 13 yrs
   - Steven Haffman 10 "
   - Brandy Haffman 4 "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Haffman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) ?
9. Full maiden name of mother Mattie Elizabeth Robinson
   Residence of mother (if deceased so state) Fairland, In.
   Birthplace of mother (State or foreign country) London, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Terry L. Hoffman

X New Address 349 E Washington st. Mooresville Ind

Subscribed and sworn to before me this 13th day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Laverne Last Travelsted

Date of Birth: Month 12 Day 22 Year 51

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 621 No. Pearl City Anna 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.
   - Brian Travelsted 7 yrs.
   - Stacey Travelsted 7 "
   - Lisa Travelsted 3 "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cletis Brown
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Albany, Ky.
9. Full maiden name of mother Loretta Mae Dismore
   Residence of mother (if deceased so state) Monrovia, In.
   Birthplace of mother (State or foreign country) Richmond, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Anna Laverne Travelsted

X New Address 349 E Washington Mooresville IN

Subscribed and sworn to before me this 13th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 May, 1987, authorizing the joining together as husband and wife TERRY LEE HOFFMAN and ANNA LAVERNE TRAVELSTED

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RANDY P. LUCAS hereby certify that on the 22nd day of MAY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom TERRY LEE HOFFMAN of MORGAN County, State of IN, and, Bride ANNA LAVERNE TRAVELSTED 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 87.

Signed /s/ RANDY P. LUCAS

Official Designation JUDGE PRO-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of MAY, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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 13, 1987
Date of Application

MALE
Medical Examination Report Dated 5-12-87
Name of Physician Dr. Michael Kelly

FEMALE
Medical Examination Report Dated 5-12-87
Name of Physician Dr. Michael Kelly

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 H. Last Jones

Date of Birth: Month Sept Day 29 Year 1968

Place of Birth (State or foreign country) Peru Ind.

Residence Address: Street or R. R. RR#1 Box 116 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jones
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Mary Ann George
   Residence of mother (if deceased so state) Clayton, 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 Joseph H. Jones
New Address RR 1 Box 116 Clayton, Indiana

Subscribed and sworn to before me this 13 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Jane Last Dilk

Date of Birth: Month Oct Day 12 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 202 S. Center City Plainfield 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 Richard N. Dilk
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Darlene Marie Akol
   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 Carrie Jane Dilk
New Address RR 1 Box 116 Clayton, Indiana

Subscribed and sworn to before me this 13 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day 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* 17 *day of* May, 19 87, *authorizing the joining together as husband and wife* JOSEPH H. JONES *and* CARRIE JANE DILK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ELFORD *hereby certify that on the* 17th *day of* MAY, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* JOSEPH H. JONES *of* HENDRICKS *County, State of* IN, *and, Bride* CARRIE JANE DILK *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 87. *Signed* /s/ JOHN P. ELFORD

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* MAY, 1987

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

522

Form Prescribed By
Indiana State Board of
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

5-13-87
Date of Application

MALE
Medical Examination Report Dated 5-5-87
Name of Physician M. Pizzato

FEMALE
Medical Examination Report Dated 5-5-87
Name of Physician M. 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 Gregory Middle J. Last Frazee

Date of Birth: Month Dec Day 31 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: 0875 W. 900S 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. 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 Ronald Jr. Frazee
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Betty C. Holland
   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 + Gregory J. Frazee
New Address 117 Brimfield Lizton In.

Subscribed and sworn to before me this 13 day of May, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A. Last Ludlow

Date of Birth: Month 7 Day 25 Year 61

Place of Birth (State or foreign country) Kansas

Residence Address: 117 N. Brimfield St. Lizton 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. 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.
   Lindsay

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dale Zyglin
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Joyce C. Atchison
   Residence of mother (if deceased so state) Ind.
   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 Lisa A. Ludlow
New Address

Subscribed and sworn to before me this 18 day of May, 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* GERGORY FRAZEE *and* LISA LUDLOW

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT W. FREESE *hereby certify that on the* 30th *day of* MAY, *one thousand nine hundred and* 87 *at* PITTSBORO, *County of* HENDRICKS, *State of Indiana, Groom* GREGORY FRAZEE *of* HENDRICKS *County, State of* IN *and, Bride* LISA LUDLOW *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* 87.

Signed /s/ ROBERT W. FREESE
Official Designation JUDGE PRO-TEM

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-1-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176

File

5-14-87 Date of Application

MALE
Medical Examination Report Dated 5-11-87
Name of Physician Dr. Robert A. Arthur

FEMALE
Medical Examination Report Dated 5-11-87
Name of Physician Dr. Joseph Mallon

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Herman Middle R. Last Hinchman

Date of Birth: Month April Day 15 Year 1938

Place of Birth (State or foreign country) Indiana, In.

Residence Address: Street or R.R. [illegible] Lakeside 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) 113-38-015383

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nelo R. Hinchman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna Jean Rambo
   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 H R H[illegible]

New Address

Subscribed and sworn to before me this 14 day of May, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ______ Father

Signed ______ Mother

Subscribed and sworn to before me this ______ day of ______, 19____

______ Clerk

FEMALE APPLICANT

Name: First Carole Middle Anne Last Stuebben

Date of Birth: Month 9 Day 28 Year 1950

Place of Birth (State or foreign country) Detroit, Mich.

Residence Address: Street or R.R. 9522 Maple Way 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jan Bilinski
   Residence of father (if deceased so state) Dearborn Mich.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Merril Mary Spaulding
   Residence of mother (if deceased so state) Dearborn Mich
   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 Carole Anne Stuebben

New Address 9522 Maple Way, Indpls, In 46268

Subscribed and sworn to before me this 14 day of May, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ______ Father

Signed ______ Mother

Subscribed and sworn to before me this ______ day of ______, 19____

______ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ______ Court by written order issued ______ 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* May, *19*87, *authorizing the joining together as husband and wife* HERMAN R. HINCHMAN *and* CAROLE ANNE STUEBBEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MELVIN BUCKY JORDAN *hereby certify that on the* 21st *day of* MAY, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* HERMAN R. HINCHMAN *of* HENDRICKS *County, State of* IN *and, Bride* CAROLE ANNE STUEBBEN *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* MAY, *19*87

Signed /s/ MELVIN BUCKY JORDAN

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* MAY, *19*87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-14-87
Date of Application

MALE
Medical Examination Report Dated 4-15-87
Name of Physician Patricia Wesley

FEMALE
Medical Examination Report Dated 4-15-87
Name of Physician Patricia Wesley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 M. Last Naylor

Date of Birth: Month 12 Day 25 Year 1965

Place of Birth (State or foreign country) Indianapolis 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) 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 Francis A. Naylor
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara L. McAdns
   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 Gregory Naylor

New Address Brownsburg 3950 N 1000 E

Subscribed and sworn to before me this 14th day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tracy Middle L. Last King

Date of Birth: Month 8 Day 24 Year 1968

Place of Birth (State or foreign country) Anderson In.

Residence Address: 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) # CH46 p200

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Monte Shelby King
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia A. Morgan
   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 Tracy L King

New Address Brownsburg 3950 N 1000 E.

Subscribed and sworn to before me this 14th day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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, waived 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, *19* 87, *authorizing the joining together as husband and wife* GREGORY M. NAYLOR *and* TRACY L. KING

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* MAY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* GREGORY M. NAYLOR *of* HENDRICKS *County, State of* IN *and, Bride* TRACY L. 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* MAY, *19* 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE SUPERIOR COURT NO. 1

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* MAY, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-14-87 Date of Application

MALE
Medical Examination Report Dated 5-11-87
Name of Physician C. H. Dripple

FEMALE
Medical Examination Report Dated 5-11-87
Name of Physician C. H. Dripple

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 D. Last Pruett

Date of Birth: Month 1 Day 21 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1011 Wilson Ct. City Pitt. 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.
   Jennifer
   Mary
   Hannah
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Pruett
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna Sue Howard
   Residence of mother (if deceased so state) Maine
   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 Steven D. Pruett

New Address same

Subscribed and sworn to before me this 14 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Francine Middle D. Last Bridges

Date of Birth: Month 1 Day 5 Year 55

Place of Birth (State or foreign country) Missouri

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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
   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 Ollie E. Agee
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Dorcas D. Lindsey
   Residence of mother (if deceased so state) Ind.
   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 X Francine D Bridges

New Address same

Subscribed and sworn to before me this 14 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 May, 19 87, authorizing the joining together as husband and wife STEVEN DANIEL PRUETT and FRANCINE DEANNA BRIDGES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. ROBERT BOSWELL hereby certify that on the 29th day of MAY one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS State of Indiana, Groom STEVEN DANIEL PRUETT of HENDRICKS County, State of IN and, Bride FRANCINE DEANNA BRIDGES 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 87. Signed /s/ G. ROBERT BOSWELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JUNE, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

May 14
Date of Application

MALE
Medical Examination Report Dated 5-11-87

Name of Physician Susan Burkholder

FEMALE
Medical Examination Report Dated 5-11-87

Name of Physician Susan Burkholder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bryan Middle E. Last Wilson

Date of Birth: Month 4 Day 12 Year 66

Place of Birth (State or foreign country) Hendricks County IN

Residence Address: Street or R. R. 308 Ellis St. 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. 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 Van Lynn Wilson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joye Joan Trimmer
   Residence of mother (if deceased so state) Indiana
   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 Bryan Wilson

New Address Same as Above

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

FEMALE APPLICANT

Name: First Kimberly Middle K. Last Callester

Date of Birth: Month 4 Day 23 Year 67

Place of Birth (State or foreign country) Marion County, IN

Residence Address: Street or R. R. 308 Ellis 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. 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 Francis Eugene Callester
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane Webb
   Residence of mother (if deceased so state) 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 Kimberly K Callester

New Address same as above

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.....Court by written order issued.....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* May, 19 87, *authorizing the joining together as husband and wife* BRYAN E. WILSON *and* KIMBERLY K. CALLESTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON *hereby certify that on the* 30th *day of* MAY, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* BRYAN E. WILSON *of* HENDRICKS *County, State of* IN *and, Bride* KIMBERLY K. CALLESTER *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* 87.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-14-87 Date of Application

MALE
Medical Examination Report Dated 5-11-87
Name of Physician M. Pizzato

FEMALE
Medical Examination Report Dated 5-11-87
Name of Physician M. 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 Kenneth Middle J. Last Clapp

Date of Birth: Month 4 Day 4 Year 45

Place of Birth (State or foreign country) Ind.

Residence Address: 632 B. Lakeside 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. 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.
   Allison
   Heather
   Robert
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Clapp
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Myrtle G. Rouse
   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 X Kenneth J. Clapp
New Address 516 Brookside Lane, Plfd.

Subscribed and sworn to before me this 14 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carol Middle A. Last Dillon

Date of Birth: Month 12 Day 27 Year 48

Place of Birth (State or foreign country) Ind.

Residence Address: 516 Brookside Ln. 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. 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.
   Scott
   William
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Coy
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marie J. Payne
   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 X Carol A Dillon
New Address 516 Brookside Ln. Plf.

Subscribed and sworn to before me this 14 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... 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 18th day of May, 19 87, authorizing the joining together as husband and wife KENNETH J. CLAPP and CAROL A. DILLON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 21st day of MAY, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom KENNETH J. CLAPP of HENDRICKS County, State of IN, and, Bride CAROL A. DILLON 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 87. Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of MAY, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-14-87
Date of Application

MALE
Medical Examination Report Dated 5-11-87
Name of Physician Scudder

↔

FEMALE
Medical Examination Report Dated 5-11-87
Name of Physician A. VanHessen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Walter Middle Lee Last Kegebein, Jr.

Date of Birth: Month 2 Day 26 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 311 N. 350 E. City Rolling Prairie 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 Walter Sr. Kegebein
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Clara L. Squire
   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 X Walter Lee Kegebein Jr.
New Address 311 N. 350 E. Rolling Prairie Ind 46371

Subscribed and sworn to before me this 14 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Jo Last Masten

Date of Birth: Month 3 Day 29 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 670 E. Wallstreet Pk. 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 Ronald D. Masten
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ramona P. Sparks
   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 X Donna J. Masten
New Address 311 N 350 E. Rolling Prairie, IN

Subscribed and sworn to before me this 14 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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 87, *authorizing the joining together as husband and wife* WALTER L. KEGEBEIN, JR. *and* DONNA J. MASTEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM P. HENDRICKS *hereby certify that on the* 30th *day of* MAY, *one thousand nine hundred and* 87 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* WALTER L. KEGEBEIN, JR. *of* LA PORTE *County, State of* IN *and, Bride* DONNA J. MASTEN *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* 87.

Signed /s/ WILLIAM P. HENDRICKS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-14-87 Date of Application

MALE
Medical Examination Report Dated 5-11-87
Name of Physician W. Edwards

FEMALE
Medical Examination Report Dated 5-11-87
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 W. Middle Kyle Last Wietholter

Date of Birth: Month 11 Day 19 Year 64

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 306 W. S. St. City Bluffton County Wells 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Wietholter
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Alice D. Brumbaugh
   Residence of mother (if deceased so state) 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 W. Kyle Wietholter
New Address 618 B Lakeside Dr. Plfd.
Subscribed and sworn to before me this 14 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Hauswald

Date of Birth: Month 12 Day 10 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 618 Apt. B. Lakeside 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. 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 H. Hauswald
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Mary C. Milhouse
   Residence of mother (if deceased so state) Ind.
   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 X Carol A Hauswald
New Address 618 B Lakeside Dr. Plainfield
Subscribed and sworn to before me this 14 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 19 day of May, 19 87, authorizing the joining together as husband and wife W. KYLE WIETHOLTER and CAROL A. HAUSWALD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL W. MILHOUSE hereby certify that on the 13th day of JUNE one thousand nine hundred and 87 at NEW ALBANY, County of FLOYD, State of Indiana, Groom W. KYLE WIETHOLTER of HENDRICKS County, State of IN, and, Bride CAROL A. HAUSWALD 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 JUNE, 19 87. Signed /s/ PAUL W. MILHOUSE
Official Designation BISHOP-UNITED METHODIST CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JUNE, 19 87.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183

File

5-15-87
Date of Application

MALE
Medical Examination Report Dated 5-9-87
Name of Physician Kenneth Maynard D.O.

FEMALE
Medical Examination Report Dated 5-9-87
Name of Physician Kenneth 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 Rodney Middle R. Last Vanwinkle

Date of Birth: Month Jan Day 7 Year 1957

Place of Birth (State or foreign country): Charleston S Carolina

Residence Address: Street or R. R. 3950 N 1000 E City Lot 2 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) 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.
   Sarah Rebecca Vanwinkle

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Marion Vanwinkle
   Residence of father (if deceased so state) Robinson, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Ellen Vernia
   Residence of mother (if deceased so state) Robinson, 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 Rodney R VanWinkle

New Address 3950 N 1000 E Lot 2 Brownsburg

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 R. Last Moos

Date of Birth: Month May Day 23 Year 1961

Place of Birth (State or foreign country): Indpls. Marion In

Residence Address: Street or R. R. 3950 N 1000 E City Lot 2 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) 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 Lee Moos
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joann Elizabeth Dupee
   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 Carla R Moos

New Address 3950 N. 1000 E. Lot 2 Brownsburg In

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, *authorizing the joining together as husband and wife* RODNEY R. VANWINKLE *and* CARLA R. MOOS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY E. ZEHR *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 87 *at* AUGUSTA CHRISTIAN CHURCH, *County of* MARION, *State of Indiana, Groom* RODNEY R. VANWINKLE *of* HENDRICKS *County, State of* IN *and, Bride* CARLA R. MOOS *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, 1987.

Signed /s/ JERRY E. ZEHR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* MAY, 19 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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 5-15-87 Date of Application

MALE
Medical Examination Report Dated 5-12-87
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated 5-12-87
Name of Physician Norman E. Whitney

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rodney Middle Dale Last Ratliff

Date of Birth: Month June Day 10 Year 1966

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. R#1 Box 558 City Camby 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 Garland A. Ratliff
   Residence of father (if deceased so state) Camby, In.
   Birthplace of father (State or foreign country) Hayden, Arkansas
9. Full maiden name of mother Jane Bell Stokes
   Residence of mother (if deceased so state) Camby, In.
   Birthplace of mother (State or foreign country) Indpls.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Rodney D. Ratliff

New Address

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tami Middle Lee Last Muench

Date of Birth: Month 10 Day 15 Year 65

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. 856 Wayside Dr. City Pitts. 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 John Allen Muench
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Patricia Sue Emery
   Residence of mother (if deceased so state) Pitts 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.

X Signed Tami Lee Muench

New Address 416 N. Center Apt 13 Plainfield

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 May, 19 87, authorizing the joining together as husband and wife RODNEY DALE RATLIFF and TAMI LEE MUENCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 23rd day of MAY one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom RODNEY DALE RATLIFF of HENDRICKS County, State of IN, and, Bride TAMI LEE MUENCH 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 87. Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of MAY, 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

532

Form Prescribed By
Indiana State Board of
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

5-15-87
Date of Application

MALE
Medical Examination Report Dated 5-9-87

Name of Physician W. Edwards

FEMALE
Medical Examination Report Dated 5-9-87

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 Terry Middle J. Last Lumbert

Date of Birth: Month 9 Day 24 Year 63

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 9923 Medallion City Dr. 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. 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 Terry Lumbert
   Residence of father (if deceased so state) Michigan
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Janet V. Bendy
   Residence of mother (if deceased so state) Ind.
   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 Terry J. Lumbert

New Address 9923 Medallion Dr.

Subscribed and sworn to before me this 15 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Penny Middle Sue Last Duling

Date of Birth: Month 9 Day 29 Year 62

Place of Birth (State or foreign country) Ind.

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. 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 Benjamin F. Duling
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith F. Wilks
   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 X Penny Sue Duling

New Address 9923 Medallion Dr, Indpls.

Subscribed and sworn to before me this 15 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* TERRY J. LUMBERT *and* PENNY SUE DULING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* TERRY J. LUMBERT *of* HENDRICKS *County, State of* IN *and, Bride* PENNY SUE DULING *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 87.

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* MAY, 1987.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-15-87 Date of Application

MALE
Medical Examination Report Dated 5-12-87
Name of Physician W. Edwards

FEMALE
Medical Examination Report Dated 5-12-87
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 William Middle G. Last Rosebery

Date of Birth: Month 6 Day 18 Year 39

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11225 W. Wash. Lot 84 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) Dr. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Rosebery
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna M. DeShane
   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 X William G. Rosebery

New Address 11225 W. Washington Lot 84

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lois Middle J. Last Pyle

Date of Birth: Month Day 17 Year 43

Place of Birth (State or foreign country) Kentucky

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Prince
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lovela Esterling
   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 Lois J. Pyle

New Address 11225 W. Wash. Lot 84

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 ....., 1987, authorizing the joining together as husband and wife of Indiana dated the 19th day of May and WILLIAM G. ROSEBERY LOIS J. PYLE

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 MAY at MARTINSVILLE, County of MORGAN, one thousand nine hundred and 87 at HENDRICKS County, State of IN, State of Indiana, Groom WILLIAM G. ROSEBERY of HENDRICKS County, State of IN, and, Bride LOIS J. PYLE 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 MAY, 1987. Signed /s/ JOAN GRAY

Official Designation MORGAN COUNTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of MAY, 19 87.

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. 187

File

5-15-87
Date of Application

MALE
Medical Examination Report Dated 5-8-87

Name of Physician R. Stegemoller

FEMALE
Medical Examination Report Dated 5-8-87

Name of Physician R. 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 Richard Middle D. Last Sullivan

Date of Birth: Month 7 Day 29 Year 41

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 272 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) Dr Eye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Sullivan
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Viola E. Alverson
   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 X Richard D Sullivan

New Address RR 1 Box 272 Clayton Ind

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Fonderhide

Date of Birth: Mon 1 Day 24 Year 42

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. RR 4 Box 289B 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) Dr. Eye

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Doyle Shaker
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Bessie Fitzpatrick
   Residence of mother (if deceased so state) Ohio
   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 X Sandra Fonderhide

New Address RR#1 Box 272 Clayton Ind

Subscribed and sworn to before me this 15 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* RICHARD D. SULLIVAN *and* SANDRA L. FONDERHIDE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD D. SULLIVAN *of* HENDRICKS *County, State of* IN *and, Bride* SANDRA L. FONDERHIDE *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* 87.

Signed /s/ STEVAN W. RANSON

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-18-87 Date of Application

MALE
Medical Examination Report Dated 5-7-87
Name of Physician L. Lovall

FEMALE
Medical Examination Report Dated 5-7-87
Name of Physician L. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Arthur Last Willis

Date of Birth: Month Oct Day 25 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 394 W. Marion 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 Russell Lee Willis
   Residence of father (if deceased so state) Anapolis, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Jane Snyder
   Residence of mother (if deceased so state) Danville, 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 Charles Willis

New Address 394 W Marion

Subscribed and sworn to before me this 18 day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Michele Middle R. Last Seehrest

Date of Birth: Month 9 Day 12 Year 59

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 394 W. Marion 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.
   Robert Charles Seehrest

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Chester Neal
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sylvia Geraldine ~~Stribling~~ Stribling
   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 Michele R. Seehrest

New Address .....

Subscribed and sworn to before me this 19 day of May, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 ....., 19.87., authorizing the joining together as husband and wife of Indiana dated the 22 day of May and .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ....., at ....., County of ....., one thousand nine hundred and ..... of ....., County, State of ....., State of Indiana, Groom ..... of ....., County, State of ....., and, Bride ..... were by me united 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

536

Form Prescribed By
Indiana State Board of
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

5-18-87
Date of Application

MALE
Medical Examination Report Dated 5-11-87

Name of Physician J. Poe

FEMALE
Medical Examination Report Dated 5-11-87

Name of Physician J. Poe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 M. Last Bough

Date of Birth: Month 3 Day 27 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5932 Apache Wells City 442 County Speedway State

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 Richard Lee Bough
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Dorothy J. Dickey
   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 X Roger M. Bough

New Address 5932 Apache Wells 442 Speedway IN 46224 87

Subscribed and sworn to before me this 18 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle L. Last Allen

Date of Birth: Month 7 Day 24 Year 69

Place of Birth (State or foreign country) Pennsylvania

Residence Address: Street or R. R. R.R. 2 Box 5 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Allen
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna J. Rogers
   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 X Trina K. Allen

New Address 5932 Apache Wells 442 Speedway, IN 46224

Subscribed and sworn to before me this 18 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the pa

signs, stat

State of Ind

County of

Subscribed a

I, Donna J Allen, hereby give my consent for my Daughter, Trina Kay Allen to marry Roger Bough.

Donna J Allen

Subscribed and sworn to before me this 19 day of May 1987

Dorothy E Weaver
Notary Public
Dorothy E. Weaver
Expiration Date November 12, 1990
Morgan County

COMPLET

County Court by written order issued 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* May, 19 87, *authorizing the joining together as husband and wife* ROGER M. BOUGH *and* TRINA K. ALLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES D. CLAYTON *hereby certify that on the* 23rd *day of* MAY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ROGER M. BOUGH *of* MARION *County, State of* IN *and, Bride* TRINA K. 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 23rd *day of* MAY, 19 87.

Signed /s/ JAMES D. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-19-87 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 Walter Middle M. Last Hufford

Date of Birth: Month August Day 20 Year 1912

Place of Birth (State or foreign country) Hendricks County, Indiana

Residence Address: Street or R. R. 38 Forest 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edgar Hufford
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hendricks Co. Ind.
9. Full maiden name of mother Effie Cummings
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Hendricks Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter M Hufford

New Address 38 Forest Dr.

Subscribed and sworn to before me this 19 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 B. Last Smith

Date of Birth: Month January Day 23 Year 1919

Place of Birth (State or foreign country) Pittsburg, Indiana

Residence Address: Street or R. R. 26 E. Main 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 Rolla Alford Rosebroom
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Middle Twsp. (Hend Co.)
9. Full maiden name of mother Nita Warren
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Middle Twsp. (Hend Co)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bernice B. Smith

New Address 38 Forest Dr. Brownsburg

Subscribed and sworn to before me this 19 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* WALTER M. HUFFORD *and* BERNICE B. SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY R. NASH *hereby certify that on the* 2nd *day of* JUNE, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* WALTER M. HUFFORD *of* HENDRICKS *County, State of* IN, *and, Bride* BERNICE B. SMITH *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 2nd *day of* JUNE, 19 87. *Signed* /s/ JERRY R. NASH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

538

Form Prescribed By
Indiana State Board of
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

File

May 19 1987
Date of Application

MALE
Medical Examination Report Dated 5-13-87
Name of Physician Jackie Evans, MD.

FEMALE
Medical Examination Report Dated 5-13-87
Name of Physician Jackie Evans 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 W. Middle Troy Last Lovins

Date of Birth: Month May Day 30 Year 1963

Place of Birth (State or foreign country) Indpls. Marion In

Residence Address: Street or R. R. 2121 Broyles 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) 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 W. Lovins
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Verna Ann Mellenger
   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 W. Troy Lovins
New Address 2121 Broyles Rd Plfd 46168

Subscribed and sworn to before me this 19 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 J. Last Olds

Date of Birth: Month June Day 7 Year 1964

Place of Birth (State or foreign country) St. Clair Mich.

Residence Address: Street or R. R. 2138 Augusta E. Dr. 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) 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 Steven Olds
   Residence of father (if deceased so state) W. Virginia
   Birthplace of father (State or foreign country) Oregon
9. Full maiden name of mother Jean Lankwig
   Residence of mother (if deceased so state) Rhode Island
   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 Kimberly J. Olds
New Address 2121 Broyles Rd. Plfd.

Subscribed and sworn to before me this 19 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* W. TROY LOVINS *and* KIMBERLY J. OLDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY A. DWORAK *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* W. TROY LOVINS *of* HENDRICKS *County, State of* IN *and, Bride* KIMBERLY J. OLDS *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* MAY, 19 87.

Signed /s/ GARY A. DWORAK

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-19-87 Date of Application

MALE
Medical Examination Report Dated 5-19-87
Name of Physician P. A. Batista

FEMALE
Medical Examination Report Dated 5-11-87
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 Jay Middle R. Last McCarroll III

Date of Birth: Month 5 Day 9 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 17031 N. Eleventh Ave. City Phoenix County 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) Dr. Rive.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jay R. McCarroll III Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Ann Cole
   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 Jay R McCarroll III

New Address 17031 N 11TH AVE #2001 PHX, AZ 85023

Subscribed and sworn to before me this 22 day of May, 19 87

Marry Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Loretta Last Haley

Date of Birth: Month Jan Day 10 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 5001 N. 1000 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. 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 A. Haley
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Judith Colick
   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 Kelly L. Haley

New Address 17031 N. 11th AVE. PHOENIX 85023

Subscribed and sworn to before me this 19 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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* ..... *, 19 87, authorizing the joining together as husband and wife of Indiana dated the* 23rd *day of* May *and* KELLY L. HALEY JAY R. McCARROLL III

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL J. STAUBLIN *hereby certify that on the* 23rd *day of* MAY *one thousand nine hundred and* 87 *at* ST. MALACHY CATHOLIC CHURCH *County of* HENDRICKS, *State of Indiana, Groom* JAY R. McCARROLL III *of* HENDRICKS *County, State of* IN, *and, Bride* KELLY L. HALEY *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 87. *Signed* /s/ DANIEL J. STAUBLIN

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* JUNE, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-20-87
Date of Application

MALE
Medical Examination Report Dated 5-14-87

Name of Physician M. Neeley

FEMALE
Medical Examination Report Dated 5-14-87

Name of Physician M. Neeley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Liphardt Jr.

Date of Birth: Month 4 Day 2 Year 63

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. RR 1 Box 206 City North Salem 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. 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 John F Liphardt Sr.
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Mary M. Cooprider
   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 X John F Liphardt Jr.

New Address 3613 GREEN ASH CT INDPLS IN 46222

Subscribed and sworn to before me this 20 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janine Middle A. Last Jones

Date of Birth: Month 3 Day 24 Year 67

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 3613 Greenash Ct. 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. 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 Joseph A. Jones
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Beverly M. Spear
   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 X Janine A. Jones

New Address 3613 Green Ash Ct.

Subscribed and sworn to before me this 20 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* May, 19 87, *authorizing the joining together as husband and wife* JOHN F. LIPHARDT JR. *and* JANINE A. JONES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. S. CHESEBROUGH *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* MARY QUEEN OF PEACE DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JOHN F. LIPHART JR. *of* HENDRICKS *County, State of* IN *and, Bride* JANINE A. 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 6th *day of* JUNE, 19 87.

Signed /s/ C. S. CHESEBROUGH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-20-87 Date of Application

MALE
Medical Examination Report Dated 5-18-87
Name of Physician D. J. O'Brien

FEMALE
Medical Examination Report Dated
Name of Physician D J O'Brien

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 R. Last Jackson

Date of Birth: Month May Day 9 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 7880 W. 10th 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) 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 R. Jackson
   Residence of father (if deceased so state) Noblesville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Roma Pettay
   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 x Donald R Jackson

New Address 9880 W 10th Lot 124

Subscribed and sworn to before me this 20 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A. Last Orr

Date of Birth: Month Apr Day 5 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 6507 Rockwood City Dr. 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Orr
   Residence of father (if deceased so state) Speedway In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Patty C. Powell
   Residence of mother (if deceased so state) Avon 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 Julie Anne Orr

New Address .....

Subscribed and sworn to before me this 20 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 26th day of May, 19 87, authorizing the joining together as husband and wife DONALD RITCHIE JACKSON and JULIE ANNE ORR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TONY JOHNSON hereby certify that on the 6th day of JUNE one thousand nine hundred and 87 at BEN DAVIS CHRISTIAN CHURCH, INDPLS. County of MARION, State of IN

State of Indiana, Groom DONALD RITCHIE JACKSON of HENDRICKS County, State of IN

and, Bride JULIE ANNE ORR 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 6th day of JUNE, 19 87. Signed /s/ TONY JOHNSON

Official Designation ASSOCIATE MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of JUNE, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

542

Form Prescribed By
Indiana State Board of
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

5-21-87
Date of Application

MALE
Medical Examination Report Dated 5-14-87

Name of Physician R. Steigmeller

FEMALE
Medical Examination Report Dated 5-14-87

Name of Physician R. Steigmeller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Duane Last Cohernour

Date of Birth: Month 7 Day 29 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7306 Nantucket Ct. City Apt 1-C 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. Fie

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Franklin Charles Cohernour
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Nona Esther Dayton
   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 X Kyle D. Cohernour

New Address 7306 NANTUCKET CT #1C

Subscribed and sworn to before me this 21 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kay Middle Ann Last Deitz

Date of Birth: Month 12 Day 8 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7110 N. Maple 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) Dr. Fie

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Martin Deitz
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nora Sue Trinkle
   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 X Kay A. Deitz

New Address 7306 Nantucket Ct #1C

Subscribed and sworn to before me this 21 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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* May, 19 87, *authorizing the joining together as husband and wife* KYLE DUANE COHERNOUR *and* KAY ANN DEITZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM P. HENDRICKS *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* KYLE DUANE COHERNOUR *of* MARION *County, State of* IN *and, Bride* KAY ANN DEITZ *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* MAY, 19 87.

Signed /s/ WILLIAM P. HENDRICKS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-21-87 Date of Application

MALE
Medical Examination Report Dated 5-19-87
Name of Physician D. Mills

FEMALE
Medical Examination Report Dated 5-19-87
Name of Physician D. Mills

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Link Jr.

Date of Birth: Month 10 Day 22 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 91 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Roger Nolan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Link Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Betty Jo Murphy
   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 X William E. Link Jr.

New Address SAME AS ABOVE

Subscribed and sworn to before me this 21 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle Marlene Last Reed Phipps

Date of Birth: Month 10 Day 9 Year 57

Place of Birth (State or foreign country) Ind.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Reed
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bridget C. Regan
   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 X Mary M Phipps

New Address Same as above

Subscribed and sworn to before me this 21 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 26 *day of* May, 19 87, *authorizing the joining together as husband and wife* WILLIAM E. LINK JR. *and* MARY M. PHIPPS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT W. WILLIAMS *hereby certify that on the* 29th *day of* MAY *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION *State of Indiana, Groom* WILLIAM E. LINK JR. *of* HENDRICKS *County, State of* IN *and, Bride* MARY M. PHIPPS *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 87. *Signed* /s/ ROBERT W. WILLIAMS

Official Designation REVREND

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* JUNE, 19 87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

544

Form Prescribed By
Indiana State Board of
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

May 22, 1987
Date of Application

MALE
Medical Examination Report Dated 5-19-87
Name of Physician Tripple

FEMALE
Medical Examination Report Dated 5-19-87
Name of Physician Tripple

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wally Middle E. Last Marko

Date of Birth: Month April Day 24 Year 1948

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 131 Continental Dr. City Mooresville 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.
   Anne M. Marko
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Marko
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Margaret Bennett
   Residence of mother (if deceased so state) Ambia, In.
   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 Wally E Mark

New Address 131 N. East St. Plainfield

Subscribed and sworn to before me this 22 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan Middle L. Last Pelley

Date of Birth: Month Feb Day 26 Year 1955

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 131 N. East 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. 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 Pelley
   Residence of father (if deceased so state) Belleville, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Frances Bell
   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 Susan E Pelley

New Address 131 N. East St Plainfield

Subscribed and sworn to before me this 22 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 2nd *day of* June, 19 87, *authorizing the joining together as husband and wife* WALLY E. MARKO *and* SUSAN E. PELLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JANICE S. CHILEWSKI *hereby certify that on the* 2nd *day of* JUNE, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* WALLY E. MARKO *of* HENDRICKS *County, State of* IN *and, Bride* SUSAN E. PELLEY *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 87.

Signed /s/ JANICE S. CHILEWSKI

Official Designation 1st DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 198

File

5-22-87 Date of Application

MALE
Medical Examination Report Dated 5-12-87
Name of Physician D. J. Sefsik

FEMALE
Medical Examination Report Dated 5-12-87
Name of Physician D. J. Sefsik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bryan Middle D. Last Van Vlymen

Date of Birth: Month 4 Day 16 Year 61

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 560 Dexter Plfd. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Van Vlymen
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Catherine N. Partain
   Residence of mother (if deceased so state) Ind.
   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 x Bryan D Van Vlymen

New Address 228 Elm P. Plainfield 46168

Subscribed and sworn to before me this 22 day of May, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle M. Last Brown

Date of Birth: Month 5 Day 23 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 220 Elm 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. 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. Carrie Brown

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Reed
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marcella Parker
   Residence of mother (if deceased so state) 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 x Brenda M Brown

New Address 220 Elm St, Plfd

Subscribed and sworn to before me this ..... day of ....., 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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 ....., 19.87., authorizing the joining together as husband and wife of Indiana dated the 29 day of May and BRENDA M. BROWN

BRYAN D. VAN VLYMEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARVIN F. VAN VLYMEN hereby certify that on the 7th day of JUNE, at MT. PLEASANT BAPTIST, County of MARION, one thousand nine hundred and 87, State of Indiana, Groom BRYAN D. VAN VLYMEN of HENDRICKS County, State of IN, and, Bride BRENDA M. 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 7th day of JUNE, 1987. Signed /s/ MARVIN F. VAN VLYMEN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

546

Form Prescribed By
Indiana State Board of
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

May 22, 1987
Date of Application

MALE
Medical Examination Report Dated 5-6-87
Name of Physician J. Thompson

FEMALE
Medical Examination Report Dated 5-6-87
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 Gregory Middle Robert Last Sturm

Date of Birth: Month Sept Day 22 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 10606 W. Wash. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Sturm
   Residence of father (if deceased so state) N. Salem, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Janet R. Miller
   Residence of mother (if deceased so state) Dana
   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 Gregory R. Sturm
New Address 10606 W. WASHo

Subscribed and sworn to before me this 22 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Michelle Last Randall

Date of Birth: Month Feb Day 22 Year 1967

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 10606 W. Wash. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Randall
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) NY.
9. Full maiden name of mother Wilma Hackett
   Residence of mother (if deceased so state) Danville, 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 Lisa Randall
New Address 10606 W. Wash.

Subscribed and sworn to before me this 22 day of May, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* 26th *day of* May, 1987, *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 IC 31-1-3-5
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 200

File

5-26-87 Date of Application

MALE
Medical Examination Report Dated 5-19-87
Name of Physician J. J. Thompson

FEMALE
Medical Examination Report Dated 5-19-87
Name of Physician J. 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 Mark Middle A. Last Darnell

Date of Birth: Month 3 Day 25 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: 5930 Hafelger Ln. Street or R. R. Apt. C 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. Fine

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be 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 D. Darnell
   Residence of father (if deceased so state) Oakland
   Birthplace of father (State or foreign country) "
9. Full maiden name of mother Sylvia C. Jones
   Residence of mother (if deceased so state) Oakland
   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 Mark A. Darnell

New Address 5930 Hafelger Lane # C

Subscribed and sworn to before me this 26 day of May, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 G. Last Bell

Date of Birth: Month 2 Day 9 Year 61

Place of Birth (State or foreign country) Ind

Residence Address: 409 N. Roosevelt Rd. Street or R. R. City Indpls. 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) Dr. Fine

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Darrell Richard Bell
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) "
9. Full maiden name of mother Mary Kay Woods
   Residence of mother (if deceased so state) Ind
   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 Pamela G. Bell

New Address 5930 Hafelger Ln. # C

Subscribed and sworn to before me this 26 day of May, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 JUNE, 19 87, authorizing the joining together as husband and wife MARK A. DARNELL and PAMELA G. BELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, A. E. MC KENNEY hereby certify that on the 7th day of JUNE, one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of IN, State of Indiana, Groom MARK A. DARNELL of HEDNRICKS County, State of IN, and, Bride PAMELA G. BELL 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 7th day of JUNE, 1987. Signed /s/ A. E. MC KENNEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 301

File

5-26-87
Date of Application

MALE
Medical Examination Report Dated 5-5-87

Name of Physician R. D. Nation

FEMALE
Medical Examination Report Dated 5-5-87

Name of Physician R. D. Nation

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 V. Last Batic

Date of Birth: Month 5 Day 28 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 313 Prairie Parkway 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 Elmer Grant Batic
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Charlotte L. Price
   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 X Joseph Vencil Batic

New Address 7303 Back Bay Ct. Apt 3C Indpls, In 46224

Subscribed and sworn to before me this 26 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Smith

Date of Birth: Month 3 Day 9 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 301 Prairie Parkway 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) Dau. of Jo. Mary Ellen Smith

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ellis Smith
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Phyllis Ann Cochran
   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 X Deborah Lynne Smith

New Address 7303 BACK BAY COURT, APT 3C, INDPLS, IN 46224

Subscribed and sworn to before me this 26 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 4 *day of* June, 19 87, *authorizing the joining together as husband and wife* JOSEPH V. BATIC *and* DEBORAH L. SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD TYLER *hereby certify that on the* 13th *day of* JUNE, *one thousand nine hundred and* 87 *at* BETHESDA BAPTIST CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* JOSEPH V. BATIC *of* HENDRICKS *County, State of* IN *and, Bride* DEBORAH L. 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* JUNE, 19 87.

Signed /s/ DONALD TYLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-27-87 Date of Application

MALE
Medical Examination Report Dated 5-15-87
Name of Physician Michael Jacobson

FEMALE
Medical Examination Report Dated 5-15-87
Name of Physician Michael 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 Michael Middle Duane Last Mason

Date of Birth: Month April Day 11 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 88 Sycamore St 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 Donald Paul Mason
   Residence of father (if deceased so state) Brownsburg
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Freda Carol Adams
   Residence of mother (if deceased so state) Brownsburg
   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 Michael Mason

New Address

Subscribed and sworn to before me this 27 day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Ranae Last Snyder

Date of Birth: Month July Day 7 Year 1965

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 1084 Clifford Rd. 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 Larry Ray Snyder
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie Jean Thornton
   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 Lisa R. Snyder

New Address

Subscribed and sworn to before me this 27 day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 1 day of June, 1987, authorizing the joining together as husband and wife MICHAEL DUANE MASON and LISA RANAE SNYDER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY R. NASH hereby certify that on the 6th day of JUNE, at BROWNSBURG, County of HEDNRICKS, one thousand nine hundred and 87 of MARION County, State of IN, State of Indiana, Groom MICHAEL DUANE MASON of HENDRICKS County, State of IN, and, Bride LISA RANAE SNYDER 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 6th day of JUNE, 1987. Signed /s/ JERRY R. NASH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

550

Form Prescribed By
Indiana State Board of
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

5-27-87
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 Neil Middle Morgan Last Nightlinger

Date of Birth: Month Sept Day 2 Year 1909

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 1114 Catskill 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 Ler.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ballinger Nightlinger
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Ethel ada Cornell
   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 Neil M Nightlinger

New Address 1114 Catskill Road - Indpls. In 46234

Subscribed and sworn to before me this 27 day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Audrey Middle Delivinia Last Lynch

Date of Birth: Month March Day 12 Year 1932

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 28 Purpura Dr. 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 Ler.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Horace Harrison Beadle
   Residence of father (if deceased so state) Ind. deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Esther Eva Woods
   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 Audrey D Lynch

New Address 1114 Catskill Road - Indpls. In 462

Subscribed and sworn to before me this 27 day of May, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 1 *day of* June, 19 87, *authorizing the joining together as husband and wife* NEIL MORGAN NIGHTLINGER *and* AUDREY DELIVINIA LYNCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY L. WILLIAMS *hereby certify that on the* 4th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* NEIL MORGAN NIGHTLINGER *of* MARION *County, State of* IN *and, Bride* AUDREY DELIVINIA LYNCH *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 87.

Signed /s/ JERRY L. WILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* JUNE, 19 87.

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. 204

File

May 27, 1987
Date of Application

MALE
Medical Examination Report Dated 5-20-87
Name of Physician Donald Sefcik

FEMALE
Medical Examination Report Dated 5-20-87
Name of Physician Donald Sefcik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Vincent Last Heidelberger

Date of Birth: Month May Day 12 Year 1951

Place of Birth (State or foreign country): Indpls Marion In

Residence Address: Street or R. R. 1030 Springcrest 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) Dennis Deluse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Harold Vincent Heidelberger
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Mary Crystal Thompson
   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 Jeffery Vincent Heidelberger
New Address 200 Hanley St Plainfield

Subscribed and sworn to before me this 27 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Ann Last Glaze

Date of Birth: Month November Day 13 Year 1959

Place of Birth (State or foreign country): Indpls Marion In.

Residence Address: Street or R. R. 200 Hanley 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) 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.
   Todd Michael Glaze
   Amy Marie Glaze
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Stephenson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Frances Snodgrass
   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 Virginia Ann Glaze
New Address 200 Hanley, Plainfield In.

Subscribed and sworn to before me this 27 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 1 day of June, 1987, authorizing the joining together as husband and wife JEFFERY V. HEIDELBERGER and VIRGINIA ANN GLAZE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RONALD J. HUMES hereby certify that on the 6th day of JUNE, one thousand nine hundred and 87 at CARTERSBURG, County of HENDRICKS, State of IN, State of Indiana, Groom JEFFERY V. HEIDELBERGER of HENDRICKS County, State of IN, and, Bride VIRGINIA ANN GLAZE 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 1st day of JUNE, 1987. Signed /s/ RONALD J. HUMES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 19 87.

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. 205

File

5-28-87
Date of Application

MALE
Medical Examination Report Dated 5-18-87

Name of Physician Steigmoller

FEMALE
Medical Examination Report Dated 5-18-87

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 Brian Middle Robert Last Gates

Date of Birth: Month 10 Day 17 Year 65

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 248 N. Aspen City Bardstown County Ky State

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 Preston Del Gates
   Residence of father (if deceased so state) Pentwater, Mi
   Birthplace of father (State or foreign country) Mi
9. Full maiden name of mother Sandra Weaver
   Residence of mother (if deceased so state) Whitehall, 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 Brian R Gates

New Address 248 N Aspen Bardstown, Ky 40004

Subscribed and sworn to before me this 28 day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kelli Middle Rae Last Stutz

Date of Birth: Month Aug Day 22 Year 1967

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1414 E 100 N. 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 Wade Stutz
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Joan Burnett
   Residence of mother (if deceased so state) Knaps, 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 Kelli R Stutz

New Address 248 N. Aspen Bardstown, Ky 40004

Subscribed and sworn to before me this 28 day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, *authorizing the joining together as husband and wife* BRIAN ROBERT GATES *and* KELLI RAE STUTZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PETER BLOWER *hereby certify that on the* 13th *day of* JUNE, *one thousand nine hundred and* 87 *at* KINGDOM HALL OF JEHOVAHS WITNESS *County of* MARION, *State of Indiana, Groom* BRIAN ROBERT GATES *of* NELSON *County, State of* KENTUCKY *and, Bride* KELLI RAE STUTZ *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* JUNE, 19 87.

Signed /s/ PETER BLOWER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-28-87 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 TED Middle E. Last Kaptain

Date of Birth: Month 7 Day 24 Year 25

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 7427 Rockleigh Ave. 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 Theodore Kaptain
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Adoline (?. on maiden name)
   Residence of mother (if deceased so state) Ind, Indpls.
   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 [signature]

New Address Same

Subscribed and sworn to before me this 28 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Ethel Middle E. Last Stout

Date of Birth: Month 3 Day 7 Year 12

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Meadow Park 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. 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 Edward Stout
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother S. A. O'Neal
   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 x Ethel E. Stout

New Address 3560 St. Theresa Blvd Apt A Indpls. Ind 46214

Subscribed and sworn to before me this 27 day of May, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 JUNE, 19 87, authorizing the joining together as husband and wife TED E. KAPTAIN and ETHEL E. STOUT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY ADAMSON hereby certify that on the 7th day of JUNE one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION State of Indiana, Groom TED E. KAPTAIN of HENDRICKS County, State of IN and, Bride ETHEL E. STOUT 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 87. Signed /s/ JERRY ADAMSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 19 87

Signed [signature] Clerk HENDRICKS Circuit Court

554

Form Prescribed By
Indiana State Board of
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

5-28-87
Date of Application

MALE
Medical Examination Report Dated 5-19-87

Name of Physician R. D. Diello

FEMALE
Medical Examination Report Dated 5-15-87

Name of Physician E. Bindewald

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Watts

Date of Birth: Month 12 Day 5 Year 63

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. RR. 1 Box 129 N. City Salem 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 W. Watts
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Rita G. West
   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 X Kevin Lee Watts

New Address 3647 St. Thomas Ln.

Subscribed and sworn to before me this 28 day of May, 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sheryl Middle Lynn Last Smith

Date of Birth: Month 7 Day 8 Year 67

Place of Birth (State or foreign country) Indpls. Ind

Residence Address: Street or R. R. 3647 St. Thomas Ln. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Smith
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Marcia Ann Stewart
   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 X Sheryl Lynn Smith

New Address 3647 St. Thomas Ln.

Subscribed and sworn to before me this 28 day of May, 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87., *authorizing the joining together as husband and wife* KEVIN LEE WATTS *and* SHERYL LYNN SMTIH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN E. WASEM *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* KEVIN LEE WATTS *of* HENDRICKS *County, State of* IN *and, Bride* SHERYL LYNN SMITH *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 6th *day of* JUNE, *19* 87.

Signed /s/ JOHN E. WASEM

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-28-87 Date of Application

MALE
Medical Examination Report Dated 5-12-87
Name of Physician R. Floyd

FEMALE
Medical Examination Report Dated 5-11-87
Name of Physician R. Floyd

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roberto Middle [illegible] Last Rodriguez

Date of Birth: Month Nov. Day 23 Year 1959

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 433 N. Allen Dr. City Brownsburg 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. 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 Juan Rodriguez
   Residence of father (if deceased so state) Bellaville?, Tx.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Maria Perez
   Residence of mother (if deceased so state) Waples Co.
   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 Roberto Rodriguez

New Address 433 N. Allen Dr. BROWNSBURG, IND

Subscribed and sworn to before me this 28 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 J. Last Cooper

Date of Birth: Month July Day 6 Year 1960

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 433 Allen Dr. City Brownsburg County [illegible] 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.
   Michael R. Cooper

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cooper
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Barbara Morbeck
   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 Debra J. Cooper

New Address 433 N. Allen Dr Brownsbg

Subscribed and sworn to before me this 28 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, authorizing the joining together as husband and wife of Indiana dated the 9th day of July and DEBRA J. COOPER ROBERT RODRIGUEZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 9th day of JULY, County of HENDRICKS, one thousand nine hundred and 87 at DANVILLE, County, State of IN, State of Indiana, Groom ROBERT RODRIGUEZ of HENDRICKS County, State of IN, and, Bride DEBRA J. COOPER 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 9th day of JULY, 19.87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE, HENDRICKS SUPERIOR COURT NO. 1

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JULY, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-29-87
Date of Application

MALE
Medical Examination Report Dated 5-18-87
Name of Physician O. Kourany, M.D.

FEMALE
Medical Examination Report Dated 5-18-87
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 Douglas | Middle Owen | Last Ashley

Date of Birth: Month 4 | Day 15 | Year 1963

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R.R. #4, Box 338 | City Monrovia | County | State In. 46157

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 Jones Ashley, Jr.
   Residence of father (if deceased so state) Monrovia, Indiana
   Birthplace of father (State or foreign country) Tennessee.
9. Full maiden name of mother Patricia Sue Trichum
   Residence of mother (if deceased so state) Indiana, Monrovia
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Douglas Owen Ashley

New Address 6450 St Rd 39 Martinsville Ind 46151

Subscribed and sworn to before me this 29th day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Charlotte | Middle Elaine | Last Peel

Date of Birth: Month 8 | Day 8 | Year 1962

Place of Birth (State or foreign country) Huntsville, Alabama

Residence Address: Street or R. R. 1011 Kirkwood Dr. | City Plainfield | County | 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Marion Peel
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Florida
9. Full maiden name of mother Sondra Jean Yorkro
   Residence of mother (if deceased so state) Plainfield, In.
   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 Charlotte Elaine Peel

New Address 6450 St Rd 39 Martinsville, In 46151

Subscribed and sworn to before me this 29th day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* June, 19 87, *authorizing the joining together as husband and wife* DOUGLAS OWEN ASHLEY *and* CHARLOTTE ELAINE PELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL AKARD RILEY *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* MONROVIA, *County of* MORGAN, *State of Indiana, Groom* DOUGLAS OWEN ASHLEY *of* MORGAN *County, State of* IN *and, Bride* CHARLOTTE ELAINE PELL *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 87.

Signed /s/ CARL AKARD RILEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-29-87 Date of Application

MALE
Medical Examination Report Dated 5-23-87
Name of Physician J. I. Cronkhite

FEMALE
Medical Examination Report Dated 5-23-87
Name of Physician J. I. Cronkhite

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lynn Middle D. Last Duby

Date of Birth: Month 10 Day 28 Year 41

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 538 Sugarwood 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. 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.
   Lynn D. Duby
   Brian E. Duby
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Duby
   Residence of father (if deceased so state) Kansas
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Viola Saunders
   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 Lynn D Duby

New Address Same as above

Subscribed and sworn to before me this 29 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 L. Last Young

Date of Birth: Month 4 Day 30 Year 35

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 538 Sugarwood 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. 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 Paul Shirko
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Russia
9. Full maiden name of mother Erma E. Hajek
   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 Janet L. Young

New Address SAME AS ABOVE

Subscribed and sworn to before me this 29 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 5th day of June, 19 87, authorizing the joining together as husband and wife LYNN D. DUBY and JANET L. YOUNG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES ARTHUR WATSON hereby certify that on the 13th day of JUNE, one thousand nine hundred and 87, at DANVILLE, County of IN, State of Indiana, Groom LYNN D. DUBY of HENDRICKS County, State of IN, and, Bride JANET L. YOUNG 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 JUNE, 19 87. Signed /s/ JAMES ARTHUR WATSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

558

Form Prescribed By
Indiana State Board of
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

5-29-87
Date of Application

MALE
Medical Examination Report Dated 5-28-87
Name of Physician Donald J. Sefcik

FEMALE
Medical Examination Report Dated
Name of Physician Donald J. Sefcik 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 Timothy Middle H. Last Skinner

Date of Birth: Month 5 Day 10 Year 1967

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Plainfield 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Skinner
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Josita Ann Clark
   Residence of mother (if deceased so state) Mooresville, 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 X Timothy H. Skinner

New Address 270 Avon Ave. Plainfield IN. 46168

Subscribed and sworn to before me this 29 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 C. Last Robertson

Date of Birth: Month 11 Day 29 Year 1964

Place of Birth (State or foreign country) Baltimore Maryland

Residence Address: Street or R. R. Plainfield 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 Paul L. Green
   Residence of father (if deceased so state) Bargersville, In.
   Birthplace of father (State or foreign country) Baltimore Maryland
9. Full maiden name of mother Barbara L. Clegg
   Residence of mother (if deceased so state) Bargersville, In.
   Birthplace of mother (State or foreign country) Baltimore Maryland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kelly C. Robertson

New Address 270 Avon Ave. Apt 4 Plainfield

Subscribed and sworn to before me this 29 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* TIMOTHY H. SKINNER *and* KELLY C. ROBERTSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT M. SHERMAN *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* STILESVILLE, *County of* HEDNRICKS, *State of Indiana, Groom* TIMOTHY H. SKINNER *of* HENDRICKS *County, State of* IN *and, Bride* KELLY C. ROBERTSON *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* 87.

Signed /s/ ROBERT M. SHERMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* JUNE, *19* 87.

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 June 1, 1973

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212

File

5-29-87 Date of Application

MALE
Medical Examination Report Dated 5-28-87
Name of Physician Iyeni O. Oei

FEMALE
Medical Examination Report Dated 5-28-87
Name of Physician Iyeni O. Oei

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Kapahu Last Hughes

Date of Birth: Month Sept Day 8 Year 1947

Place of Birth (State or foreign country) Honolulu Hawaii

Residence Address: Street or R. R. 1412 Miami Ct. 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be 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 Eugene Hughes
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jade Wanda Macomber
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Hawaii

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald K Hughes

New Address 1412 Miami Ct So. Plainfield Ind

Subscribed and sworn to before me this 29 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Roseann Middle Last Hoffer

Date of Birth: Month Feb Day 10 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 325 S. Center 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 Carl Henry Gillman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Georgene M. Hirt
   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 Roseann Hoffer

New Address 1412 Miami Ct S.

Subscribed and sworn to before me this 29 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, authorizing the joining together as husband and wife of Indiana dated the 4 day of June and DONADL K. HUGHES ROSEANN HOFFER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MICHAEL BULLARD hereby certify that on the 6th day of JUNE, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DONALD K. HUGHES of HENDRICKS County, State of IN, and, Bride ROSEANN HOFFER 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 87. Signed /s/ MICHAEL BULLARD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

560

Form Prescribed By
Indiana State Board of
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

May 29, 1987
Date of Application

MALE
Medical Examination Report Dated 5-27-87
Name of Physician John M. Hague Md.

FEMALE
Medical Examination Report Dated 5-27-87
Name of Physician John M. Hague 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 Michael Last Damler

Date of Birth: Month Dec Day 22 Year 1964

Place of Birth (State or foreign country) Marion Co. In

Residence Address: Street or R. R. 6141 C. Robin Run 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Damler Jr.
   Residence of father (if deceased so state) Carmel, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Patricia Anne Venezia
   Residence of mother (if deceased so state) Carmel, 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 Robert Michael Damler

New Address 6141 C Robin Run Indpls. IN

Subscribed and sworn to before me this 29 day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Ruth Last Everman

Date of Birth: Month Feb. Day 9 Year 1965

Place of Birth (State or foreign country) Johnson Co. In.

Residence Address: Street or R. R. 21 Burns Rd. City Bainbridge County Putnam 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 Wayne Everman Jr.
   Residence of father (if deceased so state) Marion Co. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Madelyn Carol Carnes
   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 Elaine Ruth Everman

New Address 6141C Robin Run Indpls, In 46254

Subscribed and sworn to before me this 29 day of May, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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* June, 87, *authorizing the joining together as husband and wife* ROBERT MICHAEL DAMLER *and* ELAINE RUTH EVERMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT J. GILDAY *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* ROBERT MICHAEL DAMLER *of* HAMILTON *County, State of* IN *and, Bride* ELAINE RUTH EVERMAN *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* 87.

Signed /s/ ROBERT J. GILDAY

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-29-87 Date of Application

MALE
Medical Examination Report Dated 5-27-87
Name of Physician O. Kovarany

FEMALE
Medical Examination Report Dated 5-27-87
Name of Physician O. Kovarany

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last France

Date of Birth: Month 11 Day 10 Year 43

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 215 Hobbs Plfd. 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. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Sean

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. France
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Thelma W. Joplin
   Residence of mother (if deceased so state) Deceased
   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 ☒ Mark France

New Address same as above

Subscribed and sworn to before me this 29 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Phyllis Middle M. Last Doley

Date of Birth: Month 7 Day 5 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 215 Hobbs Plfd. 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. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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
   Jody
   Jamie

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ringley T. Hawkins
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jacqueline R. Skirvin
   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 ☒ Phyllis M. Doley

New Address Same as above

Subscribed and sworn to before me this 29 day of May, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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, 19 87, authorizing the joining together as husband and wife of Indiana dated the* 3rd *day of* June, 19 87, *and* MARK W. FRANCE *and* PHYLLIS M. DOLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN L. CROSE *hereby certify that on the* 5th *day of* JUNE, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MARK W. FRANCE *of* HENDRICKS *County, State of* IN, *and, Bride* PHYLLIS M. DOLEY *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* JUNE, 19 87. *Signed* /s/ JOHN L. CROSE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* JUNE, 19 87.

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. 215

File

5-19-87
Date of Application

MALE
Medical Examination Report Dated 5-19-87

Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 5-19-87

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 Perry Middle R. Last Elliott

Date of Birth: Month 12 Day 16 Year 66

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 5375 Longwoods 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Corey M. Elliott, 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 Richard W. Elliott
   Residence of father (if deceased so state) Acton, Mass.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mariann Cross
   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 Perry R. Elliott

New Address 5375 Longwoods ct.

Subscribed and sworn to before me this 29 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A. Last Emerson

Date of Birth: Month 3 Day 14 Year 65

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 1810 Timberwood Drive 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 William James Emerson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Joyce Elaine Rogers
   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 Julie A. Emerson

New Address 5375 Longwoods Ct.

Subscribed and sworn to before me this 29 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... 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* June, 19 87, *authorizing the joining together as husband and wife* PERRY RICHARD ELLIOTT *and* JULIE ANN EMERSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROD A. MATHEWS *hereby certify that on the* 13th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* PERRY RICHARD ELLIOTT *of* MARION *County, State of* IN *and, Bride* JULIE ANN EMERSON *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* JUNE, 19 87.

Signed /s/ ROD A. MATHEWS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

5-29-87 Date of Application

MALE
Medical Examination Report Dated 5-25-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 5-25-87
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 KAO Middle — Last LEE

Date of Birth: Month 4 Day 9 Year 57

Place of Birth (State or foreign country) Laos

Residence Address: Street or R. R. 1279 Argyle City Pittsboro 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. Hx.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Joseph Pao Lee
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fai Dang Lee
   Residence of father (if deceased so state) New York
   Birthplace of father (State or foreign country) Laos
9. Full maiden name of mother Pa Yang Lee
   Residence of mother (if deceased so state) New York
   Birthplace of mother (State or foreign country) Laos

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kao Lee

New Address

Subscribed and sworn to before me this 29 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First BAO Middle — Last Xiong

Date of Birth: Month 3 Day 22 Year 66

Place of Birth (State or foreign country) Laos

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. Hx.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Joseph Pao Lee
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vong Pao Xiong
   Residence of father (if deceased so state) Rhode Island
   Birthplace of father (State or foreign country) Laos
9. Full maiden name of mother Mary Lee
   Residence of mother (if deceased so state) Rhode Island
   Birthplace of mother (State or foreign country) Laos

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bao Xiong

New Address

Subscribed and sworn to before me this 29 day of May, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 19 87, authorizing the joining together as husband and wife KAO LEE and BAO XIONG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JANICE CHILEWSKI hereby certify that on the 11th day of JUNE, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom KAO LEE of HENDRICKS County, State of IN, and, Bride BAO XIONG 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 JUNE, 19 87. Signed /s/ JANICE S. CHILEWSKI

Official Designation 1ST DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of JUNE, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

5-29-87
Date of Application

MALE
Medical Examination Report Dated 5-26-87

Name of Physician M. Baker

FEMALE
Medical Examination Report Dated 5-26-87

Name of Physician M. 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 R. Last Burton

Date of Birth: Month 12 Day 15 Year 46

Place of Birth (State or foreign country) Ind.

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. 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.
   Christopher R.
   Brandi R.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Otto Burton
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Verna Jean Morris
   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 X John R. Burton

New Address Same as above

Subscribed and sworn to before me this 29 day of May, 87

Mary Jane Pyrsell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kathy Middle L. Last Rettig

Date of Birth: Month 4 Day 11 Year 54

Place of Birth (State or foreign country) Ohio.

Residence Address: Street or R. R. 4790 Ridgehill Way City Rkld. 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 Nathaniel V. Rettig
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Dorothy Ann Sabbenter
   Residence of mother (if deceased so state) 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 Kathy L. Rettig

New Address Same as above

Subscribed and sworn to before me this 29 day of May, 87

Mary Jane Pyrsell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 5th *day of* June, *19* 87, *authorizing the joining together as husband and wife* JOHN R. BURTON *and* KATHY L. RETTIG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY TRAVIS *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JOHN R. BURTON *of* HENDRICKS *County, State of* IN *and, Bride* KATHY L. RETTIG *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* 87.

Signed /s/ LARRY TRAVIS

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JUNE, *19* 87.

Signed Mary Jane Pyrsell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-9-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218

File

5-29-87 Date of Application

MALE
Medical Examination Report Dated 5-23-87
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated 5-23-87
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 Douglas Middle D. Last McKinzie

Date of Birth: Month 7 Day 19 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6355 Monarch Drive 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Doyle NcKinzie
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rita Kaye Ramer
   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 Douglas D McKinzie

New Address 6355 Monarch Dr. #D

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 Leslie Middle A. Last Catt

Date of Birth: Month 7 Day 12 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 19 William Drive 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 David Griesemer
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jennifer Lynn Catt
   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 A Catt

New Address 6255 Monarch Dr #D

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 ....., 19.....7., authorizing the joining together as husband and wife of Indiana dated the 4th day of June and DOUGLAS D. MC KINZIE LESLIE A. CATT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIE B. TYLER hereby certify that on the 7th day of JUNE one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of Indiana, Groom DOUGLAS D. MC KINZIE of MARION County, State of IN, and, Bride LESLIE A. CATT 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, 1987. Signed /s/ WILLIE B. TYLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JUNE, 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

566

Form Prescribed By
Indiana State Board of
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

5-29-87
Date of Application

MALE
Medical Examination Report Dated 5-5-87
Name of Physician Marc A. Kaplan

FEMALE
Medical Examination Report Dated 5-4-87
Name of Physician Susan W. Burkholder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Paul Last Potucek

Date of Birth: Month Nov. Day 2 Year 1955

Place of Birth (State or foreign country) Desmond In

Residence Address: Street or R. R. 2633 E. Wilcox #2 City Sierra Vista County Cochise State Az

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 John Paul Potucek
   Residence of father (if deceased so state) Highland, In.
   Birthplace of father (State or foreign country) Desmond, In.
9. Full maiden name of mother Lillian Formanek
   Residence of mother (if deceased so state) Highland, In.
   Birthplace of mother (State or foreign country) Chicago, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Paul Potucek
New Address 2633 E. Wilcox #2 Sierra Vista, Az

Subscribed and sworn to before me this 25 day of June, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Maureen Middle K. Last O'Neill

Date of Birth: Month 6 Day 4 Year 1956

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 1418 Dallas 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 Gerald F. O'Neill
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Frances Marp
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Chicago, Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Maureen K. O'Neill
New Address

Subscribed and sworn to before me this 29 day of May, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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 87, *authorizing the joining together as husband and wife* CHARLES PAUL POTUCEK *and* MAUREEN K. O'NEILL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, NEAL R. SADLER *hereby certify that on the* 26th *day of* JUNE, *one thousand nine hundred and* 87 *at* ST. JOHN'S U.C.C, *County of* MARION, *State of Indiana, Groom* CHARLES PAUL POTUCEK *of* COCHISE *County, State of* ARIZONA *and, Bride* MAUREEN K. O'NEILL *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 87.

Signed /s/ NEAL R. SADLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

6-1-87 Date of Application

MALE
Medical Examination Report Dated 5-12-87
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 5-12-87
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 William Middle A. Last Finchum

Date of Birth: Month 10 Day 18 Year 68

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. 3455 Lot 14 East 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 female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lewis Finchum
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Burnett
   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 William Finchum

New Address

Subscribed and sworn to before me this 1st day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A Last Phipps

Date of Birth: Month 8 Day 1 Year 1966

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 3455 E. Main Lot 14 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 James Michael Phipps
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeannene Marie Albers
   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 Michele A. Phipps

New Address

Subscribed and sworn to before me this 1st day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* June, 19 87, *authorizing the joining together as husband and wife* WILLIAM A. FINCHUM *and* MICHELLE A. PHIPPS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BYRON ROBERTS *hereby certify that on the* 6th *day of* JUNE *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* WILLIAM A. FINCHUM *of* HENDRICKS *County, State of* IN, *and, Bride* MICHELLE A. PHIPPS *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 6th *day of* JUNE, 19 87. *Signed* /s/ BYRON ROBERTS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

568

Form Prescribed By
Indiana State Board of
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

6-1-87
Date of Application

MALE
Medical Examination Report Dated 5-8-87
Name of Physician Michael Pingatore

FEMALE
Medical Examination Report Dated 5-20-87
Name of Physician Donald J. Seifert

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 — Last Barnes

Date of Birth: Month 10 Day 10 Year 46

Place of Birth (State or foreign country) Iowa.

Residence Address: Street or R. R. 9613 Melody Dr. City Indpls. 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 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 Melvin Barnes
   Residence of father (if deceased so state) Indpls. Ind
   Birthplace of father (State or foreign country) Iowa.
9. Full maiden name of mother Gladys D. Mathis
   Residence of mother (if deceased so state) Plyd Ind.
   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 ☒ Albert Barnes

New Address 9613 melody dr Indpls, In 46231

Subscribed and sworn to before me this 5th day of June, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 D. Last Patterson

Date of Birth: Month 12 Day 12 Year 60

Place of Birth (State or foreign country) Ind.

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) Driver's Lic - 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 Harold W. Patterson
   Residence of father (if deceased so state) Avon Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia Lee Silkwood
   Residence of mother (if deceased so state) Plyd 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 Debra D. Patterson

New Address 9613 Melody Dr. Indpls 46231

Subscribed and sworn to before me this 5th day of June, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* June, 1987, *authorizing the joining together as husband and wife* ALBERT BARNES *and* DEBRA D. PATTERSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JEFFREY V. BOLES *hereby certify that on the* 6th *day of* JUNE, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* ALBERT BARNES *of* HENDRICKS *County, State of* IN *and, Bride* DEBRA D. PATTERSON *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* 87.

Signed /s/ J. V. BOLES

Official Designation JUDGE CIRCUIT COURT

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

6-1-87 Date of Application

MALE
Medical Examination Report Dated 6-1-87
Name of Physician Thomas M. Walker MD

FEMALE
Medical Examination Report Dated 5-27-87
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 Charles Middle Cluffard Last Bogeman

Date of Birth: Month 3 Day 30 Year 19

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 11 Lauck Ln. City Indianapolis County State In. 46227

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 Cluffud Valentine Bogeman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Shelbyville In.
9. Full maiden name of mother Dessie Dailey Bailey
   Residence of mother (if deceased so state) Deceased
   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.

X Signed Charles C. Bogeman

X New Address 11 Lauck Lane, Indpls, Ind.

Subscribed and sworn to before me this 8th day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 B. Last Oliver

Date of Birth: Month Apr Day 6 Year 1928

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5 Apple Blossom Dr. City Lyn 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. 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 Clyde Brown
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Laura Tiddle
   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 X Doris B Oliver

New Address 5 Apple Blossom Dr Brownsburg

Subscribed and sworn to before me this 1 day of June, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* JUNE, 1987, *authorizing the joining together as husband and wife* CHARLES C. BOGEMAN *and* DORIS B. OLIVER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of* IN, *of* MARION *County, State of* IN, *and, Bride* DORIS B. OLIVER *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 87. *Signed* /s/ GEORGE W. DAVIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JUNE, 19 87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

570

Form Prescribed By
Indiana State Board of
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

6-1-87
Date of Application

MALE
Medical Examination Report Dated 5-27-87
Name of Physician Margie C. Sweeney

FEMALE
Medical Examination Report Dated 5-27-87
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 David Middle A. Last Pera

Date of Birth: Month 12 Day 29 Year 1964

Place of Birth (State or foreign country) Indeana

Residence Address: Street or R. R. 32 Piccadilly Rd. City B'burg 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 Jesse E. Pera
   Residence of father (if deceased so state) Portage, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley A. Hoskins
   Residence of mother (if deceased so state) Portage, 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 A. Pera

New Address

Subscribed and sworn to before me this 1st day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 A. Last Matta

Date of Birth: Month 3 Day 6 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 32 Piccadilly Rd. City B'burg 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 John J. Matta
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Pittsburgh Pa.
9. Full maiden name of mother Kathleen J. Lacey
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Pittsburgh, Pa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen A. Matta

New Address

Subscribed and sworn to before me this 1st day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* June, 1987, *authorizing the joining together as husband and wife* DAVID A. PERA *and* KATHLEEN A. MATTA

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THOMAS W. LACEY *hereby certify that on the* 13th *day of* JUNE, *one thousand nine hundred and* 87 *at* VALPARAISO, *County of* PORTER, *State of Indiana, Groom* DAVID A. PERA *of* HENDRICKS *County, State of* IN *and, Bride* KATHLEEN A. MATTA *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* JUNE, *19* 87.

Signed /s/ THOMAS W. LACEY

Official Designation SUBSTITUTE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

6/2/87 Date of Application

MALE
Medical Examination Report Dated 5/18/87
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 5/18/87
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 Billy Middle G. Last Fulks

Date of Birth: Month 12 Day 09 Year 1942

Place of Birth (State or foreign country) Cumberland Ky.

Residence Address: Street or R. R. R#1 Box 185 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 Lic. - 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.
   Brian - age 16
   Scott - age 13
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 William Fulks
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Ollie Ethel Carroll
   Residence of mother (if deceased so state) Rockwood, Tn.
   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 Billy G. Fulks
New Address SAME AS ABOVE
Subscribed and sworn to before me this 2 day of June, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Fersch

Date of Birth: Month 12 Day 08 Year 1950

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. R#1 Box 185 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 Lic. - 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 Richard Lee McFarland
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) La.
9. Full maiden name of mother Ruth Jean Lumley
   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 Cathy Fersch
New Address same as above
Subscribed and sworn to before me this 2 day of June, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 ..... on the 11th day of June, 19 87, authorizing the joining together as husband and wife of Indiana dated the ..... and BILLY G. FULKS CATHY L. FERSCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE A. PURNELL hereby certify that on the 13th day of JUNE one thousand nine hundred and 87 at PITTSBORO, County of HENDRICKS, State of IN, State of Indiana, Groom BILLY G. FULKS of HENDRICKS County, State of IN, and, Bride CATHY L. FERSCH 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 13th day of JUNE, 19 87. Signed /s/ GEORGE A. PURNELL
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JUNE, 19 87
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

572

Form Prescribed By
Indiana State Board of
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

6-2-87
Date of Application

MALE
Medical Examination Report Dated 5-23-87
Name of Physician G. Midla, D.O.

FEMALE
Medical Examination Report Dated 5-23-87
Name of Physician G. Midla 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 Lloyd Middle Allen Last Rector

Date of Birth: Month 2 Day 18 Year 47

Place of Birth (State or foreign country) Mullen, Nebr.

Residence Address: Street or R. R. R1 City Monrovia County Hend. Co. 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 Henry Rector
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Mullen, Nebr.
9. Full maiden name of mother Oline Pauline Marrison
   Residence of mother (if deceased so state) North Platte Nebr.
   Birthplace of mother (State or foreign country) Mullen, Nebr.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Lloyd Rector

× New Address RR #1 Monrovia

Subscribed and sworn to before me this 2nd day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Sue Last Baker

Date of Birth: Month 10 Day 3 Year 47

Place of Birth (State or foreign country) Martinsville In.

Residence Address: Street or R. R. Rt 1 City Monrovia 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.
   Joey Richards 8 yrs.
   Shelna Richards 12 yrs.
   Brandy Lynn Rector 2 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 Orville Nail Jr.
   Residence of father (if deceased so state) Martinsville In.
   Birthplace of father (State or foreign country) Martinsville In.
9. Full maiden name of mother Virginia Lorene Oakes
   Residence of mother (if deceased so state) Martinsville In.
   Birthplace of mother (State or foreign country) Martinsville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Karen Baker

× New Address RR #1 Monrovia

Subscribed and sworn to before me this 2nd day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* June, 19 87, *authorizing the joining together as husband and wife* LLOYD ALLEN RECTOR *and* KAREN S. BAKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, M. E. LANE *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 87 *at* MARTINSVILLE, *County of* MORGAN, *State of Indiana, Groom* LLOYD A. RECTOR *of* HENDRICKS *County, State of* IN *and, Bride* KAREN S. BAKER *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* 87.

Signed /s/ M. E. LANE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 226

File

6-2-87 Date of Application

MALE
Medical Examination Report Dated 5-19-87
Name of Physician M. V. Fletcher

FEMALE
Medical Examination Report Dated 5-22-87
Name of Physician D. J. Sefcik

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Rucker

Date of Birth: Month 4 Day 5 Year 58

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 132 E. Polson 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) 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.
   Kristyn

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be 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. Rucker
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Martha E. Sanders
   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 x Robert Rucker

New Address 132 E. PALMER ST.

Subscribed and sworn to before me this 2 day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Young

Date of Birth: Month 7 Day 9 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 379 City Clayton 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) 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.
   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 Allen E. Melton
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Christine M. Poore
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Cheryl L. Young

New Address 13E Palmer

Subscribed and sworn to before me this 2 day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... on the 8 day of June, 19 87, authorizing the joining together as husband and wife of Indiana dated the ROBERT C. RUCKER and CHERYL L. YOUNG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TIMOTHY D. PAINO hereby certify that on the 13th day of JUNE one thousand nine hundred and 87 at LIGHT & LIFE FREE METHODIST CHURCH, County of HENDRICKS, State of Indiana, Groom ROBERT C. RUCKER of MARION County, State of IN and, Bride CHERYL L. YOUNG 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 JUNE, 19 87. Signed /s/ TIMOTHY D. PAINO

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of JUNE, 19 87. Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

574

Form Prescribed By
Indiana State Board of
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

6-3-87
Date of Application

MALE
Medical Examination Report Dated 5-20-87

Name of Physician J. C. Miller

FEMALE
Medical Examination Report Dated 5-20-87

Name of Physician J. C. 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 Mark Middle K. Last Walton

Date of Birth: Month 8 Day 9 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 87 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. 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 Verne L. Walton
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Vera L. Keal
   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 X Mark K. Walton

New Address P.O Box 315 North Salem IN 46165

Subscribed and sworn to before me this 3 day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Wray

Date of Birth: Month 12 Day 31 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 315 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. 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 Everett W. Wray
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Marie Davidson
   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 X Kathy Wray

New Address P.O. Box 315 N. Salem, In. 46165

Subscribed and sworn to before me this 3 day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, authorizing the joining together as husband and wife MARK K. WALTON and KATHY JO WRAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TONY L. RIGGER hereby certify that on the 20th day of JUNE, one thousand nine hundred and 87 at NORTH SALEM, County of HENDRICKS, State of Indiana, Groom MARK K. WALTON of HENDRICKS County, State of IN, and, Bride KATHY JO WRAY 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 87.

Signed /s/ TONY L. RIGGER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of JUNE, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

June 3, 1987 Date of Application

MALE
Medical Examination Report Dated 6-1-87
Name of Physician Timothy Cook

FEMALE
Medical Examination Report Dated 6-1-87
Name of Physician Timothy Cook

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ray Last Carlton Jr.
Date of Birth: Month 1 Day 15 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1143 N. 425 E. 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 Donald Ray Carlton
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lilly Janet Blair
   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 Ray Carlton JR
New Address 409 Railroad Street Lizton 46149

Subscribed and sworn to before me this 3 day of June, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Traci Middle Rae Last Toney
Date of Birth: Month 12 Day 27 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 50 City Pittsboro 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 Larry Alan Toney
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Keith Gilbert
   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 Traci Rae Toney
New Address 709 Railroad ST. LIZTON IN 46149

Subscribed and sworn to before me this 3 day of June, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87, *authorizing the joining together as husband and wife* DONALD RAY CARLTON, JR. *and* TRACI RAE TONEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARTIN A. PETER *hereby certify that on the* 13th *day of* JUNE, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DONALD RAY CARLTON, JR. *of* HENDRICKS *County, State of* IN, *and, Bride* TRACI RAE TONEY *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* JUNE, 19 87. *Signed* /s/ MARTIN A. PETER
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JUNE, 19 87 *Clerk*
Signed Mary Jane Russell HENDRICKS *Circuit Court*

576

Form Prescribed By
Indiana State Board of
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

6-3-87
Date of Application

MALE
Medical Examination Report Dated 5-30-87

Name of Physician C. H. Tripple

FEMALE
Medical Examination Report Dated 5-30-87

Name of Physician C. H. Tripple

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 R. Last Mitchell

Date of Birth: Month 5 Day 16 Year 32

Place of Birth (State or foreign country) MW.

Residence Address: Street or R. R. RR 4 Box 454 City Pitt 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 William Mitchell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Scotland
9. Full maiden name of mother Ann C. Selinsky
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) MW.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Stephen R. Mitchell

New Address 501 Blossom Dr., Plainfield

Subscribed and sworn to before me this 3 day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ruth Middle C. Last Kelley

Date of Birth: Month 3 Day 31 Year 26

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 501 Blossom 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. 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 Carlton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth Meeks
   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 X Ruth C. Kelley

New Address 501 Blossom Dr.

Subscribed and sworn to before me this 3 day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* June, 19 87, *authorizing the joining together as husband and wife* STEPHEN R. MITCHELL *and* RUTH C. KELLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BRUCE A. BROWN *hereby certify that on the* 13th *day of* JUNE, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* STEPHEN R. MITCHELL *of* HENDRICKS *County, State of* IN *and, Bride* RUTH C. KELLEY *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 87.

Signed /s/ BRUCE A. BROWN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

577

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-5-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 230

File

6-4-87 Date of Application

MALE
Medical Examination Report Dated 5/27/87
Name of Physician M. James Black

FEMALE
Medical Examination Report Dated 5/27/87
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 James Middle E. Last Tennancour

Date of Birth: Month 5 Day 26 Year 1966

Place of Birth (State or foreign country) Odette, Odette Co. N. Dakota

Residence Address: Street or R. R. 736 Nantucket Ct. Apt 3-D City Indpls. County Marion 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 Lic - 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 John Eugene Tennancour
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N. Dakota
9. Full maiden name of mother Pamela Rae Martinson
   Residence of mother (if deceased so state) Grand Forks, N. D.
   Birthplace of mother (State or foreign country) North Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James E Tennancour

New Address Same as above

Subscribed and sworn to before me this 4th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Layna Middle K. Last Wiles

Date of Birth: Month 9 Day 23 Year 1965

Place of Birth (State or foreign country) Hendricks Co. Indiana

Residence Address: Street or R. R. 64 Stonybrook 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 Lic. - 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 Frank Marion Wiles
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Marsha Williams McTeer
   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 Layna K. Wiles

New Address 736 Nantucket Ct. Apt 3B Indpls.

Subscribed and sworn to before me this 4th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 87 , authorizing the joining together as husband and wife of Indiana dated the 8 day of June and LAYNA K. WILES JAMES TENNANCOUR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. CURRY hereby certify that on the 20th day of JUNE, one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JAMES TENNANCOUR of MARION County, State of IN and, Bride LAYNA KAY WILES 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 87 Signed /s/ GEORGE W. CURRY

Official Designation PASTOR, Associate

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of JUNE, 19 87

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. 231

File

6-4-87
Date of Application

MALE
Medical Examination Report Dated 6-1-87
Name of Physician J. Kerlin

FEMALE
Medical Examination Report Dated 6-1-87
Name of Physician J. 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 Shannon Middle W. Last Knotts

Date of Birth: Month 2 Day 2 Year 69

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 397 E. Mill 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 Richard Lewis 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 Shannon W. Knotts
New Address 397 E. Mill

Subscribed and sworn to before me this 4 day of June, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Stephenie Middle L. Last Hoop

Date of Birth: Month 10 Day 10 Year 68

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Stephen H. Hoop
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joanne Ward
   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 X Stephenie Hoop
New Address 397 E Mill Danville, In 46122

Subscribed and sworn to before me this 4 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 4th day of June, 19 87, authorizing the joining together as husband and wife SHANNON W. KNOTTS and STEPHENIE L. HOOP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL T. LAMEY hereby certify that on the 6th day of JUNE, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom SHANNON W. KNOTTS of HENDRICKS County, State of IN and, Bride STEPHENIE L. HOOP 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 87.

Signed /s/ DANIEL T. LAMEY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of JUNE, 19 87.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232

File

6-4-87 Date of Application

MALE
Medical Examination Report Dated 5-30-87
Name of Physician Charles H. Tripple

FEMALE
Medical Examination Report Dated 5-30-87
Name of Physician Charles H. Tripple

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 P. Last McGuire
Date of Birth: Month 6 Day 9 Year 40
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 330 Green St. City Pltfd. 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. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christian Patrick McGuire
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be 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 A. McGuire
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Louise E. Hannegan
   Residence of mother (if deceased so state) Mooresville 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 James P McGuire
New Address 330 Green ST Pltfld Ind 46168

Subscribed and sworn to before me this 4 day of June, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lida Middle R. Last Fenwick
Date of Birth: Month 7 Day 26 Year 45
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 9114 Mt. Shasta S. 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. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Donald R. Brenneman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Lawrence
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Mary Margaret Burt
   Residence of mother (if deceased so state) Pittsboro Ind.
   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 Lida R. Fenwick
New Address 330 Green St. Plainfield In.

Subscribed and sworn to before me this 4 day of June, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 June, 19 87, authorizing the joining together as husband and wife JAMES P. McGUIRE and LIDA ROSE FENWICK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JEFFREY NELSON hereby certify that on the 3rd day of JULY one thousand nine hundred and 87 at MOORESVILLE, County of MORGAN, State of Indiana, Groom JAMES P. McGUIRE of HENDRICKS County, State of IN, and, Bride LIDA ROSE FENWICK 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 3rd day of JULY, 1987. Signed /s/ JEFFREY NELSON
Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JULY, 1987.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

580

Form Prescribed By
Indiana State Board of
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

June 4, 1987
Date of Application

MALE
Medical Examination Report Dated 5-14-87
Name of Physician Ken Maynard

FEMALE
Medical Examination Report Dated 5-15-87
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 Michael Middle David Last Ray

Date of Birth: Month 4 Day 24 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2535 Eaker ~~Ct~~ Rd 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Warner Ray
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Sue Stephenson
   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 D. Ray
New Address Same as Above

Subscribed and sworn to before me this 4 day of June, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Marie Last Harper

Date of Birth: Month 1 Day 31 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2535 Eaker Ct ~~Eagle Road~~ 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 ~~Oscar Black~~ Robert E Harper
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Alice Marie Pittman
   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 Anita M Harper
New Address SAME AS ABOVE

Subscribed and sworn to before me this 4 day of June, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, *authorizing the joining together as husband and wife* MICHAEL DAVID RAY *and* ANITA MARIE HARPER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN *hereby certify that on the* 13th *day of* JULY, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL DAVID RAY *of* HEDNRICKS *County, State of* IN *and, Bride* ANITA MARIE HARPER *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* JUNE, 19 87.

Signed /s/ CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* July, 19 87.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 234

File

June 5, 1987 Date of Application

MALE
Medical Examination Report Dated 6-2-87
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-2-87
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 Troy Middle David Last Wright

Date of Birth: Month 8 Day 16 Year 66

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 4827 N. Rockwood Av. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Wright
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Mae Dorr
   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 Troy D. Wright

New Address 7831 Swallowtail Dr. Indpls.

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 Kimberly Middle Lynn Last Phillips

Date of Birth: Month 11 Day 14 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: 967 Sharon Drive Plainfield Hendricks 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 Charles Richard Phillips
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathy Sharon Haxelwood
   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 Kimberly L. Phillips

New Address 7831 Swallowtail Dr. Indpls. 46214

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 ..... HENDRICKS ..... Circuit Court of Indiana dated the 11th day of June, 19 87 authorizing the joining together as husband and wife TROY DAVID WRIGHT and KIMBERLY LYNN PHILLIPS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALAN W. HUGHES hereby certify that on the 20th day of JUNE one thousand nine hundred and 87 at KINGSWAY CHRISTIAN CHURCH, County of HENDRICKS, State of Indiana, Groom TROY DAVID WRIGHT of MARION County, State of IN and, Bride KIMBERLY LYNN 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 20th day of JUNE, 19 87. Signed /s/ ALAN W. HUGHES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of JUNE, 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

582

Form Prescribed By
Indiana State Board of
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

June 5, 1987
Date of Application

MALE
Medical Examination Report Dated 5-22-87
Name of Physician Nicholas N. Prokoroff

FEMALE
Medical Examination Report Dated 5-22-87
Name of Physician Nicholas N. Prokoroff

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 S. Last O'Neill

Date of Birth: Month 8 Day 5 Year 59

Place of Birth (State or foreign country) Minn Minn.

Residence Address: Street or R. R. 2551 South State Rd 39 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 O'Neill
   Residence of father (if deceased so state) Daphne Ala.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Joella Daniel
   Residence of mother (if deceased so state) Danville, In.
   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 James S. O'Neill

New Address

Subscribed and sworn to before me this 5th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathryn Middle A. Last Beck

Date of Birth: Month 10 Day 15 Year 1957

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 2551 S. SR 39 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Beck
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Kathryn Weiser
   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 Kathryn A Beck

New Address 2551 South SR 39 DANVILLE IN 46122

Subscribed and sworn to before me this 5th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 87, *authorizing the joining together as husband and wife* JAMES SEAN O'NEILL *and* KATHRYN A. BECK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MICHAEL D. BECK *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* JAMES SEAN O'NEILL *of* HENDRICKS *County, State of* IN *and, Bride* KATHRYN A. BECK *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 87.

Signed /s/ Michael D. Beck

Official Designation Judge Pro Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* June, 19 87

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

6-5-87 Date of Application

MALE
Medical Examination Report Dated 5-30-87
Name of Physician Ron Stegemoller

FEMALE
Medical Examination Report Dated 6-1-87
Name of Physician Donald Sifrit

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Jeffrey Last Larsen
Date of Birth: Month 12 Day 7 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 536 Fairtree 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 Michael Eugene Larsen
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Jean Owens
   Residence of mother (if deceased so state) Indi
   Birthplace of mother (State or foreign 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 J. Larsen
New Address 250 N. EAST ST. PLAINFIELD
Subscribed and sworn to before me this 5 day of June, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mishel Middle Shawn Last Thompson
Date of Birth: Month 4 Day 23 Year 68
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R. R. 519 Simmons Street City Plainfield 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jimmy Wayne Thompson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Sandra Mae Ridenour
   Residence of mother (if deceased so state) Indiana
   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 Mishel S. Thompson
New Address 250 N. EAST STREET PLAINFIELD
Subscribed and sworn to before me this 5 day of June, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 11th day of June, 19 87, authorizing the joining together as husband and wife MICHAEL JEFFREY LARSEN and MISHEL S. THOMPSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. S. CHESEBROUGH hereby certify that on the 13th day of JUNE one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of IN

State of Indiana, Groom MICHAEL J. LARSEN of HENDRICKS County, State of IN

and, Bride MISHEL S. THOMPSON 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 JUNE, 19 87 Signed /s/ C.S. CHESEBROUGH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of JUNE, 19 87

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. 237

File

6/8/87
Date of Application

MALE
Medical Examination Report Dated 6/1/87
Name of Physician Wm. Dugan, M.D.

FEMALE
Medical Examination Report Dated 6/1/87
Name of Physician Wm. Dugan, 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 Jay Middle Alan Last Boser

Date of Birth: Month 3 Day 10 Year 1962

Place of Birth (State or foreign country) Noblesville, Hamilton Co., In.

Residence Address: Street or R.R. 9374 Colony Pt. W., City Lapls, 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 Lic. - 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 George Michael Boser
   Residence of father (if deceased so state) Noblesville, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Janet Dillinger
   Residence of mother (if deceased so state) Noblesville, In.
   Birthplace of mother (State or foreign country) Indiana (Sheridan)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jay Alan Boser

New Address 9364 Colony Pointe West

Subscribed and sworn to before me this 8 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Lynn Last Littell

Date of Birth: Month 6 Day 17 Year 1966

Place of Birth (State or foreign country) Jeffersonville Clark Co., In.

Residence Address: Street or R.R. 825 Sheff Ct., 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 Alan Lane Littell
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Maureen Robinson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Alb., N. M.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tammy L. Littell

New Address 9374 Colony Pt W. Dr.

Subscribed and sworn to before me this 8 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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* JUNE, *19* 87, *authorizing the joining together as husband and wife* JAY ALAN BOSER *and* TAMMY LYNNLITTELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEN LEACH *hereby certify that on the* 12th *day of* JUNE, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JAY ALAN BOSER *of* HAMILTON *County, State of* IN *and, Bride* TAMMY LYNN LITTELL *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* 87.

Signed /s/ KEN LEACH

Official Designation PREACHER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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 6887

Date of Application

MALE
Medical Examination Report Dated 6-2-87
Name of Physician Joseph Kurlin

FEMALE
Medical Examination Report Dated 6-2-87
Name of Physician Joseph Kurlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wilson Last Fuller

Date of Birth: Month 8 Day 31 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 38 Warren Drive City Brownsburg 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 Reuben Wilson Fuller Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Runa Ethel Digard
   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 Anthony W Fuller

New Address Same

Subscribed and sworn to before me this 8 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Christine Middle Lynn Last Meiner

Date of Birth: Month 2 Day 14 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4908 Locust Street City Carmel 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 Richard James Meiner
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Helen May Thompson
   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 Chris Meiner

New Address PO Box 31 Lebanon IN.

Subscribed and sworn to before me this 8 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 87, authorizing the joining together as husband and wife of Indiana dated the 12th day of June and ANTHONY FULLER CHRISTINE MEINER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOEL D. LEYRER hereby certify that on the 13th day of JUNE one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION State of Indiana, Groom ANTHONY FULLER of HENDRICKS County, State of IN and, Bride CHRISTINE MEINER 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 JUNE, 19 87. Signed /s/ JOEL D. LEYRER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 19 87.

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. 239

File

6-8-87
Date of Application

MALE
Medical Examination Report Dated 5-9-87

Name of Physician J. D. Thompson

FEMALE
Medical Examination Report Dated 5-13-87

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 Ronald Middle E. Last Alltop

Date of Birth: Month 10 Day 22 Year 58

Place of Birth (State or foreign country) Ind.

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. 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.
   Brittany L.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Alltop
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty J. Winings
   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 Ronald E Alltop

New Address

Subscribed and sworn to before me this 8th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kathy Middle M. Last McClanahan

Date of Birth: Month 3 Day 14 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RI Box 423 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) 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.
   Angela M.
   Amanda L.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Testerman
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen M. Brewer
   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 Katherine M McClanahan

New Address Same as above

Subscribed and sworn to before me this 8th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12th *day of* June, 19 87, *authorizing the joining together as husband and wife* RONALD E. ALLTOP *and* KATHERINE M. MC CLANHAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY L. WOOD *hereby certify that on the* 12th *day of* JUNE, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RONALD E. ALLTOP *of* HENDRICKS *County, State of* IN *and, Bride* KATHERINE M. MC CLANAHAN *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* 87.

Signed /s/ GARY L. WOOD

Official Designation JUDGE PRO TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

6-9-87 Date of Application

MALE
Medical Examination Report Dated 6-6-87
Name of Physician J. F. Moe

FEMALE
Medical Examination Report Dated 6-6-87
Name of Physician J. F. Moe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ernie Last Hewitt

Date of Birth: Month 7 Day 6 Year 47

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. RR 1 Box 23 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) D. L. 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 Edward Hewitt
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Jane Ervin
   Residence of mother (if deceased so state) Illinois
   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 X John E Hewitt

New Address GAME

Subscribed and sworn to before me this 9 day of June, 19 87

Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Evelyn Middle Lee Last Maheney

Date of Birth: Month 2 Day 16 Year 53

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. Sand 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) D. L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Janie Marie Mahaney
   5 Sherri Lynn Brock

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Mathews
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Minnie Irene Fox Boyton
   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 X Evelyn L. Mahaney

New Address Same

Subscribed and sworn to before me this 9 day of June, 19 87

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 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 11th day of JUNE, 19 87, authorizing the joining together as husband and wife JOHN ERNIE HEWITT and EVELYN LEE MAHANEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JANICE CHILEWSKI hereby certify that on the 11th day of JUNE, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JOHN ERNIE HEWITT of HENDRICKS County, State of IN, and, Bride EVELYN LEE MAHANEY 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 JUNE, 19 87. Signed /s/ JANICE CHILEWSKI

Official Designation 1st DEPUTY CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of JUNE, 19 87

Signed ..... 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. 241

File

6-9-87
Date of Application

MALE
Medical Examination Report Dated 6-8-87
Name of Physician Norman Liebaclutz

FEMALE
Medical Examination Report Dated 6-8-87
Name of Physician Norman Liebaclutz

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Bradley; Last Plasters

Date of Birth: Month 12; Day 23; Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 208; City Coatesville; 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 Gerald Thomas Plasters
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn June Francis
   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 Brad Plasters

New Address RR 1 Box 144 Fillmore

Subscribed and sworn to before me this 9 day of June, 19 87

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Dawn; Last Rader

Date of Birth: Month 4; Day 11; Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 176; City Fillmore; 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Rader
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ruth Stafford
   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 Sharon Rader

New Address RR 1 Box 144 Fillmore

Subscribed and sworn to before me this 9 day of June, 19 87

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 15th *day of* June, 19 87, *authorizing the joining together as husband and wife* THOMAS BRADLEY PLASTERS *and* SHANNON DAWN RADER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EVERETT BARNARD *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 87 *at* GOOD SHEPHERD BAPTISH CHURCH, *County of* MORGAN, *State of Indiana, Groom* THOMAS BRADLEY PLASTERS *of* HENDRICKS *County, State of* IN *and, Bride* SHANNON DAWN RADER *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 4th *day of* JULY, 19 87.

Signed /s/ EVERETT BARNARD

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* JULY, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 242

File

6-9-87 Date of Application

MALE
Medical Examination Report Dated 6-3-87
Name of Physician Haddaeus M. Poe

FEMALE
Medical Examination Report Dated 6-3-87
Name of Physician Haddaeus M. Poe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Russell Last Davies

Date of Birth: Month 10 Day 21 Year 44

Place of Birth (State or foreign country) Utah

Residence Address: Street or R. R. 5257 W Maple Drive City Danville County Hend. State In

Previous Marital Status: Never Marrie[d] 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.
   Bryan Davies
   Jeffrey Davies
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Davies
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Utah
9. Full maiden name of mother Ivy Ruth Campbell
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Utah

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James R. Davies

New Address Same

Subscribed and sworn to before me this 9 day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Last Davies

Date of Birth: Month 9 Day 9 Year 43

Place of Birth (State or foreign country) Utah

Residence Address: Street or R. R. ← same City County State

Previous Marital Status: Never Marrie[d] 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 Arthur Gittins
   Residence of father (if deceased so state) Utah
   Birthplace of father (State or foreign country) Utah
9. Full maiden name of mother LaPriel Austin
   Residence of mother (if deceased so state) Utah
   Birthplace of mother (State or foreign country) Utah

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joyce Davies

New Address Same

Subscribed and sworn to before me this 9 day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 ..... Circuit Court of Indiana dated the 9th day of June, 1987, authorizing the joining together as husband and wife JAMES RUSSELL DAVIES and JOYCE DAVIES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JANICE CHILEWSKI hereby certify that on the 10th day of JUNE, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JAMES RUSSELL DAVIES of HENDRICKS County, State of IN, and, Bride JOYCE DAVIES 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 JUNE, 1987. Signed /s/ JANICE CHILEWSKI

Official Designation 1st DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of JUNE, 1987.

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. 243

File

6-9-87
Date of Application

MALE
Medical Examination Report Dated 5-30-87
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 5-30-87
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 Kenneth Middle E. Last Spaulding, Jr.

Date of Birth: Month 7 Day 20 Year 1967

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 2418 Bruland Dr. City Indianapolis 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Spaulding
   Residence of father (if deceased so state) Roanoke, Virginia
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Jean 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 Kenneth E. Spaulding

New Address 2418 Bruland Dr.

Subscribed and sworn to before me this 9th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Burkley

Date of Birth: Month 2 Day 26 Year 1969

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 2102 N. Gerard City Speedway 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edwin Burkley
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Freda Rose Wells
   Residence of mother (if deceased so state) Speedway, 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 Angela S Burkley

New Address 2418 Bruland Drive

Subscribed and sworn to before me this 9th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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* 15 *day of* June, *19* 87, *authorizing the joining together as husband and wife* KENNETH E. SPAULDING, JR. *and* ANGELA SUE BURKLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENA M. VITTORIO *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* KENNETH E. SPAULDING *of* HENDRICKS *County, State of* IN *and, Bride* ANGELA SUE BURLKEY *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* JUNE, *19* 87.

Signed /s/ DENA M. VITTORIO

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244

File

6-10-87 Date of Application

MALE
Medical Examination Report Dated 6-3-87
Name of Physician John Steenbergen

FEMALE
Medical Examination Report Dated 6-3-87
Name of Physician John Steenbergen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Grover Last Thompson

Date of Birth: Month 10 Day 11 Year 63

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R. R. R.R. 1 Box 378 City Cataseville 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.
   Stephen Wayne Thompson Hyden.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Matthew Thompson
   Residence of father (if deceased so state) Cataseville In.
   Birthplace of father (State or foreign country) Greencastle In.
9. Full maiden name of mother Shirley Ann Caffey
   Residence of mother (if deceased so state) Cataseville 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 Stephen G. Thompson

☒ New Address R.R. #1 Box 378 Cataseville Ind 46121

Subscribed and sworn to before me this 10th day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Elizabeth Last Hayden

Date of Birth: Month 10 Day 1 Year 64

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R R 1 Box 378 City Cataseville County State In. 46121

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 Otis Lee Hayden
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Danville, In.
9. Full maiden name of mother Audrey Agnes Brown
   Residence of mother (if deceased so state) Fillmore, In.
   Birthplace of mother (State or foreign country) Greencastle, In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

☒ Signed Nancy E. Hayden

☒ New Address R.R. 1 Box 378 Cataseville In 46121

Subscribed and sworn to before me this 10th day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... 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, 1987, authorizing the joining together as husband and wife STEPHEN GROVER THOMPSON and NANCY ELIZABETH HAYDEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT M. SHERMAN hereby certify that on the 20th day of JUNE one thousand nine hundred and 87 at STILESVILLE, County of HENDRICKS, State of IN

State of Indiana, Groom STEPHEN GROVER THOMPSON of HENDRICKS County, State of IN

and, Bride NANCY ELIZABETH HAYDEN 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 20th day of JUNE, 19 87 Signed /s/ ROBERT M. SHERMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of JUNE, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

592

Form Prescribed By
Indiana State Board of
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

June 10, 1987
Date of Application

MALE
Medical Examination Report Dated 5-29-87
Name of Physician W. E. Niswanger, MD.

FEMALE
Medical Examination Report Dated 6-2-87
Name of Physician Williaine 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 Todd Middle Wilson Last Peeler

Date of Birth: Month Oct. Day 21 Year 1963

Place of Birth (State or foreign country) Vanderburgh Co. In.

Residence Address: Street or R. R. 3039 38th City St. Rock Island, Ill. 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 (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 Thomas Wilson Peeler
   Residence of father (if deceased so state) Rinard, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Janet Sue Scamahorn
   Residence of mother (if deceased so state) Rinard 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 Todd Wilson Peeler
New Address 3039 38th St. Rock Island Il. 61201

Subscribed and sworn to before me this 24 day of June, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Ann Last Eccles

Date of Birth: Month Oct. Day 19 Year 1965

Place of Birth (State or foreign country) Marshall Ohio

Residence Address: Street or R. R. 160 Hillcrest Dr. City Monrovilla (Hend. Co.) 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 Dean Richard Eccles
   Residence of father (if deceased so state) Monrovia In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruby LaVetta James
   Residence of mother (if deceased so state) Monrovilla 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 Nancy Ann Eccles
New Address 3039 38th St. Rock Island Il. 61201

Subscribed and sworn to before me this 10 day of June, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 87, *authorizing the joining together as husband and wife* TODD WILSON PEELER *and* NANCY ANN ECCLES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD E. RIGGS *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* TODD WILSON PEELER *of* ROCK ISLAND *County, State of* ILLINOIS *and, Bride* NANCY ANN ECCLES *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 27th *day of* JUNE, 19 87.

Signed /s/ DONALD E. RIGGS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* JUNE, 19 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1972

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 246

File

6-10-87 Date of Application

MALE
Medical Examination Report Dated 6-5-87
Name of Physician Charles Tripple

FEMALE
Medical Examination Report Dated 6-5-87
Name of Physician Charles Tripple

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Nicholas Middle Joseph Last Perrino

Date of Birth: Month 5 Day 30 Year 60

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 106 Cottoman Ct. City Indpls. 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) 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 Nicholas Perrino
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Italy
9. Full maiden name of mother Mara Colacchi
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) Italy

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nicholas J. Perrino
New Address 106 COTTOMAN CT

Subscribed and sworn to before me this 10th day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Jennifer Middle Jo Last Baker

Date of Birth: Month 11 Day 7 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1809 Beechwood Drive City Plainfield 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) 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 Russell Baker
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Monica Noreen Weeks
   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 Jennifer J. Baker
New Address 106 Cottoman Ct

Subscribed and sworn to before me this 10th day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ Court by written order issued ____ and filed HENDRICKS County 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, 1987, authorizing the joining together as husband and wife NICHOLAS JOSEPH PERRINO and JENNIFER JO BAKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE hereby certify that on the 27th day of JUNE, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom NICHOLAS JOSEPH PERRINO of HENDRICKS County, State of IN, and, Bride JENNIFER JO BAKER 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, 1987. Signed /s/ RICHARD ZORE

Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JUNE, 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

594

Form Prescribed By
Indiana State Board of
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 6087

Date of Application

MALE
Medical Examination Report Dated 6-7-87
Name of Physician Michael Pinnato

FEMALE
Medical Examination Report Dated 5-16-87
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 Stephen Middle Jeffrey Last Gurley

Date of Birth: Month 10 Day 18 Year 62

Place of Birth (State or foreign country) Mis-Illinois

Residence Address: Street or R. R. 507 Enderly City Brownsburg 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) 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 Lee Gurley
   Residence of father (if deceased so state) Missouri
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Iva Nell Prewitt
   Residence of mother (if deceased so state) Missouri
   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 Stephen J. Gurley

New Address Same

Subscribed and sworn to before me this 10 day of June, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Adrienne Middle Last Overstreet

Date of Birth: Month 1 Day 12 Year 62

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. Same City Brownsburg 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) 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 Walter Wayne Overstreet
   Residence of father (if deceased so state) Missouri
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Sally Ann Paubel
   Residence of mother (if deceased so state) Missouri
   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 Adrienne Overstreet

New Address Same

Subscribed and sworn to before me this 16 day of June, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 17th *day of* JUNE, *19* 87., *authorizing the joining together as husband and wife* STEPHEN J. GURLEY *and* ADRIENNE OVERSTREET

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL *hereby certify that on the* 17th *day of* JUNE, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* STEPHEN J. GURLEY *of* HENDRICKS *County, State of* IN *and, Bride* ADRIENNE OVERSTREET *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* JUNE, *19* 87.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

6-10-87 Date of Application

MALE
Medical Examination Report Dated 6-1-87
Name of Physician Dean Felker

FEMALE
Medical Examination Report Dated 6-1-87
Name of Physician James Gaither

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Duane Last Hutson

Date of Birth: Month 11 Day 7 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Box 144 Street or R. R. City Knightstown County Henry 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 Hutson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sue LocKridge
   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 Timothy D. Hutson

New Address 3614 Wingate Terr. Apt. C Indianapolis, IN. 46236

Subscribed and sworn to before me this 10 day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Carol Last Bray

Date of Birth: Month 6 Day 8 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: PO Box 46 Street or R. R. City Pittsboro 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 Robert E. Bray
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hesta Rochelle Obenchain
   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 Tammy C. Bray

New Address 3614 Wingate Terrace - Apt. C Wingate Village Indianapolis, Ind. 46236

Subscribed and sworn to before me this 10 day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 87, *authorizing the joining together as husband and wife* TIMOTHY DUANE HUTSON *and* TAMMY CAROL BRAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* PITTSBORO, *County of* HENDRICKS, *State of Indiana, Groom* TIMOTHY DUANE HUTSON *of* MARION *County, State of* IN *and, Bride* TAMMY CAROL BRAY *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 87. *Signed* /s/ CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* JULY, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

596

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 269

File

6-10-87
Date of Application

MALE
Medical Examination Report Dated 6/4/87
Name of Physician Dr. Ronald Stegemoller

FEMALE
Medical Examination Report Dated 6/4/87
Name of Physician Dr. 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 pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle William Last Leonard

Date of Birth: Month 1 Day 29 Year 1965

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. 1388 N. St. Rd. 75 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 - 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 Kenneth Walter Leonard
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Janice Marie Thomas
   Residence of mother (if deceased so state) Danville 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 Terry Leonard
New Address 195 E. Main Apt 3
Subscribed and sworn to before me this 10th day of June, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Lynn Last Woods

Date of Birth: Month 12 Day 12 Year 1965

Place of Birth (State or foreign country) Hendricks Co. Indiana

Residence Address: Street or R. R. 29 S. Rd. 300 E. 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 - 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 Bobby Gene Woods
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann Dossett
   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 Deborah L. Woods
New Address 195 E. Main Apt. 3
Subscribed and sworn to before me this 10th day of June, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....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* 15th *day of* June, 19 87, *authorizing the joining together as husband and wife* TERRY WILLIAM LEONARD *and* DEBORAH LYNN WOODS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, SHELDON L. GEORGE *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* NEW WINCHESTER, *County of* HENDRICKS, *State of Indiana, Groom* TERRY WILLIAM LEONARD *of* HENDRICKS *County, State of* IN *and, Bride* DEBORAH LYNN WOODS *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* 87.

Signed /s/ SHELDON L. GEORGE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* JULY, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

June 11, 1987 Date of Application

MALE
Medical Examination Report Dated 6-10-87
Name of Physician D. Kourany MD.

FEMALE
Medical Examination Report Dated 6-10-87
Name of Physician D. Kourany 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 John Middle M. Last Campbell

Date of Birth: Month March Day 18 Year 1951

Place of Birth (State or foreign country) Greene Co. Ind.

Residence Address: 1129 Street or R. R. Sunrise Trail City Mpls 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 Bruce Everett Campbell
   Residence of father (if deceased so state) R.R. Sandborn In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Frances Buckles
   Residence of mother (if deceased so state) R.R. Sandborn, 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 M Campbell

New Address P.O. Box 512 Plainfield, In.

Subscribed and sworn to before me this 11 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Kay Last Proehl

Date of Birth: Month Aug Day 28 Year 1952

Place of Birth (State or foreign country) Mo. Grove Missouri

Residence Address: P.O. Box 512 Street or R. R. Plainfield 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 (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.
   Sterling Kay Proehl
   Stephen Lynn Proehl

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sterling Clay Prock
   Residence of father (if deceased so state) RR Clayton In
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Helen Kathleen Simpson
   Residence of mother (if deceased so state) R.R. Clayton In.
   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 Brenda K. Proehl

New Address P.O. Box 512 Plainfield In.

Subscribed and sworn to before me this 11 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 16 day of June, 19 87, authorizing the joining together as husband and wife JOHN M. CAMPBELL and BRENDA K. PROEHL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STERLING PROCK hereby certify that on the 18th day of JUNE one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of IN, State of Indiana, Groom JOHN M. CAMPBELL of MARION County, State of IN, and, Bride BRENDA K. PROEHL 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 18th day of JUNE, 19 87. Signed /s/. STERLING PROCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of JUNE, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

598

Form Prescribed By
Indiana State Board of
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

6-11-87
Date of Application

MALE
Medical Examination Report Dated 5-28-87

Name of Physician R. Stegmoller

FEMALE
Medical Examination Report Dated 5-28-87

Name of Physician R. Stegmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kent Middle Robert Last Nelson

Date of Birth: Month 4 Day 13 Year 65

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 343 Pentwurt Place City Chesterfield 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 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 Earl Nelson
   Residence of father (if deceased so state) Mo.
   Birthplace of father (State or foreign country) Chicago Ill.
9. Full maiden name of mother Betty Ann Strand
   Residence of mother (if deceased so state) Mo.
   Birthplace of mother (State or foreign country) Blair. Wi.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kent R Nelson

New Address

Subscribed and sworn to before me this 15 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Darla Middle Sue Last Griffith

Date of Birth: Month 11 Day 23 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 625 S. St. Rd. 39 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. 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 Allan Griffith
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Kay Sharon McKee
   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 Darla Sue Griffith

New Address 1382-C Timberwalk Rd Chesterfield MO 63

Subscribed and sworn to before me this 11 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* 15th *day of* June, 1987, *authorizing the joining together as husband and wife* KENT ROBERT NELSON *and* DARLA SUE GRIFFITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DWIGHT L. ROBERTSON *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* NORTHVIEW CHRISTIAN CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* KENT ROBERT NELSON *of* WEST *County, State of* MISSOURI *and, Bride* DARLA SUE GRIFFITH *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* 87.

Signed /s/ DWIGHT L. ROBERTSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JUNE, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

6-11-87 Date of Application

MALE
Medical Examination Report Dated 6-9-87
Name of Physician R. K. Stirling

FEMALE
Medical Examination Report Dated 6-9-87
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 Rondell Middle Christian Last Dennison

Date of Birth: Month 2 Day 16 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2652 Westbrook 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rondell Wayne Dennison
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret Jane Shadoan
   Residence of mother (if deceased so state) Indpls. 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 X Rondell Chris Dennison
New Address 2652 Westbrook Av

Subscribed and sworn to before me this 11 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Amy Middle J. Last Barker

Date of Birth: Month 4 Day 17 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 432 Easterbrook 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. 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 Jerry Wayne Barker
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce Ann Ashworth
   Residence of mother (if deceased so state) Danville 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 X Amy J. Barker
New Address 2652 Westbrook Indpls

Subscribed and sworn to before me this 11 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 18 day of June, 19 87, authorizing the joining together as husband and wife RONDELL C. DENNISON and AMY J. BARKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES D. CLAYTON hereby certify that on the 20th day of JUNE, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom RONDELL C. DENNISON of MARION County, State of IN, and, Bride AMY J. BARKER 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 87. Signed /s/ JAMES D. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JUNE, 19 87

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. 253

File

6-11-87
Date of Application

MALE
Medical Examination Report Dated 5-30-87
Name of Physician P. Batista

FEMALE
Medical Examination Report Dated 5-30-87
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 James Middle H. Last Kutz

Date of Birth: Month 9 Day 4 Year 54

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 1007 Ridgewood Dr. City Pfld. 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.
   Janie
   Danielle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Kutz
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Laverne M. Briner
   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 ✗ James H. Kutz

New Address SAME

Subscribed and sworn to before me this 11 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Robin Middle K. Last Richard

Date of Birth: Month 9 Day 21 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 34 Acre Ln. City B'burg. 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.
   Angela
   Jessica
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Irving Welch
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara K. Kenney
   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 ✗ Robin K Richards

New Address same as his

Subscribed and sworn to before me this 11 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 164 *day of* June, 1987, *authorizing the joining together as husband and wife* JAMES H. KUTZ *and* ROBIN K. RICHARDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CANDACE KINGMA-PIPER *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JAMES H. KUTZ *of* HENDRICKS *County, State of* IN, *and, Bride* ROBIN K. RICHARDS *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 4th *day of* JULY, 19 87.

Signed /s/ CANDACE KIGMA-PIPER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* JULY, 1987.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*