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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254

File

6-11-87
Date of Application

MALE
Medical Examination Report Dated 6-5-87
Name of Physician D. Provines

FEMALE
Medical Examination Report Dated 6-5-87
Name of Physician D. Provines

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

MALE APPLICANT

Name: First Thomas; Middle R.; Last Brouillard

Date of Birth: Month 6; Day 14; Year 64

Place of Birth (State or foreign country) Connecticut

Residence Address: Street or R. R. 1416 Thornecrest Dr.; City Mooresville; 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. 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 Raymond Robert Brouillard
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Conn.
9. Full maiden name of mother Constance Lydia Vera
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Conn.

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

Signed ☒ Thomas R. Brouillard

New Address 1620 S. Sigsbee Indpls. 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 Lisa; Middle M.; Last Watson

Date of Birth: Month 3; Day 26; Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1620 S. Sigsbee; City Indpls.; County; State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Derek Andrew Watson
   Samantha Kay 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 William Louis Sorge
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Troy Mo.
9. Full maiden name of mother Jeannette 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 ☒ Lisa M. Watson

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* June, 19 87, *authorizing the joining together as husband and wife* THOMAS R. BROUILLARD *and* LISA M. WATSON

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

I, RICHARD ZORE *hereby certify that on the* 19th *day of* JUNE, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS R. BROUILLARD *of* HENDRICKS *County, State of* IN *and, Bride* LISA M. WATSON *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* JUNE, *19* 87.

Signed /s/ RICHARD ZORE

Official Designation CATHOLIC PRIEST

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*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 255

File

6-12-87 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 6-5-87
Name of Physician D. Kowrany

FEMALE
Medical Examination Report Dated 6-5-87
Name of Physician D. Kowrany

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

MALE APPLICANT

Name: First — Middle — Last

Date of Birth: Month 4 — Day 30 — Year 47

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 140 Fitcher 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) 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.
   Stephen D. Turley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Turley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred E. Plummer
   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 ☒ Jerry L. Turley

New Address 140 Fitcher Rd Mooresville

Subscribed and sworn to before me this 12 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 Rosemary — Middle M. — Last Maker

Date of Birth: Month 2 — Day 26 — Year 43

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 219 Emerson Dr. — City — County — State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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 H. Simpson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Vicky Bellamy
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

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

Signed ☒ Rosemary M. Maker

New Address Same

Subscribed and sworn to before me this 12 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 16th day of June, 19 87, authorizing the joining together as husband and wife JERRY L. TURLEY and ROSEMARY M. MAKER

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

I, TERRY CRIST hereby certify that on the 27th day of JUNE one thousand nine hundred and 87 at MOORESVILLE, County of MORGAN, State of Indiana, Groom JERRY L. TURLEY of MORGAN County, State of IN and, Bride ROSEMARY M. MAKER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of JUNE, 19 87.

Signed /s/ TERRY CRIST

Official Designation MINISTER

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. 256

File 6-12-87
Date of Application

MALE
Medical Examination Report Dated 6-11-87
Name of Physician Donald Sefcik

FEMALE
Medical Examination Report Dated 6-11-87
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 Darrell; Middle Alton; Last Lawson

Date of Birth: Month 11; Day 19; Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 169; 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) 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.
   Kent Elliot Lawson
   Eric Wayne Lawson
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☒
   If answer is "yes", it is required that this Application be 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 Alton Lawson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Bonnie Darrell Wills
   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 Darrell A Lawson

New Address 250 N East Street Plainfield

Subscribed and sworn to before me this 12 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 Barbara; Middle Venita; Last Shrum

Date of Birth: Month 10; Day 15; Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 250 N East 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) 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 Stallard Brewer
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ival Owens
   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 Barbara Venita Shrum

New Address 250 N. East St Apt 119

Subscribed and sworn to before me this 12 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 A 3-day Waiver and filed in D.V. Boles authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* DARRELL ALTON LAWSON *and* BARBARA VENITA SHRUM

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

I, DAN J. SMETZER *hereby certify that on the* 14th *day of* JUNE, *one thousand nine hundred and* 87 *at* AMO, *County of* HENDRICKS, *State of Indiana, Groom* DARRELL ALTON LAWSON *of* HENDRICKS *County, State of* IN *and, Bride* BARBARA VENITA SHRUM *of* HENDRICKS *County, State of* IN, *were by me united 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/ DAN J. SMETZER

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*

No. 257

File

6/12/87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-5-87
Name of Physician Donald J. Sefcik D.O

FEMALE
Medical Examination Report Dated 6-5-87
Name of Physician Donald J. Sefcik 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 Jack Middle L. Last Smock
Date of Birth: Month 11 Day 18 Year 1957
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) Stat.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don L. Smock
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara K. Short
   Residence of mother (if deceased so state) Actor 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 Jack Lane Smock
New Address 834 Carters Burg Rd

Subscribed and sworn to before me this 12 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 Ruema Middle R. Last Doughty
Date of Birth: Month 7 Day 10 Year 1952
Place of Birth (State or foreign country) Steingardt, Germany
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 Ovenca G. Gadshian
   Residence of father (if deceased so state) Muenich Germany
   Birthplace of father (State or foreign country) Deceased
9. Full maiden name of mother Grancka Von Barabck
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Muenich Germany

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

Signed Ruema R Doughty
New Address 834 Carters Burg Rd

Subscribed and sworn to before me this 12 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, 1987, authorizing the joining together as husband and wife JACK L. SMOCK and RUEMA R. DOUGHTY

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

I, SHELBY G. FLOYD hereby certify that on the 11th day of JULY, one thousand nine hundred and 87, at ST. PAUL, County of DECAUTER, State of Indiana, Groom JACK L. SMOCK of HENDRICKS County, State of IN, and, Bride RUEMA R. DOUGHTY of HENDRICKS County, State of IN, were by me united 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 JULY, 19 87.

Signed /s/ SHELBY G. FLOYD
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th 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. 258

File

6-12-87 Date of Application

MALE
Medical Examination Report Dated 6-3-87
Name of Physician Michael Neeley

FEMALE
Medical Examination Report Dated 6-3-87
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 Carey Middle Brent Last Chalfant

Date of Birth: Month 5 Day 20 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1920 S. State Rd. 39 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.
   Joshua Chalfant
   Korey Chalfant
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Edward Chalfant
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Gayle Ayers
   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 Carey B Chalfant

New Address Same as above

Subscribed and sworn to before me this 12th 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 Theresa Middle Marie Last Wineman

Date of Birth: Month 5 Day 21 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Same City Clayton 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 Paul Richard Wineman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Ann Leonard
   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 Theresa M. Wineman

New Address Same as above

Subscribed and sworn to before me this 12th 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* CAREY BRENT CHALFANT *and* THERESA MARIE WINEMAN

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

I, JOHN P. ROOF *hereby certify that on the* 26th *day of* JUNE, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CAREY BRENT CHALFANT *of* HENDRICKS *County, State of* IN *and, Bride* THERESA MARIE WINEMAN *of* HENDRICKS *County, State of* IN, *were by me united 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* JUNE, *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 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, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 259

File

6-12-87
Date of Application

MALE
Medical Examination Report Dated 6-5-87
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 6-2-87
Name of Physician Robert 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 James Middle Dallas Last Wampler

Date of Birth: Month 10 Day 9 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 201 Maple Drive 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 Dallas Wampler Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Joan Collins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed James Dallas Wampler
New Address 5301 Longwoods Ct. Indianapolis, Ind 46254

Subscribed and sworn to before me this 12th 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 Donna Middle Marie Last Strong

Date of Birth: Month 3 Day 16 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 702 Lakeside 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) 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 Edgar Strong
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Joann Elliott
   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 Donna Marie Strong
New Address 5301 Longwoods Ct. Indpls. 46254

Subscribed and sworn to before me this 12th 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 12th day of June, 19 87, authorizing the joining together as husband and wife JAMES DALLAS WAMPLER and DONNA MARIE STRONG

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

I, RICHARD ZORE hereby certify that on the 10th day of JULY, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom JAMES DALLAS WAMPLER of HENDRICKS County, State of IN, and, Bride DONNA MARIE STRONG of HENDRICKS County, State of IN, were by me united 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 JUNE, 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JULY, 19 87.

Signed /s/ RICHARD ZORE
Official Designation PRIEST

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 260

File

6-15-87
Date of Application

MALE
Medical Examination Report Dated 6-12-87
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-12-87
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 David Middle L Last Jaggar

Date of Birth: Month 4 Day 15 Year 68

Place of Birth (State or foreign country) Texas.

Residence Address: Street or R. R. 16 Apple Blossom Dr City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. 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 Dudley Wayne Jaggar
   Residence of father (if deceased so state) Ind. - Bklyn
   Birthplace of father (State or foreign country) Mississippi
9. Full maiden name of mother Iris Loy Seiter
   Residence of mother (if deceased so state) Ind.
   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 David L Jaggar
New Address 115 E. Vermont Apt. B

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 Candy Middle S. Last Crouse

Date of Birth: Month 10 Day 18 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 115 E. Vermont City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Howard Crouse
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Texas.
9. Full maiden name of mother Bonnie Lou Childers Coulter
   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 Candy S. Crouse
New Address 115 E. Vermont Apt. B

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 Bonnie L. Coulter Mother

Subscribed and sworn to before me this 15 day of June, 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 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* 15th *day of* JUNE, *19* 87., *authorizing the joining together as husband and wife* DAVID L. JAGGAR *and* CANDY S. CROUSE

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

I, DANNY VAUGHN *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* DAVID L. JAGGAR *of* HENDRICKS *County, State of* IN *and, Bride* CANDY S. CROUSE *of* HENDRICKS *County, State of* IN, *were by me united 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/ DANNY VAUGHN

Official Designation JUDGE PRO TEM

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*

No. 261

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

6-15-87
Date of Application

MALE
Medical Examination Report Dated 6-10-87
Name of Physician John Schaefer

FEMALE
Medical Examination Report Dated 6-11-87
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 Lee Last Powers

Date of Birth: Month 4 Day 29 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5142 W Mecca 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 License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Richard Powers
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Selina Ruth Emily Hoffman
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed David Lee Powers

New Address 22A Michaels DR. Plainfield

Subscribed and sworn to before me this 11th 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 Nancy Middle R. Last Lugenbeel

Date of Birth: Month 5 Day 31 Year 58

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. 22A Michaels 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
   Bobbie J.
   Miranda N.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clifford Burns
   Residence of father (if deceased so state) Illinois
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Theresa J. Lawson
   Residence of mother (if deceased so state) Illinois
   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 Renae Lugenbeel

New Address 22A Michaels Dr. Plainfield

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1987, authorizing the joining together as husband and wife DAVID L. POWERS and NANCY R. LUGENBELL

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

I, LARRY LILLY hereby certify that on the 27th day of JUNE one thousand nine hundred and 87 at LIZTON, County of HENDRICKS, State of Indiana, Groom DAVID L. POWERS and, Bride NANCY R. LUGENBELL 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, State of IN.

Dated this 27th day of JUNE, 1987.

Signed /s/ LARRY LILLY

Official Designation PASTOR

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 262

File

6-15-87 Date of Application

MALE
Medical Examination Report Dated 6-10-87
Name of Physician J. J. Moretto

FEMALE
Medical Examination Report Dated 6-9-87
Name of Physician J. J. 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 Randal Middle D. Last Carroll

Date of Birth: Month 6 Day 3 Year 58

Place of Birth (State or foreign country) Springdale, Ark.

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 Delmer Carroll
   Residence of father (if deceased so state) Littleton Co.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Joyce Lavina Wells
   Residence of mother (if deceased so state) Littleton, Co.
   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 Randal D Carroll

New Address same as above

Subscribed and sworn to before me this 19th 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 Patricia Middle E. Last Steele

Date of Birth: Month 1 Day 27 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10092 E. 1000 N. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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.
   Ryan
   Michelle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lawrence
   Residence of father (if deceased so state) California
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Lucretia E. Mote
   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 Patricia E Steele

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 87, *authorizing the joining together as husband and wife* RANDAL D. CARROLL *and* PATRICIA E. STEELE

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

I, CHARLOTTE R. KEMNITZ *hereby certify that on the* 24th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* RANDAL D. CARROLL *of* HENDRICKS *County, State of* IN *and, Bride* PATRICIA E. STEELE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* JUNE, *19* 87.

Signed /s/ CHARLOTTE R. KEMNITZ

Official Designation JUDGE/MARION COUNTY SMALL CLAIMS DIV.

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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263

File

6-15-87 Date of Application

MALE
Medical Examination Report Dated 6-12-87
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-15-87
Name of Physician Cindy S. 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 Kenneth Middle Roderick Last Chamberlin

Date of Birth: Month 10 Day 18 Year 1959

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

Residence Address: Street or R. R. 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 Thomas R. Chamberlin (Deceased)
   Residence of father (if deceased so state) New Lenox Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Marjorie A. Parkhurst
   Residence of mother (if deceased so state) Deceased
   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 K. Roderick Chamberlin

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 J. Ann Middle Glenna Last McDonald

Date of Birth: Month 2 Day 25 Year 1962

Place of Birth (State or foreign country) Williamsport, 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 Joseph D. McDonald
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gola Mae Meece
   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 J. Ann Glenna McDonald

New Address 526 Enderly Apt. 7 Brownsburg

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

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

Be 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 K. RODERICK CHAMBERLIN and J. GLENNA McDONALD

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

I, MARTIN A. PETER hereby certify that on the 17th day of JUNE one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom K. RODERICK CHAMBERLIN of HENDRICKS County, State of IN and, Bride J. GLENNA Mc DONALD of HENDRICKS County, State of IN were by me united 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/ MARTIN A. PETER

Official Designation CATHOLIC PRIEST

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. 264

File

Date of Application

MALE
Medical Examination Report Dated 6-8-87
Name of Physician John Cronkhite

FEMALE
Medical Examination Report Dated 6-8-87
Name of Physician John 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 Terry Middle Lynn Last Hoffman

Date of Birth: Month 8 Day 31 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1026 Norman 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
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

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

Signed

New Address

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Albert Middle Picciardi Last Crawley

Date of Birth: Month 10 Day 27 Year 67

Place of Birth (State or foreign country) Illinois

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
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

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

Signed

New Address

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the day of , 19, authorizing the joining together as husband and wife and*

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

I, hereby certify that on the day of , one thousand nine hundred and at , County of , State of Indiana, Groom of County, State of and, Bride of County, State of , were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this day of , 19

Signed

Official Designation

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

Signed Clerk

HENDRICKS *Circuit Court*

12

No. 264

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

June 15, 1987
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 6-9-87
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 6-9-87
Name of Physician Ronald Stegemoller

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

MALE APPLICANT

Name: First Keith Middle Lanier Last Knight

Date of Birth: Month August Day 16 Year 1961

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

Residence Address: Street or R. R. 11 Spring St. City Danville (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 (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 Elbert Lanier Knight
   Residence of father (if deceased so state) Avon In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Liles
   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 Keith Lanier Knight Jr

New Address 11 Spring St Danville, IN 46122

Subscribed and sworn to before me this 19th day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kimberly Middle Marie Last Franklin

Date of Birth: Month June Day 4 Year 1964

Place of Birth (State or foreign country) Farmington Minn

Residence Address: Street or R. R. 275 N. Rd. City 275 E. County Danville 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) 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 Wilford Wayne Franklin
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Ann Pettis
   Residence of mother (if deceased so state) Danville 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 Kimberly Marie Franklin

New Address

Subscribed and sworn to before me this 15th 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 19th day of June, 19 87, authorizing the joining together as husband and wife KEITH LANIER KNIGHT and KIMBERLY MARIE FRANKLIN

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 JUNE one thousand nine hundred and 87, at BARTLETT CHAPEL, County of HENDRICKS State of Indiana, Groom KEITH LANIER KNIGHT of HENDRICKS County, State of IN and, Bride KIMBERLY MARIE FRANKLIN of HENDRICKS County, State of IN were by me united 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.

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JUNE, 19 87

Signed /s/ KENNETH E. VETTERS

Official Designation PASTOR

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265

File

6-16-87
Date of Application

MALE
Medical Examination Report Dated 6-11-87
Name of Physician Kathy Ideasy

FEMALE
Medical Examination Report Dated 6-11-87
Name of Physician Kathy Ideasy

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

MALE APPLICANT

Name: First Shane Middle J. Last Caldwell

Date of Birth: Month 6 Day 25 Year 1955

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

Residence Address: Street or R. R. 2525 Chaseway Ct. City Indpls. County Hendricks State In. 46268

Previous 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 Jack H. Caldwell
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Ann Ogden
   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 Shane F. Caldwell

New Address 2525 Chaseway Ct. Indianapolis, In. 46268

Subscribed and sworn to before me this 16th 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 Diana Middle K. Last Rumley

Date of Birth: Month 11 Day 3 Year 1960

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

Residence Address: Street or R. R. 512 Roosevelt St. City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Alvin Edward Rumley
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Joy Murphy
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Diana K. Rumley

New Address 2525 Chaseway Ct. I.P.

Subscribed and sworn to before me this 16th 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* 23rd *day of* June, 19 87, *authorizing the joining together as husband and wife* SHANE F. CALDWELL *and* DIANA K. RUMLEY

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* SHANE F. CALDWELL *of* MARION *County, State of* IN *and, Bride* DIANA K. RUMLEY *of* HENDRICKS *County, State of* IN, *were by me united 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/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* JULY, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

14

No. 266

File

6-16-87
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 5-19-87
Name of Physician Charles Tripple

FEMALE
Medical Examination Report Dated 5-19-87
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 Robert Middle Dale Last Smiley Jr.
Date of Birth: Month 4 Day 13 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 7820 Austin Court 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Robert Smiley
   Brian Matthew Smiley
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dale, Smiley Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia L. Emrich
   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 Robert Dale Smiley Jr.
New Address Same

Subscribed and sworn to before me this 16th 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 Lynn Last Smiley
Date of Birth: Month 8 Day 30 Year 54
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) 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.
   Jason Robert Smiley
   Brian Matthew Smiley
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Turner
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy M. Potter
   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 Cathy Smiley
New Address Same

Subscribed and sworn to before me this 16th 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* 16th *day of* June, 19 87, *authorizing the joining together as husband and wife* ROBERT DALE SMILEY, JR. *and* CATHY LYNN SMILEY
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, SHLDON L. GEORGE *hereby certify that on the* 7th *day of* JULY,
one thousand nine hundred and 87
State of Indiana, Groom ROBERT DALE SMILEY, JR. *at* NEW WINCHESTER, *County of* HENDRICKS,
and, Bride CATHY LYNN SMILEY *of* HENDRICKS *County, State of* IN,
were by me united 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* JULY, 1987.

Signed /s/ SHELDON L. GEORGE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th *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. 267

File

6-16-87
Date of Application

MALE
Medical Examination Report Dated 6-10-87
Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 6-10-87
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 Michael Last Lee

Date of Birth: Month 4 Day 27 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: 9880 W. 10th St. Lot 38-4 Street or R. R. Indpls. City Hendricks Co. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

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

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

Signed X David Michael Lee
New Address Same as above

Subscribed and sworn to before me this 16 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 Jenny Middle Lynne Last Sparks

Date of Birth: Month 4 Day 21 Year 67

Place of Birth (State or foreign country) Indiana

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.
   Lyndsey Nikole Boesch

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Sparks
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorthy A. Hopson
   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 Jenny Lynne Sparks
New Address Same as above

Subscribed and sworn to before me this 16 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* 16th *day of* JUNE, *19* 87, *authorizing the joining together as husband and wife* DAVID MICHAEL LEE *and* JENNY LYNNE SPARKS

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

I, EDWIN R. ALLENDER *hereby certify that on the* 20th *day of* JUNE, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DAVID MICHAEL LEE *of* HENDRICKS *County, State of* IN *and, Bride* JENNY LYNNE SPARKS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* JUNE, *19* 87.

Signed /s/ EDWIN R. ALLENDER

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*

No. 268

File

6-17-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-8-87
Name of Physician Kenneth Maynard

FEMALE
Medical Examination Report Dated 6-8-87
Name of Physician Michael Pumpato

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

Date of Birth: Month 4; Day 22; Year 64

Place of Birth (State or foreign country): Illinois

Residence Address: Number 2 North Locust St. 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) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gary Lee Ogden
   Residence of father (if deceased so state) Illinois
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Donna Elaine Elmore
   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 Daniel L Ogden
New Address #2 N. Locust Ct. Danville

Subscribed and sworn to before me this 17th 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 Teresa; Middle Diane; Last Wallen

Date of Birth: Month 4; Day 6; Year 65

Place of Birth (State or foreign country) New Mexico

Residence Address: 1041 Clifford Rd. 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.
   Grant Logan Wallen

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

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

Signed Teresa D. Wallen
New Address #2 N. Locust Ct. Danville

Subscribed and sworn to before me this 17th 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* 23 *day of* June, 19 87, *authorizing the joining together as husband and wife* DANIEL L. OGDEN *and* TERESA WALLEN

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

I, GARY OGDEN *hereby certify that on the* 11th *day of* JULY, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DANIEL L. OGDEN *of* HENDRICKS *County, State of* IN, *and, Bride* TERESA WALLEN *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 1987.

Signed /s/ GARY L. OGDEN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *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. 269

File

6-17-87 Date of Application

MALE
Medical Examination Report Dated 6-13-87
Name of Physician Robert Ogle

FEMALE
Medical Examination Report Dated 6-13-87
Name of Physician Robert Ogle

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Phillip; Last Dolden
Date of Birth: Month 8; Day 8; Year 66
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. 8817 W. Washington; 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 Phillip Dolden
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Ellen Martin
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Daniel Phillip Dolden
New Address 8817 W. Washington St. Indpls.
Subscribed and sworn to before me this 17th day of June, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Vanessa; Middle Rae; Last Robinette
Date of Birth: Month 8; Day 22; Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R#1 Box 490; 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 Banner Gene Robinette
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Patricia Faye Holderfield
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

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

Signed Vanessa Rae Robinette
New Address 8817 W. Washington Indpls.
Subscribed and sworn to before me this 17th day of June, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENT OR GUARDIAN

...pplicant hereby give consent for this marriage. If only one parent ...ender the consent of the other parent unnecessary.

...CKS } ss:

...Father
Patricia Faye Robinette Mother
...fore me this 17th day of June, 87
Mary Jane Russell Clerk

...aving been refused to the above named parties, the ...d and filed ...e above named parties.

CERTIFICATE

HENDRICKS

...Circuit Court of Indiana dated the 22nd day of June, 19 87, authorizing the joining together as husband and wife

DANIEL PHILLIP DOLDEN and VANESSA RAE ROBINETTE

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

I, DAN T. CLOUSE *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* R. R. 1, Box 490, *County of* HENDRICKS, *State of Indiana, Groom* DANIELD PHILLIP DOLDEN *of* MARION *County, State of* IN *and, Bride* VANESSA RAE ROBINETTE *of* HENDRICKS *County, State of* IN, *were by me united 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/ DAN T. CLOUSE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* JULY, *1987.*

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

No. 270

File

6-17-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-9-87
Name of Physician Joyce Hill

FEMALE
Medical Examination Report Dated 6-9-87
Name of Physician Joyce Hill

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

Date of Birth: Month 4 Day 17 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 481A E. 350 N. 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) 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.
   Angel Christina Carlton
   Nancy Kay Carlton
   Max Jacob Carlton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carlos Rayford Carlton
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Norma Whitker
   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 Jimmie Carlton
New Address 481A E 350N Danville

Subscribed and sworn to before me this 17th 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 Berdetta Middle Jean Last Duncan

Date of Birth: Month 8 Day 5 Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10 Murphy Ct. 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.
   Angela Kay Duncan
   Kelly Ann Duncan
   David Michael Duncan
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Basil Warren
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Opal Marie DeHong
   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 Berdetta Jean Duncan
New Address 481E 350N Danville

Subscribed and sworn to before me this 17th 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 24 day of June, 1987, authorizing the joining together as husband and wife JIMMIE LEE CARLTON and BERDETTA JEAN DUNCAN

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

I, GLENN LINTHICUM hereby certify that on the 27th day of JUNE, one thousand nine hundred and 87, at SPEEDWAY, County of MARION, State of Indiana, Groom JIMMIE LEE CARLTON of HENDRICKS County, State of IN, and, Bride BERDETTA JEAN DUNCAN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of JUNE, 19 87.

Signed /s/ GLENN LINTHICUM
Official Designation PASTOR

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 I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271

File

June 18, 1987 Date of Application

MALE
Medical Examination Report Dated 6-5-87
Name of Physician Dr. Terry J. Mandel

FEMALE
Medical Examination Report Dated 6-5-87
Name of Physician Dr. Terry 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 James Middle E. Last Moran

Date of Birth: Month May Day 30 Year 1965

Place of Birth (State or foreign country) Joliet Ill.

Residence Address: 24725 Street or R. R. Trunk Dr. City South Bend 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 Gerald Robert Moran
   Residence of father (if deceased so state) South Bend, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Carolyn Bowrie
   Residence of mother (if deceased so state) South Bend, 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 James E. Moran

New Address 704 Plaza Place, North Augusta S.C. 29841

Subscribed and sworn to before me this 18 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 Mary Middle M. Last Swisher

Date of Birth: Month Nov. Day 28 Year 1964

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

Residence Address: 6890 N. SR. 267 Street or R. R. Brownsburg City (Hen) 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 John Charles Swisher
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Kay Loring
   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 Mary M. Swisher

New Address 704 Plaza Place N. Augusta SC 29841

Subscribed and sworn to before me this 18 day of June, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* JUNE, *19*87, *authorizing the joining together as husband and wife* JAMES E. MORAN *and* MARY M. SWISHER

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

I, MARTIN A. PETER *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JAMES E. MORAN *of* ST. JOSEPH *County, State of* IN *and, Bride* MARY M. SWISHER *of* HENDRICKS *County, State of* IN, *were by me united 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/ MARTIN A. PETER

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* JULY, *19*87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 272

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File June 18, 1987
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 6-9-87
Name of Physician Ray D. Howell

FEMALE
Medical Examination Report Dated 6-9-87
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 Roger Middle Wayne Last Cloncs
Date of Birth: Month 12 Day 11 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R2 Box 336 City Roachdale County Putn. State IN
Previous 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.
   Justin Cloncs

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dean Cloncs
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Witt
   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 Roger W. Cloncs
New Address RR 2 Roachdale 46172 Box 336

Subscribed and sworn to before me this 22 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 Tracy Middle Lynn Last Taylor
Date of Birth: Month 6 Day 12 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R1 Box 80C City North Salem 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 Ronald Stanley Taylor
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Robinson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Tracy R. Taylor
New Address RR #2 Box 336 Roachdale 46172

Subscribed and sworn to before me this 18 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* 22nd *day of* JUNE, *19* 87, *authorizing the joining together as husband and wife* ROGER WAYNE CLONCS *and* TRACY L. TAYLOR *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, THOMAS BURTON *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87, *State of Indiana, Groom* ROGER WAYNE CLONCS *at* NORTH SALEM, *County of* HENDRICKS, *and, Bride* TRACY L. TAYLOR *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* IN.

Dated this 27th *day of* JUNE, *19* 87.

Signed /s/ G. THOMAS BURTON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st *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. 273

File

June 17, 1987
Date of Application

MALE
Medical Examination Report Dated 6-6-87
Name of Physician J. Thomas Vieria

FEMALE
Medical Examination Report Dated 6-6-87
Name of Physician J. Thomas Vieria

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

Date of Birth: Month 10 Day 16 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. PO Box 95 City Stilesville 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 Richard E. Jones Sr
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol S. Gaalema
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed David Jones

New Address R 1 Box 542 Camby

Subscribed and sworn to before me this 18th day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Shellie Middle Lee Last Clark

Date of Birth: Month 10 Day 12 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 2 Box 95 City Cloverdale 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 Wallace M. Clark
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet S. Gray
   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 Shellie L Clark

New Address R#1 Box 9542 Camby, Ind 46113

Subscribed and sworn to before me this 18th 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* 22 *day of* June, 1987, *authorizing the joining together as husband and wife* DAVID EDWARD JONES *and* SHELLIE LEE CLARK

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

I, JOSEPH R. SHEVENELL *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* STILESVILLE, *County of* HEDNRICKS, *State of Indiana, Groom* DAVID EDWARD JONES *of* HENDRICKS *County, State of* IN *and, Bride* SHELLIE LEE CLARK *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* JUNE, 19 87.

Signed /s/ JOSEPH R. SHEVENELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 274

File

6-19-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-16-87
Name of Physician M. Jacobson

FEMALE
Medical Examination Report Dated 6-16-87
Name of Physician M. Jacobson

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

MALE APPLICANT

Name: First Mark Middle H. Last Springman

Date of Birth: Month 4 Day 5 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1421 W. Oakwood Trail 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. Jia.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. Springman
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia B. Hussey
   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 H. Springman
New Address 625 Kentucky Ave. Plainfield IN

Subscribed and sworn to before me this 19 day of June, 1987
Mary Jane Rissell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Denise Middle J. Last Oliver

Date of Birth: Month 7 Day 29 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 625 Kentucky Ave. 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. Jia.

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

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

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

Signed Denise J. Oliver
New Address 625 Kentucky Ave Plainfield IN

Subscribed and sworn to before me this 19 day of June, 1987
Mary Jane Rissell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 MARK GREGORY SPRINGMAN and DENISE JANE OLIVER

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

I, ARTHUR K. FRIESEN hereby certify that on the 11th day of JULY one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of Indiana, Groom MARK GREGORY SPRINGMAN of MARION County, State of IN and, Bride DENISE JANE 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 11th day of JULY, 1987.

Signed /s/ ARTHUR K. FRIESEN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JULY, 1987.

Signed Mary Jane Rissell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 275

File

6-19-87 Date of Application

MALE
Medical Examination Report Dated 6-15-87
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 6-15-87
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 John Middle Russell Last Hall

Date of Birth: Month 1 Day 21 Year 47

Place of Birth (State or foreign country) Ind.

Residence Address: 2310 Street or R. R. 15th St. City Ply. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. 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.
   Jennifer Lynn Hall

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

New Address Same

Subscribed and sworn to before me this 19 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 Jo Middle Mary Last Reed

Date of Birth: Month 10 Day 20 Year 61

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 James Ray Smith
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Viola McElroy
   Residence of mother (if deceased so state) Ind. 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 Jo Mary Reed

New Address Same

Subscribed and sworn to before me this 19 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* 24 *day of* June, 19 87, *authorizing the joining together as husband and wife* JOHN MICHAEL HALL *and* JO MARY REED

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

I, WILLIAM P. HENDRICKS *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* JOHN MICHAEL HALL *of* HENDRICKS *County, State of* IN *and, Bride* JO MARY REED *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* JUNE, *19* 87.

Signed /s/ WILLIAM P. HENDRICKS

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* JULY, 1987.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 276

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

6-19-87
Date of Application

MALE
Medical Examination Report Dated 6-16-87
Name of Physician Joseph F Thompson

FEMALE
Medical Examination Report Dated 6-18-87
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 David Middle Wayne Last Lyles
Date of Birth: Month Sept. Day 7 Year 1965
Place of Birth (State or foreign country) Buck Grove, Indiana
Residence Address: Street or R. R. 10433 E. 700 N. City Brownsburg County Ind. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Subscribed and sworn to before me this 19 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 Margret Middle Rose Last Althoff
Date of Birth: Month November Day 7 Year 1967
Place of Birth (State or foreign country) Danville Indiana
Residence Address: Street or R. R. 9040 N. 800 E. City Brownsburg County In. State 46112
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Margret Althoff
New Address

Subscribed and sworn to before me this 19 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* 26 *day of* June, 19 87, *authorizing the joining together as husband and wife* DANIEL W. LYLES *and* MARGARET R. ALTHOFF
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DANIEL B. (not ledgible) *hereby certify that on the* 10th *day of* JULY, *one thousand nine hundred and* 87, *State of Indiana, Groom* DANIEL W. LYLES *at* BROWNSBURG, *and, Bride* MARGARET ALTHOFF *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* IN, *Dated this* 10th *day of* JULY, 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* JULY, 19 87.

Signed /s/ DANIEL B. (not ledgible)
Official Designation CATHOLIC PRIEST
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 277

File

June 19 1987
Date of Application

MALE
Medical Examination Report Dated 6-12-87
Name of Physician Larry D. Lovell, MD

FEMALE
Medical Examination Report Dated 6-12-87
Name of Physician Janet L Harris, MD

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

MALE APPLICANT

Name: First Alan Middle R. Last Diodore
Date of Birth: Month Sept. Day 2 Year 1939
Place of Birth (State or foreign country) Marion In.
Residence Address: 10521 Street or R. R. W. 10th St. City Indpls. (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) 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.
   Nicholas Diodore
   Anthony "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Diodore
   Residence of father (if deceased so state) Marion In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia L. Boyle
   Residence of mother (if deceased so state) Marion 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 Alan R. Diodore
New Address 10521 West 10th St.

Subscribed and sworn to before me this 19 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 Janet Middle L. Last Hester
Date of Birth: Month Dec Day 28 Year 1942
Place of Birth (State or foreign country) Shelbyville In.
Residence Address: 10521 Street or R. R. W. 10th St. City Indpls. (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) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph L. Hester
   Residence of father (if deceased so state) Shelbyville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances L. Lefler
   Residence of mother (if deceased so state) Shelbyville 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 L Hester
New Address 10521 West 10th St.

Subscribed and sworn to before me this 19 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* 23rd *day of* June, 19 87, *authorizing the joining together as husband and wife* ALAN R. DIODORE *and* JANET L. HESTER

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

I, THOMAS E. ATZ *hereby certify that on the* 25th *day of* JUNE, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* ALAN R. DIODORE *of* HENDRICKS *County, State of* IN *and, Bride* JANET L. HESTER *of* HENDRICKS *County, State of* IN, *were by me united 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, 1987.

Signed /s/ THOMAS E. ATZ
Official Designation JUDGE PRO TEM MARION COUNTY

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*

No. 278

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

6-22-87
Date of Application

MALE
Medical Examination Report Dated 6-8-87
Name of Physician John Cronkhite

FEMALE
Medical Examination Report Dated 6-8-87
Name of Physician John 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 Albert Middle Riccardi Last Crawley

Date of Birth: Month 10 Day 27 Year 67

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

Residence Address: Street or R. R. 1610 S. Sigsbee St. City Indpls. County State In. 46231

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Allen Crawley Jr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Greencastle, In.
9. Full maiden name of mother Sandra Lou Ricciardi
   Residence of mother (if deceased so state) Chicago, Il.
   Birthplace of mother (State or foreign country) Logansport, In.

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

Signed Albert Ricciardi Crawley

New Address Same as above

Subscribed and sworn to before me this 22nd 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 Terry Middle Lynn Last Hoffman

Date of Birth: Month 8 Day 31 Year 70

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

Residence Address: Street or R. R. ~~1610~~ 1026 Harmon Dr. 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 Paul Lewis Hoffman
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Lafayette, In.
9. Full maiden name of mother Ruth Darlene Poore
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Columbus, In.

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

Signed Terry Lynn Hoffman

New Address 1610 S. Sigsbee Indpls.

Subscribed and sworn to before me this 22nd 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 Ruth Darlene Wright Mother

Subscribed and sworn to before me this 22nd day of June, 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 Age 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 22nd day of June, 1987, authorizing the joining together as husband and wife ALBERT RICCIARDI CRAWLEY and TERRY LYNN HOFFMAN

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

I, STEVE KERR hereby certify that on the 27th day of AUGUST, one thousand nine hundred and 87 at 6:00 p.m., County of HENDRICKS, State of Indiana, Groom ALBERT RICCIARDI CRAWLEY of MARION County, State of IN and, Bride TERRY LYNN HOFFMAN of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of JUNE, 19 87.

Signed /s/ STEVE KERR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of NOVEMBER, 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. 279

File

6-22-87 Date of Application

MALE
Medical Examination Report Dated 6-16-87
Name of Physician S. Paschall

FEMALE
Medical Examination Report Dated 6-16-87
Name of Physician Steven Paschall

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

Date of Birth: Month 6 Day 2 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: 745 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) 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 Dare Sheldon Johnson
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Jean Metzger
   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 Steven H. Johnson

New Address

Subscribed and sworn to before me this 22 day of June, 1987

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

FEMALE APPLICANT

Name: First Michele Middle Lynn Last Schutt

Date of Birth: Month 9 Day 30 Year 63

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. 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 Jerry Lee Safford
   Residence of father (if deceased so state) (?)
   Birthplace of father (State or foreign country) (?)
9. Full maiden name of mother Doris Ann Puckett
   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 L Schutt

New Address

Subscribed and sworn to before me this 22 day of June, 1987

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, 19 87, *authorizing the joining together as husband and wife* STEVEN H. JOHNSON *and* MICHELE L. SCHUTT

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

I, LARRY LILLY *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN H. JOHNSON *of* HENDRICKS *County, State of* IN *and, Bride* MICHELE L. SCHUTT *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, *19* 87.

Signed /s/ LARRY LILLY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21ST *day of* JULY, *19* 87.

Signed Mary Jane Pyrsell *Clerk*

HENDRICKS *Circuit Court*

No. 280

File

6-22-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-18-87
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-18-87
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 Jonathan Middle Scott Last Clark

Date of Birth: Month 11 Day 19 Year 66

Place of Birth (State or foreign country) Ind.

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) Reg. Voter & 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 Charles Gilbert Clark
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Alice Howard
   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 Jonathan Scott Clark
New Address 882 Broadway S Dr. ive

Subscribed and sworn to before me this 22 day of June, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sherry Middle Ann Last Stinnett

Date of Birth: Month 8 Day 8 Year 69

Place of Birth (State or foreign country)

Residence Address: 882 Broadway S. Dr. 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 William David Stinnett
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Nonajo Estell Farrell
   Residence of mother (if deceased so state) Ind.
   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 X Sherry A. Stinnett
New Address 882 Broadway S. Dr.

Subscribed and sworn to before me this 22 day of June, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 26th *day of* JUNE, *19* 87, *authorizing the joining together as husband and wife* JONATHAN SCOTT CLARK *and* SHERRY ANN STINNETT

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

I, JACK L. McINTOSH *hereby certify that on the* 27th *day of* JUNE *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JONATHAN SCOTT CLARK *of* HENDRICKS *County, State of* IN *and, Bride* SHERRY ANN STINNETT *of* HENDRICKS *County, State of* IN, *were by me united 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* JUNE, *19* 87.

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JUNE, *19* 87

Signed /s/ JACK L. McINTOSH
Official Designation PASTOR

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 280

File

6-22-87
Date of Application

MALE
Medical Examination Report Dated 6-18-87
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-18-87
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 Jonathan Middle Scott Last Clark

Date of Birth: Month 11 Day 19 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 98 Blake 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) Reg. Voter & 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 Charles Wilbert Clark
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Alice Howard
   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

Signed X
New Address
Subscribed and sworn to before me th
Mary Jane Russell

CONSENT OF PARENTS, PARENT
We, the parents, of this applicant h
signs, state facts which render the

State of Indiana, County of HENDRICKS
Signed
Signed
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Sherry Middle Ann Last Stinnett

Date of Birth: Month 8 Day 9 Year 69

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 882 Broadway S. Dr. City Pkfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, HENDRICKS ss: I depose and state the information given

I, William D. Stinnett, hereby give my consent for my Daughter, Sherry Ann Stinnett to marry Jonathon Scott Clark.

William D Stinnett

Subscribed and sworn to before me this 20th day of June 1987

County of: Hendricks
State of: Indiana
My commission expires: June 30, 1989

Linda L Frantzuh
Notary Public

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26th *day of* JUNE, *19* 87, *authorizing the joining together as husband and wife* JONATHAN SCOTT CLARK *and* SHERRY ANN STINNETT

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

I, JACK L. McINTOSH *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87, *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JONATHAN SCOTT CLARK *of* HENDRICKS *County, State of* IN, *and, Bride* SHERRY ANN STINNETT *of* HENDRICKS *County, State of* IN, *were by me united 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* JUNE, *19* 87.

Signed /s/ JACK L. McINTOSH
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*

No. 280

File

6-22-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-18-87
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-18-87
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 Jonathan Middle Scott Last Clark

Date of Birth: Month 11 Day 19 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 98 Blake 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) Reg. Voter & 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 Charles Wilbert Clark
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Helen Howard
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana,
County of HENDRICKS

Signed X
New Address

Subscribed and sworn to before me t
Mary Jane R

CONSENT OF PARENTS, PAREN

We, the parents, of this applicant h
signs, state facts which render the

State of Indiana,
County of HENDRICKS

Signed
Signed

Subscribed and sworn to before me thi

COMPLETE IF MARRIAGE
HENDRICKS
in

FEMALE APPLICANT

Name: First Sherry Middle Ann Last Stinnett

Date of Birth: Month 5 Day 9 Year 69

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 882 Broadway S. Dr. City Pgd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana,) ss: I depose and state the information given

I, William D. Stinnett, hereby give my consent for my Daughter, Sherry Ann Stinnett to marry Jonathon Scott Clark.

I, Verna J. Stinnett, hereby give my consent for my Daughter, Sherry Ann Stinnett to marry Jonathon Scott Clark.

X Verna J. Stinnett

Subscribed and sworn to before me this 17th day of June 1987

Mary Jane Russell
Notary Public CLERK

Be It Remembered that license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of JUNE, 19 87, authorizing the joining together as husband and wife JONATHAN SCOTT CLARK and SHERRY ANN STINNETT

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

I, JACK L. McINTOSH hereby certify that on the 27th day of JUNE one thousand nine hundred and 87, at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JONATHAN SCOTT CLARK of HENDRICKS County, State of IN, and, Bride SHERRY ANN STINNETT of HENDRICKS County, State of IN, were by me united 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 JUNE, 19 87.

Signed /s/ JACK L. McINTOSH
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. 281

File 6-2287
Date of Application

MALE
Medical Examination Report Dated 6-1987
Name of Physician Thomas Moran

FEMALE
Medical Examination Report Dated 6-1987
Name of Physician Thomas Moran

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

MALE APPLICANT

Name: First Thomas; Middle Joseph; Last Riegel

Date of Birth: Month 9; Day 3; Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: 1006 Deer Creek; 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)

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

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

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

Signed Thomas J. Riegel
New Address same as above

Subscribed and sworn to before me this 22 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 Judy; Middle LoAnn; Last Fields

Date of Birth: Month 1; Day 26; Year 69

Place of Birth (State or foreign country) Indiana

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 James W. Fields III
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Brenda J. Nixon
   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 Judy L. Fields
New Address same as above

Subscribed and sworn to before me this 22 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* 17 *day of* June, 19 87, *authorizing the joining together as husband and wife* THOMAS JOSEPH RIEGEL *and* JUDY LU ANN FIELDS

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

I, DAVID HALCOMB *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* THOMAS JOSEPH RIEGEL *of* HENDRICKS *County, State of* IN *and, Bride* JUDY LU ANN FIELD *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19* 87.

Signed /s/ DAVID HALCOMB

Official Designation PASTOR

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*

No. 282

File

6-23-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-17-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 6-17-87
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 Jerry Middle Lee Last Phillips

Date of Birth: Month 1 Day 30 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 3 Box 342 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. 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 Jerry Wayne Phillips
   Residence of father (if deceased so state) No.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce Roberts
   Residence of mother (if deceased so state) No.
   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 Jerry Lee Phillips
New Address RR3 Box 342 Clayton, In.

Subscribed and sworn to before me this 23 day of June, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janet Middle Lee Last Hadley

Date of Birth: Month 9 Day 29 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 3 Box 343A 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. 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 Jack Lee Hadley
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judie Mae McCloud
   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 Janet Lee Hadley
New Address RR. 3 Box 343 Clayton, IN 46118

Subscribed and sworn to before me this 23 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 ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* June, 19 87, *authorizing the joining together as husband and wife* JERRY LEE PHILLIPS *and* JANET LEE HADLEY

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JERRY LEE PHILLIPS *of* HENDRICKS *County, State of* IN, *and, Bride* JANET LEE HADLEY *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/ WILLIAM CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 8th *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. 283

File

6-23-87 Date of Application

MALE
Medical Examination Report Dated 6-16-87
Name of Physician M. L. Neely

FEMALE
Medical Examination Report Dated 6-16-87
Name of Physician M. L. Neely

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

MALE APPLICANT

Name: First Philip Middle Lane Last Clark

Date of Birth: Month 5 Day 30 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4 Hillcrest 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. 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 Stephen Barton Clark
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Carolyn Sue Coates
   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 Philip L. Clark

New Address Same as above

Subscribed and sworn to before me this 23 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 Jayne Middle Alice Last Myers

Date of Birth: Month 7 Day 17 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4 Hillcrest 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. 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.
   Jeremy Edward Myers

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

New Address Same as above

Subscribed and sworn to before me this 23 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* 29 *day of* June, 19 87, *authorizing the joining together as husband and wife* PHILIP L. CLARK *and* JAYNE A. MYERS

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

I, LARRY LILLY *hereby certify that on the* 1st *day of* JULY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* PHILIP L. CLARK *of* HENDRICKS *County, State of* IN, *and, Bride* JAYNE A. MYERS *of* HENDRICKS *County, State of* IN, *were by me united 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/ LARRY LILLY

Official Designation PASTOR

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*

No. 284

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

6-2387
Date of Application

MALE
Medical Examination Report Dated 6-16-87

Name of Physician Greg Grubb

FEMALE
Medical Examination Report Dated 6-18

Name of Physician Greg Grubb

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

Date of Birth — Month: 3 — Day: 2 — Year: 1953

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

Residence Address — Street or R. R.: 848 Sunset — 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 Charles D. Blackmore
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Ann Haskins
   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 John L Blackmore

New Address

Subscribed and sworn to before me this 25 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: Diane — Middle: L. — Last: Bradley

Date of Birth — Month: 9 — Day: 11 — Year: 61

Place of Birth (State or foreign country): Ohio

Residence Address — Street or R. R.: 1344 Angela 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) 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
   Levi Wayne Bradley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Young
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rita M. Elson
   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 Diane L. Bradley

New Address 648 Sunset Dr. Danville

Subscribed and sworn to before me this 23rd 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 in ..... Court by written order issued ..... and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June, 1987, *authorizing the joining together as husband and wife* JOHN L. BLACKMORE *and* DIANE L. BRADLEY

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

I, LARRY LILLY *hereby certify that on the* 27th *day of* JUNE, *one thousand nine hundred and* 87 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom* JOHN L. BALCKMORE *of* HENDRICKS *County, State of* IN, *and, Bride* DIANE L. BRADLEY *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 27th *day of* JUNE, *19* 87.

Signed /s/ LARRY LILLY

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. 285

File

6-23-87
Date of Application

MALE
Medical Examination Report Dated 6-16-87
Name of Physician M. Hewlett

FEMALE
Medical Examination Report Dated 6-18-87
Name of Physician M. Hewlett

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

Date of Birth: Month 9 Day 3 Year 62

Place of Birth (State or foreign country) (California)

Residence Address: Street or R. R. 124 W. South St. 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. 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 Robert J. Shelton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carrie Hill
   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 ☒ Daniel Shelton

New Address 124 W South St Mooresville In.

Subscribed and sworn to before me this 23 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 Cathy Middle L. Last Zimmerman

Date of Birth: Month 3 Day 10 Year 68

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

Residence Address: Street or R. R. 11005 W. Brunswick 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) —

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Zimmerman Jr.
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna B. Eggleston
   Residence of mother (if deceased so state) Indpls. 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 ☒ Cathy L Zimmerman

New Address Legal

Subscribed and sworn to before me this 23 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 30th day of June, 19 87, authorizing the joining together as husband and wife DANIEL SHELTON and CATHY L. ZIMMERMAN

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

I, CARL AKARD RILEY hereby certify that on the 10th day of JULY, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DANIEL G. SHELTON of MORGAN County, State of IN and, Bride CATHY L. ZIMMERMAN of HENDRICKS County, State of IN, were by me united 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 JULY, 19 87.

Signed /s/ CARL AKARD RILEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JULY, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 286

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 6-23-87 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 6-17-87
Name of Physician Norman H. Liebschutz MD.

FEMALE
Medical Examination Report Dated 6-17-87
Name of Physician Norman H. Liebschutz MD.

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

MALE APPLICANT

Name: First Douglas Middle R. Last Lane
Date of Birth: Month Oct. Day 22 Year 1965
Place of Birth (State or foreign country): Westfield In
Residence Address: Street or R. R. 1921 Steven Ave. City Bedford County Lawrence State In

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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Delman R. Lane
   Residence of father (if deceased so state) Crawfordsville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Helene Simmons
   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 Douglas R Lane
New Address 1921 Steven ave apt 460 Bedford In.

Subscribed and sworn to before me this 23 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 Christina Middle A. Last Eagle
Date of Birth: Month June Day 11 Year 1965
Place of Birth (State or foreign country): Washington Davis) In.
Residence Address: Street or R. R. 1792 Avon Rd. City Plainfield County Hendricks State In.

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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 K. Eagle
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley A. Russell
   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 Christina A. Eagle
New Address 1921 Steven Ave Apt 460

Subscribed and sworn to before me this 23 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* 30th *day of* June, 1987, *authorizing the joining together as husband and wife* DOUGLAS RYAN LANE *and* CHRISTINA ANN EAGLE
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ORVILLE HALL JR. *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* DOUGLAS RYAN LANE *of* LAWRENCE *County, State of* IN, *and, Bride* CHRISTINA ANN EAGLE *of* HENDRICKS *County, State of* IN, *were by me united 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* JUNE, 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* JULY, 19 87

Signed /s/ ORVILLE HALL JR.
Official Designation MINISTER
Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 287

File

6-24-87
Date of Application

MALE
Medical Examination Report Dated 6-19-87
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-19-87
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 Steven Middle Greg Last Ping

Date of Birth: Month 1 Day 29 Year 64

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

Residence Address: Street or R. R. RR 1 Box 240P City Pittsboro 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 Ronald C. Ping
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Key. Somerset,
9. Full maiden name of mother Joyce A. Hendricks
   Residence of mother (if deceased so state) Pittsboro, 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 Steven Greg Ping

☒ New Address R.R. #1 Box 119 Pittsboro In

Subscribed and sworn to before me this 24th 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 Catherine Middle Diana Last Carroll

Date of Birth: Month 9 Day 26 Year 67

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

Residence Address: Street or R. R. P O Box 23 City Lizton County State In 46149

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 ~~Hatter~~ Carroll Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Key.
9. Full maiden name of mother Verla Ethel Pritchard
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) ~~Key.~~ Ind.

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

☒ Signed Catherine Diana Carroll

☒ New Address R.R. #1 Box 119 Pittsboro In

Subscribed and sworn to before me this 24th 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* 16th *day of* July, 19 87, *authorizing the joining together as husband and wife* STEVEN GREG PING *and* CATHERINE DIANE CARROLL

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

I, CLYDE D. WAKE *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* GREENWOOD, *County of* JOHNSON, *State of Indiana, Groom* STEVEN GREG PING *of* HENDRICKS *County, State of* IN *and, Bride* CATHERINE DIANE CARROLL *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* JULY, *19* 87.

Signed /s/ CLYDE D. WAKE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* JULY, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 288

File

6-24-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-15-87
Name of Physician Teresa J. Thierweiler

FEMALE
Medical Examination Report Dated 6-15-87
Name of Physician Teresa J. Thierweiler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 R. Last Lesher
Date of Birth: Month 10 Day 23 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: 18 E. Manor Dr. Street or R. R. S. Brownsburg City Hendricks County State
Previous 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 Le Roy Lesher
   Residence of father (if deceased so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Rose Arvidson
   Residence of mother (if deceased so state) Minneapolis Minn
   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 Michael R Lesher

New Address

Subscribed and sworn to before me this 24th day of June, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle D. Last Smither
Date of Birth: Month 10 Day 16 Year 1965
Place of Birth (State or foreign country) Indiana
Residence Address: 18 E. Manor Dr. Street or R. R. S. Brownsburg City Hendricks County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 Donald St. Smither
   Residence of father (if deceased so state) Evansville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Karen Sue Robbins
   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 D. Smither

New Address

Subscribed and sworn to before me this 24th 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 30 day of June, 1987, authorizing the joining together as husband and wife MICHAEL ROY LESHER and LISA DAWN SMITHER

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

I, DENNIS R. FULTON hereby certify that on the 11th day of JULY, one thousand nine hundred and 87, at INDIANAPOLIS, County of MARION, State of Indiana, Groom MICHAEL ROY LESHER of JOHNSON County, State of IN, and, Bride LISA DAWN SMITHER of HENDRICKS County, State of IN, were by me united 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 JULY, 1987.

Signed /s/ DENNIS R. FULTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th 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. 289

File June 25, 1987
Date of Application

MALE
Medical Examination Report Dated 6-22-87
Name of Physician Donald J. Sefcik

FEMALE
Medical Examination Report Dated 6-22-87
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 Steve Middle H. Last Hauger

Date of Birth: Month March Day 2 Year 1959

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 1015 Hacienda 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) Drivers 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 Robert Lee Hauger
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Lee Howard
   Residence of mother (if deceased so state) Vincennes 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 H. Hauger
New Address 1015 Hacienda Dr. Danville
Subscribed and sworn to before me this 25 day of June, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Holly Middle A. Last Malicoat

Date of Birth: Month Oct. Day 7 Year 1960

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

Residence Address: Street or R. R. 1015 Hacienda Dr. City Danville 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) 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.
   Leah Marie Malicoat
   Michael Riley "
   Grant 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 Donald Edward Riley
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Karen Kay Lauralin
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indpls. In.

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

Signed Holly A. Malicoat
New Address 1015 Hacienda Dr. Danville
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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 19 87, *authorizing the joining together as husband and wife* STEVE H. HAUGER *and* HOLLY A. MALICOAT

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

I, LARRY R. HESSON *hereby certify that on the* 2nd *day of* JULY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* STEVE H. HAUGER *of* HENDRICKS *County, State of* IN *and, Bride* HOLLY A. MALICOAT *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, *1987*

Signed /s/ LARRY R. HESSON

Official Designation JUDGE SUPERIOR COURT II

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*

38

No. 290

File

Date of Application 6-25-87

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 6/16/87
Name of Physician Douglas L. Abney

FEMALE
Medical Examination Report Dated 6-12-87
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 Eddie Middle Lynn Last Baughn
Date of Birth: Month 9 Day 13 Year 1948
Place of Birth (State or foreign country) Franklin, Ky.
Residence Address: Street or R. R. R # 6 Franklin City Franklin County Simpson Co. State Ky.
Previous 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. - 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 Cullie Baughn
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary G. Hallaway
   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 X Eddie Baughn
New Address Route 6, Box 201, Franklin, Ky. 42134

Subscribed and sworn to before me this 1st day of July, 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 Kathy Middle S. Last Simm
Date of Birth: Month 10 Day 31 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 77 Cartersburg Rd. City Danville, County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. Lic.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Simm
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorthy Imogene Draper
   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 Sue Simm
New Address Route 6, Box 201, Franklin, Ky. 42134

Subscribed and sworn to before me this 25 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 1st day of July, 1987, authorizing the joining together as husband and wife EDDIE L. BAUGHN and KATHY S. SIMM

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

I, ANDREW J. SIMKINS hereby certify that on the 5th day of JULY one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom EDDIE L. BAUGHN of SIMPSON County, State of KENTUCKY and, Bride KATHY S. SIMM of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of JULY, 1987.

Signed /s/ ANDREW J. SIMKINS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th 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. 291

File

6-26-87 Date of Application

MALE
Medical Examination Report Dated 6-12-87
Name of Physician T. Walker

FEMALE
Medical Examination Report Dated 6-12-87
Name of Physician T. Walker

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

MALE APPLICANT

Name: First David Middle Carl Last Leone

Date of Birth: Month 10 Day 24 Year 42

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 21 Glendale Park City Greenwood County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

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

New Address R#1 Box 157-1 Stilesville

Subscribed and sworn to before me this 26 day of June, 19 87.

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Rita Middle Jean Last Belcher

Date of Birth: Month 10 Day 16 Year 42

Place of Birth (State or foreign country) IND

Residence Address: Street or R. R. RR 1 Box 157-1 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Banschbach
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) IN
9. Full maiden name of mother Mary Doerr
   Residence of mother (if deceased so state) 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 Rita J Belcher

New Address RR1 Box 157-1 Stilesville

Subscribed and sworn to before me this 26 day of June, 19 87.

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* June, 19 87, *authorizing the joining together as husband and wife* DAVID CARL LEONE *and* RITA JEAN BELCHER

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

I, KEVIN HALE *hereby certify that on the* 11th *day of* JULY, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* DAVID CARL LEONE *of* JOHNSON *County, State of* IN *and, Bride* RITA JEAN BELCHER *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 19 87.

Signed /s/ KEVIN HALE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* AUGUST, 19 87.

Signed Mary Jane Pinnell *Clerk*

HENDRICKS *Circuit Court*

No. 292

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

6-24-87 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 6-24-87
Name of Physician Thomas C. Dascoli

FEMALE
Medical Examination Report Dated 6-24-87
Name of Physician Thomas C. 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 Scott Middle Alan Last Detty

Date of Birth: Month 11 Day 1 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 487 Cobblestone Dr. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Detty
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Darlene Roach
   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 Scott a. Detty
New Address 1750 S. Ocean Blvd. Fl.

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 Rose Middle ~~Alan~~ Marie Last Hayes

Date of Birth: Month 2 Day 9 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 201 N. 200 W. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Wilson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sherry Suzanne Hayes
   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 Rose M. Hayes
New Address 1750 S. Ocean Blvd Fl.

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* 30 *day of* June, 19 87, *authorizing the joining together as husband and wife* SCOTT ALAN DETTY *and* ROSE MARIE HAYES

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

I, WILLIAM P. HENDRICKS *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* SCOTT ALAN DETTY *of* HEDNRICKS *County, State of* IN, *and, Bride* ROSE MARIE HAYES *of* HENDRICKS *County, State of* IN, *were by me united 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* JUNE, *19* 87.

Signed /s/ WILLIAM P. HENDRICKS
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 Powell *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 293

File

6-29-87 Date of Application

MALE
Medical Examination Report Dated 6-17-87
Name of Physician M. Rothschild

FEMALE
Medical Examination Report Dated 6-17-87
Name of Physician M. Rothschild

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

MALE APPLICANT

Name: First Bob Middle J. Last Mitchell

Date of Birth: Month 1 Day 23 Year 45

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 473 Central Park, West #B City NY County State 10025

Previous 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 Leo Laverne Mitchell
   Residence of father (if deceased so state) California
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Helen Adell Harter
   Residence of mother (if deceased so state) California
   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 Bob J. Mitchell

New Address 473 CPW #B NY2 10025

Subscribed and sworn to before me this 29 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 Holly Middle Kay Last Kramen

Date of Birth: Month 7 Day 18 Year 60

Place of Birth (State or foreign country) Illinois

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 Mark S. Gordon
   Residence of father (if deceased so state) Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Audrey Marie Kramen
   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 H. Kay Kramen

New Address 473 CPW #B NY2 10025

Subscribed and sworn to before me this 29 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* 3 *day of* July, 19 87, *authorizing the joining together as husband and wife* BOB J. MITCHELL *and* HOLLY KAY KRAMEN

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

I, JOHN C. MOWRER *hereby certify that on the* 4th *day of* JULY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* BOB J. MITCHELL *of* NEW YORK *County, State of* NEW YORK *and, Bride* HOLLY KAY KRAMEN *of* NEW YORK *County, State of* NEW YORK, *were by me united 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/ JOHN C. MOWRER

Official Designation JUDGE PRO-TEMPORE

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*

No. 294

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

6-29-87
Date of Application

MALE
Medical Examination Report Dated 6-25-87
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 6-25-87
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 Dennis Middle Gene Last White
Date of Birth: Month 5 Day 27 Year 47
Place of Birth (State or foreign country) Danville, Ill.
Residence Address: Street or R. R. 242 Donnelly 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.
   Shane White 17 yrs.
   Darren White 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 Kevin V. White
   Residence of father (if deceased so state) Danville Ill.
   Birthplace of father (State or foreign country) Danville Ill.
9. Full maiden name of mother Virginia A. Cosat
   Residence of mother (if deceased so state) Danville Ill.
   Birthplace of mother (State or foreign country) Danville, Ill.

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

Signed Dennis White
New Address same as above

Subscribed and sworn to before me this 29th 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 Kathleen Middle Jean Last Lauhoff
Date of Birth: Month 1 Day 8 Year 54
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R. R. 242 Donnelly City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR ☑
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

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

Signed Kathleen J. Lauhoff
New Address same as above

Subscribed and sworn to before me this 29th 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 3rd day of July, 1987, authorizing the joining together as husband and wife DENNIS G. WHITE and KATHLEEN J. LAUHOFF

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

I, MARK L. CALLAWAY hereby certify that on the 5th day of JULY, one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DENNIS G. WHITE of HENDRICKS County, State of IN, and, Bride KATHLEEN J. LAUHOFF of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of JULY, 19.87.

Signed /s/ MARK L. CALLAWAY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of AUGUST, 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. 295

File

6-29-87 Date of Application

MALE
Medical Examination Report Dated 6-18-87
Name of Physician Terry Mandel

FEMALE
Medical Examination Report Dated 6-18-87
Name of Physician Terry 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 Robert Middle Louis Last Minnerup

Date of Birth: Month 6 Day 28 Year 55

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 7811 Carlton Arms 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) 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.
   Jennifer Nicole Minnerup
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Minnerup
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Nancy Carolyn Nutt
   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 Robert L. Minnerup

New Address 109 E TILDEN

Subscribed and sworn to before me this 29 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 Rhonda Middle Camille Last Wishmier

Date of Birth: Month 4 Day 1 Year 58

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 109 E. Tilden City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

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

Signed Rhonda C Wishmier

New Address 109 E. Tilden Brownsburg

Subscribed and sworn to before me this 29 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 3rd day of July, 19 87, authorizing the joining together as husband and wife ROBERT LOUIS MINNERUP and RHONDA C. WISHMIER

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

I, LYNN COLEMAN hereby certify that on the 11th day of JULY, one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ROBERT LOUIS MINNERUP of MARION County, State of IN and, Bride RHONDA C. WISHMIER of HENDRICKS County, State of IN, were by me united 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 JULY, 19 87.

Signed /s/ LYNN COLEMAN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JULY, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 296

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 6-29-87 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 6-6-87
Name of Physician Paul Schoon

FEMALE
Medical Examination Report Dated 6-6-87
Name of Physician Paul 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 Charles, Middle Edwin, Last Taylo

Date of Birth: Month 5, Day 24, Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 202, City Amo, County Hendricks, State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Lee Taylo
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Susanna Harper
   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 Charles E Taylo
New Address Same As Above

Subscribed and sworn to before me this 29 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 Karlene, Middle Elise, Last Nelson

Date of Birth: Month 10, Day 18, Year 64

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. P.O. Box 202, City Amo, County Hendricks, State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Lee Nelson
   Residence of father (if deceased so state).....
   Birthplace of father (State or foreign country).....
9. Full maiden name of mother Karen Swiger
   Residence of mother (if deceased so state) California
   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 Karlene Nelson
New Address Same As Above

Subscribed and sworn to before me this 29 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 9th day of July, 19 87, authorizing the joining together as husband and wife CHARLES E. TAYLO and KARLENE E. NELSON

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, one thousand nine hundred and 87, State of Indiana, Groom CHARLES EDWIN TAYLO at DANVILLE, County of HENDRICKS, and, Bride KARLENE E. NELSON of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of IN.

Dated this 9th day of JULY, 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JULY, 19 87.

Signed /s/ MARY LEE COMER
Official Designation JDUGE, HENDRICKS SUPERIOR COURT NO. 1

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297

File

6-30-87 Date of Application

MALE
Medical Examination Report Dated 6-20-87
Name of Physician R. K. Stogsdill

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 Karl Middle E. Last Bridgham

Date of Birth: Month 9 Day 27 Year 54

Place of Birth (State or foreign country) Harris

Residence Address: Street or R. R. 522 Lawndale 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. 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.
   Aaron Keith Bridgham
   Jacob Karl "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don Aaron Bridgham
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Washington
9. Full maiden name of mother Virginia M. Fedris
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Conn.

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

Signed X Karl E. Bridgham
New Address SAME AS ABOVE

Subscribed and sworn to before me this 30 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 Linda Middle C. Last Eller

Date of Birth: Month Mar. Day 27 Year 1957

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

Residence Address: Street or R. R. July Lane City Plfd. County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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.
   Jexa Kay Eller
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jr. Gent
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Bessie Farris
   Residence of mother (if deceased so state) Plainfield, 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 Linda C Eller
New Address 522 Lawndale Plainfield

Subscribed and sworn to before me this 30 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 7 day of July, 19 87, authorizing the joining together as husband and wife KARL E. BRIDGHAM and LINDA ELLER

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

I, REBECCA NEIDEFFER hereby certify that on the 11th day of JULY, one thousand nine hundred and 87 at CRAWFORDSVILLE, County of MONTGOMERY, State of Indiana, Groom KARL E. BRIDGHAM of HENDRICKS County, State of IN, and, Bride LINDA ELLER of HENDRICKS County, State of IN, were by me united 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 JULY, 19 87. Signed /s/ REBECCA L. NEIDEFFER

Official Designation CLERK OF THE MONTGOMERY CO. COURTS

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JULY, 1987.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 298

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 6-30-87 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 6-23-87
Name of Physician Michael Neeley

FEMALE
Medical Examination Report Dated 6-23-87
Name of Physician Michael 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 Harold Middle Richard Last McFarland

Date of Birth: Month 4 Day 8 Year 45

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 340 W. York Street City Martinsville County Morgan State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Richard Anthony McFarland
   Scott Joseph McFarland
   Timothy Wayne McFarland
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 McFarland Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Woods
   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 Harold R. McFarland
New Address 295½ Columbia

Subscribed and sworn to before me this 30 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 Judith Middle Diane Last Ross

Date of Birth: Month 8 Day 17 Year 41

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 295½ E. Columbia 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 S. Paul Jordan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Mary C. Kirk
   Residence of mother (if deceased so state) Deceased
   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 Judith D. Ross
New Address 295½ E Columbia

Subscribed and sworn to before me this 30 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* 7th *day of* July, 1987, *authorizing the joining together as husband and wife* HAROLD McFARLAND *and* JUDY ROSS

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

I, NOT LEGIBLE *hereby certify that on the* 17th *day of* JULY, *one thousand nine hundred and* 87 *at* 7:30 p.m., *County of* MARION, *State of Indiana, Groom* HAROLD McFARLAND *of* MORGAN *County, State of* IN, *and, Bride* JUDY ROSS *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, *19* 87.

Signed /S/ NOT LEGIBLE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th *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. 299

File

7-1-87 Date of Application

MALE
Medical Examination Report Dated 6-19-87
Name of Physician Larry D. Lovell M.D.

FEMALE
Medical Examination Report Dated 6-19-87
Name of Physician Larry D. Lovell M.D.

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

MALE APPLICANT

Name: First Gene Middle W. Last Cottongim
Date of Birth: Month 9 Day 20 Year 1958
Place of Birth (State or foreign country) Carrollton Ky.
Residence Address: Street or R. R. 817 Broken Bow Trail 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 Harold Gene Cottongim
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Somerset, Ky.
9. Full maiden name of mother Lois Yvonne Hopkins
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Carrollton, Ky.

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

☒ Signed Gene W. Cottongim

New Address

Subscribed and sworn to before me this 1 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Cindi Middle Jo Last Williams
Date of Birth: Month 1 Day 11 Year 1963
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 4884 Locus Drive 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 Donald Eugene Williams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls In.
9. Full maiden name of mother Arlene Watson Williams
   Residence of mother (if deceased so state) 4884 Locus Dr. Danville In.
   Birthplace of mother (State or foreign country) Indpls In.

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

☒ Signed Cindi Jo Williams

New Address 817 Broken Bow Trail #224

Subscribed and sworn to before me this 1 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife GENE W. COTTONGIM and CINDI J. WILLIAMS

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

I, ARTHUR E. GRESS hereby certify that on the 11th day of JULY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GENE W. COTTONGIM of MARION County, State of IN, and, Bride CINDI J. WILLIAMS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of JULY, 19 87

Signed /s/ ARTHUR E. GRESS

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14th 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. 300

File

6-7-187
Date of Application

MALE
Medical Examination Report Dated 6-20-87
Name of Physician Thadeus Poe

FEMALE
Medical Examination Report Dated 6-20-87
Name of Physician Thadeus 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 Girth; Middle Alexander; Last Moore

Date of Birth: Month 11; Day 17; Year 37

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 1239 Sunset Drive; 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 Steve H. Moore
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Myrtle Richards
   Residence of mother (if deceased so state) Tennessee
   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 Girth Moore
New Address 640 WILSON DANVILLE IN

Subscribed and sworn to before me this 1st day of July, 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 Shirley; Middle Kay; Last Pierson

Date of Birth: Month 5; Day 19; Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 640 Wilson Street; 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
   Danna Pierson
   Robert Pierson

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

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

Signed Shirley K. Pierson
New Address 640 Wilson St Danville In.

Subscribed and sworn to before me this 1st day of July, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* GIRTH ALEXANDER MOORE *and* SHIRLEY KAY PIERSON

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

I, RONALD J. HUMES *hereby certify that on the* 11th *day of* JULY *one thousand nine hundred and* 87, *at* CARTERSBURG, *County of* HENDRICKS, *State of Indiana, Groom* GIRTH ALEXANDER MOORE *of* HENDRICKS *County, State of* IN *and, Bride* SHIRLEY KAY 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 11th *day of* JULY, *19* 87.

Signed /S/ RONALD J. HUMES
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th *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. 301

File

7-2-87 Date of Application

MALE
Medical Examination Report Dated 7-2-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 7-1-87
Name of Physician J. Fox

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

Date of Birth: Month 3 Day 13 Year 61

Place of Birth (State or foreign country) New York

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 Edward Bennett Kinkle
   Residence of father (if deceased so state) Wisconsin
   Birthplace of father (State or foreign country) (?) Indiana)
9. Full maiden name of mother Marion Ann Slocum
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) New York

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

Signed X Don E Kinkle

New Address SAME AS ABOVE

Subscribed and sworn to before me this 2 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Sappington

Date of Birth: Month 8 Day 28 Year 61

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. 1040 E. Buchanon City Pkgl. 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 Charles Grant Sappington
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Anne Byington
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Georgia

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

Signed X Lorraine A. Sappington

New Address SAME AS ABOVE

Subscribed and sworn to before me this 2 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* DON E. KINKLE *and* LORRAINE A. SAPPINGTON

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

I, RICHARD J. HULL II *hereby certify that on the* 11th *day of* JULY, *one thousand nine hundred and* 87 *at* WEST ST. CHRISTIAN CHURCH, *County of* TIPTON, *State of Indiana, Groom* DON E. KINKLE *of* HENDRICKS *County, State of* IN *and, Bride* LORRAINE A. SAPPINGTON *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 19 87.

Signed /s/ RICHARD J. HULL II

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* JULY, 19 87.

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

No. 302

File

7-2-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-29-87
Name of Physician J. Mill

FEMALE
Medical Examination Report Dated 6-29-87
Name of Physician J. Mill

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

MALE APPLICANT

Name: First Lawrence Middle G. Last Angrick

Date of Birth: Month 9 Day 29 Year 45

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1, Box 162, M7 City Pittsboro County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify)

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

New Address RR1 BOX 162M7 PITTSBORO IN. 46167

Subscribed and sworn to before me this 2 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rhonda Middle E. Last Balough

Date of Birth: Month 12 Day 30 Year 56

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.
   Ryan C. Balough
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Robertson
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wynonna J. Booker
   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 Rhonda E. Balough

New Address Rt 1 Bx 162M7, Pittsboro, In 46167

Subscribed and sworn to before me this 2 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife LAWRENCE G. ANGRICK and RHONDA E. BALOUGH

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

I, LARRY HESSON hereby certify that on the 10th day of JULY one thousand nine hundred and 87 at 3:00 p.m., County of HENDRICKS, State of Indiana, Groom LAWRENCE G. ANGRICK of HENDRICKS County, State of IN, and, Bride RHONDA E. BALOUGH of HENDRICKS County, State of IN, were by me united 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 JULY, 19 87.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE SUPERIOR COURT #2

Filed and recorded in accordance with the laws of the State of Indiana this 16th 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. 303

File

7-3-87
Date of Application

MALE
Medical Examination Report Dated 6-27-87
Name of Physician P. Cackowski

FEMALE
Medical Examination Report Dated 6-27-87
Name of Physician P. Cackowski

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Scott Last Smith
Date of Birth: Month June Day 11 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1038 Cedar 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen Richard Smith
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Donna Marie Lindblom
   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 Richard S. Smith
New Address 9880 W 10th 20-0 Indpls In 46234
Subscribed and sworn to before me this 3 day of July, 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 Paula Middle Sue Last Mackey
Date of Birth: Month May Day 15 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9880 W 10th 20-0 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 Paul Edward Mackey
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Shirley Sue Fellows
   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 Paula S Mackey
New Address 9880 W 10th 20-0 Ind. In. 46234
Subscribed and sworn to before me this 3 day of July, 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* July, 1987, *authorizing the joining together as husband and wife* RICHARD SCOTT SMITH *and* PAULA SUE MACKEY

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

I, EDWIN R. ALLENDER *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD SCOTT SMITH *of* HENDRICKS *County, State of* IN *and, Bride* PAULA SUE MACKEY *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 1987.

Signed /s/ EDWIN R. ALLENDER
Official Designation ORDAINED CLERGY

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*

No. 304

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-3-87 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 7-1-87
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 7-2-87
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 John Middle L. Last Gastineau

Date of Birth: Month 6 Day 17 Year 1956

Place of Birth (State or foreign country) Orea C. Indiana

Residence Address: Street or R. R. 939 Highlander Dr. City Plfd. County Hend., State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers 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.
   Benjamin - age 11
   Dana - age 5
   Jeremy - age 8
   Micah - age 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Luther Gastineau
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jane Scott
   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 John D. Gastineau

New Address Same as above

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Carla Middle Sue Last Selke

Date of Birth: Month 4 Day 21 Year 1957

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

Residence Address: Street or R. R. Plainfield, In. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) 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.
   Kelly 15
   Brenna 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl B. Poynter
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Geneva Ruth Denney
   Residence of mother (if deceased so state) Mooresville, 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 Carla Sue Selke

New Address 939 Highlander Dr., Plfd., In 46168

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* 9th *day of* JULY, *19* 87, *authorizing the joining together as husband and wife* JOHN D. GASTINEAU *and* CARLA SUE SELKE

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

I, LEONARD ENLOE *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87, *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JOHN D. GASTINEAU *of* HENDRICKS *County, State of* IN, *and, Bride* CARLA SUE SELKE *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, *19* 87.

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* JULY, *19* 87

Signed /s/ LEONARD ENLOE

Official Designation PASTOR

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. 305

File

7-3-87 Date of Application

MALE
Medical Examination Report Dated 6-27-87
Name of Physician Michael Neeley

FEMALE
Medical Examination Report Dated 6 27 87
Name of Physician Michael Neeley

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 Jeffrey Middle Scott Last Berge

Date of Birth: Month Sept Day 3 Year 1963

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 1611 E Campbell St City Arlington Heights County Cook State Ill

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lester Berge
   Residence of father (if deceased so state) Ill
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Betty Jo Powell
   Residence of mother (if deceased so state) Ill
   Birthplace of mother (State or foreign country) Montana

State of Indiana, County of HENDRICKS } ss:

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

Signed J. Scott Berge

New Address 818 3B Panorama Drive, Palatine IL 60067

Subscribed and sworn to before me this 3rd day of July, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kelly Middle Lynn Last Chandler

Date of Birth: Month May Day 4 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2980 W. 200 South 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 Terry Lee Chandler
   Residence of father (if deceased so state) Indy
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Becky Sue Poynter
   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 Kelly L Chandler

New Address 818 Panorama Dr. 3-B Palatine IL 60067

Subscribed and sworn to before me this 4th day of July, 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 8th day of July, 1987, authorizing the joining together as husband and wife JEFFREY SCOTT BERGE and KELLY LYNN CHANDLER

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

I, RONALD E. McDUGLE hereby certify that on the 11th day of JULY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JEFFREY SCOTT BERGE of COOK County, State of ILLINOIS and, Bride KELLY LYNN CHANDLER 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 11th day of JULY, 1987.

Signed /s/ RONALD E. McDUGLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JULY, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 306

File

7-3-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 6-30-87
Name of Physician Kenneth Maynard

FEMALE
Medical Examination Report Dated 6-30-87
Name of Physician Kenneth Maynard

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

MALE APPLICANT

Name: First Steven Middle Charles Last Bruess
Date of Birth: Month 3 Day 2 Year 64
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 720 Pineview City Zionsville County Boone State IN
Previous 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 Charles E. Bruess
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Jean E. Gustafson
   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 Steven C. Bruess
New Address 720 PINEVIEW, ZIONSVILLE IN
Subscribed and sworn to before me this 3rd day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jennifer Middle Lee Last Bishop
Date of Birth: Month 09 Day 11 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9530 E. 1000 N. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John G. Bishop
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy S. Baschke
   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 L. Bishop
New Address 720 Pineview, Zionsville, In 46077
Subscribed and sworn to before me this 3rd day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife STEVEN CHARLES BRUESS and JENNIFER LEE BISHOP

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

I, MARTIN A. PETER hereby certify that on the 1st day of AUGUST, one thousand nine hundred and 87, State of Indiana, Groom STEVEN CHARLES BRUESS at BROWNSBURG, County of HENDRICKS, and, Bride JENNIFER LEE BISHOP of BOONE County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of AUGUST, 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 3rd day of AUGUST, 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. 307

File

7-7-87 Date of Application

MALE
Medical Examination Report Dated 7-1-87
Name of Physician P. M. Carkowski

FEMALE
Medical Examination Report Dated 7-1-87
Name of Physician Patricia M. Carkowski

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

Date of Birth: Month 11 Day 5 Year 52

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 1127 N. Henry Dr. City Indpls. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. 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.
   Katie Cochran
   Katie "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marshall M. Cochran
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Wilma K. Edington
   Residence of mother (if deceased so state) Florida
   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 Michael B Cochran

New Address

Subscribed and sworn to before me this 14th day of July, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Therese Middle M. Last Barker

Date of Birth: Month 10 Day 19 Year 1964

Place of Birth (State or foreign country) Knox, Starke Co., Indiana

Residence Address: Street or R. R. 1127 N. Henry 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) 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 Everett Kay Barker
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan Catherine Marshall
   Residence of mother (if deceased so state) N. Judson, 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 Therese M Barker

New Address same as above

Subscribed and sworn to before me this 7 day of July, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* JULY, *19* 87, *authorizing the joining together as husband and wife* MICHAEL B. COCKRAN *and* THERESE M. BARKER

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

I, MYRON BARNARD *hereby certify that on the* 17th *day of* JULY, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* MICHAEL B. COCHRAN *of* MARION *County, State of* IN, *and, Bride* THERESE M. 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 17th *day of* JULY, *19* 87.

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* JULY, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 308

File

7-7-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 none req'd

Name of Physician

FEMALE
Medical Examination Report Dated none req'd

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 Martin Middle W. Last Mote

Date of Birth: Month 7 Day 19 Year 1916

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 3603 S. Clarks Crk. Rd., City Ind'p'l, 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 Lee - 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 Kellie Mote
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rosa Kuskelman
   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 Martin W. Mote

New Address 3603 Raymond St. Plainfield, Ind.

Subscribed and sworn to before me this 7 day of July, 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 Iona Middle Jean Last McKibben

Date of Birth: Month 10 Day 6 Year 1925

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

Residence Address: Street or R. R. 1330 Raymond, 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 Lee - 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 Dawson Price
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ruth C. Campbell
   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 Iona Jean McKibben

New Address 1330 Raymond St. Plainfield, Ind.

Subscribed and sworn to before me this 7 day of July, 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* July, 1987, *authorizing the joining together as husband and wife* MARTIN W. MOTE *and* IONA JEAN MC KIBBEN

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 25th *day of* JULY, *one thousand nine hundred and* 87, *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MARTIN W. MOTE *of* HENDRICKS *County, State of* IN, *and, Bride* IONA JEAN MC KIBBEN *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 19 87.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JULY, 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Prescribed By
State Board of
Under Authority
31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 309

File

7-7-87
Date of Application

MALE
Medical Examination Report Dated 7-6-87
Name of Physician Michael Neeley

FEMALE
Medical Examination Report Dated 7-6-87
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 Jack Middle John Last Jones

Date of Birth: Month 11 Day 24 Year 63

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R. R. 12 Perro Place City Trenton County Mercer State New Jersey

Previous 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 Harold Joseph Jones
   Residence of father (if deceased so state) New Jersey
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Lorraine Helen Kopera
   Residence of mother (if deceased so state) New Jersey
   Birthplace of mother (State or foreign country) New Jersey

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

Signed Jack Jones

New Address 912 Kuser Village, Trenton, NJ

Subscribed and sworn to before me this 7th day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle Kay Last Burnell

Date of Birth: Month 12 Day 15 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4078 N. 100 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address 912 Kuser Village, Trenton, NJ

Subscribed and sworn to before me this 7th day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of July, 1987, authorizing the joining together as husband and wife JACK JOHN JONES and DONNA KAY BURNELL

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

I, RAYMOND H. DUFF hereby certify that on the 11th day of JULY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JACK JOHN JONES of MERCER County, State of NEW JERSEY, and, Bride DONNA KAY BURNELL of HEDNRICKS 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 11th day of JULY, 1987.

Signed /s/ RAYMOND H. DUFF

Official Designation MINISTER

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

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 310

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

7-7-87
Date of Application

MALE
Medical Examination Report Dated 6-24-87
Name of Physician Ray Howell

FEMALE
Medical Examination Report Dated 6-24-87
Name of Physician Ray 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 Scott Middle Douglas Last Lawson

Date of Birth: Month 7 Day 5 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R 2 Box 129 City Roachdale County Putnam State IN

Previous Marital Status: Never Married [X] OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

[X] Other (Specify) Drivers License

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

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

New Address R2 Box 129 Roachdale

Subscribed and sworn to before me this 7th day of July, 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 Sue Middle Ann Last Dreher

Date of Birth: Month 5 Day 22 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.2 Box 363 City Roachdale County Putnam State IN

Previous Marital Status: Never Married [X] OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

[X] Other (Specify) Drivers License

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

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

New Address R2 Box 363 Roachdale

Subscribed and sworn to before me this 7th day of July, 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* 14 *day of* July, 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* ..... *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. 311

File

7-7-87 Date of Application

MALE
Medical Examination Report Dated 6-23-87
Name of Physician Robert A. Hearin

FEMALE
Medical Examination Report Dated 6-23-87
Name of Physician Robert A. Hearin

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

Date of Birth: Month 6 Day 5 Year 1955

Place of Birth (State or foreign country) Blackwell Oklahoma

Residence Address: Box 439, R. #1 Street or R. R. Coatesville 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 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.
   Melissa - age 13
   Nicholas - age 8
   Lance - 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 Otis Hayden
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosa Nesta Poland
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Dennis James Hayden

New Address RR1 Box 439 Coatesville

Subscribed and sworn to before me this 7 day of July, 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 Janice Middle Ann Last Brown

Date of Birth: Month 10 Day 29 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: R #1 Box 439 Street or R. R. Coatesville 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 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.
   Jill Brown - age 16
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe Marley Harper
   Residence of father (if deceased so state) Amo, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lelona Eileen Ludlow
   Residence of mother (if deceased so state) Amo, 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 Janice Ann Brown

New Address RR 1 Box 439 Coatesville Ind. 46121

Subscribed and sworn to before me this 7 day of July, 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 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* JULY, 19.87, *authorizing the joining together as husband and wife* DENNIS JAMES HAYDEN *and* JANICE ANN BROWN

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

I, DAN J. SMETZER *hereby certify that on the* 12th *day of* JULY, *one thousand nine hundred and* 87 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DENNIS JAMES HAYDEN *of* HENDRICKS *County, State of* IN *and, Bride* JANICE ANN 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* JULY, 1987.

Signed /s/ DAN J. SMETZER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* JULY, 1987.

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

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No. 312

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

July 8, 1987
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 7-2-87
Name of Physician Robert A. Hearon

FEMALE
Medical Examination Report Dated 7-2-87
Name of Physician Robert A. Hearon

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

MALE APPLICANT

Name: First Duane Middle R. Last Summerlot
Date of Birth: Month April Day 8 Year 1963
Place of Birth (State or foreign country) Hendricks Co. In.
Residence Address: Street or R. R. Box 197 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) 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 Dallas Raymond Summerlot
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Hendricks Co. In.
9. Full maiden name of mother Janice Leonard
   Residence of mother (if deceased so state) Coatesville In.
   Birthplace of mother (State or foreign country) Putnam Co. Ind.

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

Signed Duane R. Summerlot
New Address P.O. Box 197 Coatesville IN 46121
Subscribed and sworn to before me this 8th day of July, 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Becky Middle J. Last Witt
Date of Birth: Month October Day 27 Year 1960
Place of Birth (State or foreign country) Hendricks Co. In.
Residence Address: Street or R. R. P.O. Box 197 City Coatesville County State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Buford Earl Witt
   Residence of father (if deceased so state) Coatesville In.
   Birthplace of father (State or foreign country) West. Va.
9. Full maiden name of mother Thelma Jean Bryant
   Residence of mother (if deceased so state) Coatesville In.
   Birthplace of mother (State or foreign country) Putnam Co.

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

Signed Becky J. Witt
New Address P.O. Box 197 Coatesville In. 46121
Subscribed and sworn to before me this 8th day of July, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 14 *day of* July, 1987, *authorizing the joining together as husband and wife* DUANE R. SUMMERLOT *and* BECKY WITT

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

I, WAYNE KIVETT *hereby certify that on the* 31st *day of* JULY, *one thousand nine hundred and* 87 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DUANE R. SUMMERLOT *of* HENDRICKS *County, State of* IN, *and, Bride* BECKY WITT *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 19 87.

Signed /s/ WAYNE KIVETT
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* AUGUST, 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. 313

File

7-8-87 Date of Application

MALE
Medical Examination Report Dated 6-30-87
Name of Physician D. Baker

FEMALE
Medical Examination Report Dated 6-30-87
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 Leroy, Middle Anthony, Last Paul

Date of Birth: Month Nov, Day 8, Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7890 E 1000 N, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

New Address 5016 OAKHURST Dr.

Subscribed and sworn to before me this 6 day of July, 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 Christine, Middle Susanne, Last Burtner

Date of Birth: Month Dec, Day 21, Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 431 Stuart, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 5016 Oakhurst Dr. Indpls.

Subscribed and sworn to before me this 8 day of July, 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* July, 19 87, *authorizing the joining together as husband and wife* LEROY ANTHONY PAUL *and* CHRISTINE SUSANNE BURTNER

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

I, C. RAYMOND EARLE *hereby certify that on the* 24th *day of* JULY, *one thousand nine hundred and* 87 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* LEROY ANTHONY PAUL *of* HENDRICKS *County, State of* INDIANA *and, Bride* CHRISTINE SUSANNE BURTNER *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* JULY, 19 87.

Signed /s/ C. Raymond Earle

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* July, 19 87.

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

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No. 314

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-9-87
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 7-7-87
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6-11-87
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 James; Middle Leslie; Last Gillum

Date of Birth: Month 1; Day 19; Year 52

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 626 Harding Street; 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) Mo. Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jaime Michelle Gillum
   Jimi Hendrix Gillum
   Jill Erica Gillum
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Anderson Gillum
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kay Thrine Marie Rogers
   Residence of mother (if deceased so state) Nebraska
   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 James L. Gillum
New Address 626 Harding St. Plfd. In.

Subscribed and sworn to before me this 9th day of July, 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 Barbara; Middle Prock; Last Carroll

Date of Birth: Month 12; Day 1; Year 50

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. 3223 South West Drive; City Indianapolis; 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.
   Heather Mac Carroll
   Rob Roy Carroll
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Haskel William Prock
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Nancy Amelia Worst
   Residence of mother (if deceased so state) Indiana
   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 Barbara P. Carroll
New Address 626 Harding St. Plfd. Ind

Subscribed and sworn to before me this 9th day of July, 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* 14 *day of* July, 19 87, *authorizing the joining together as husband and wife* JAMES LESLIE GILLUM *and* BARBARA PROCK CARROLL

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

I, THOMAS W. RAKOCZY *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* SUNCREST APT. CLUB HOUSE, *County of* MARION, *State of Indiana, Groom* JAMES LESLIE GILLUM *of* HENDRICKS *County, State of* IN *and, Bride* BARBARA PROCK CARROLL *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* JULY, 1987.

Signed /s/ THOMAS W. RAKOCZY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *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. 315

File

July 9 1987
Date of Application

MALE
Medical Examination Report Dated 6-2-87
Name of Physician Robert D. Aiello M.D.

FEMALE
Medical Examination Report Dated 6-2-87
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 Raymond Middle H. Last Beeler

Date of Birth: Month Sept. Day 3 Year 1959

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

Residence Address: Street or R. R. 207 W. Main St. 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 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.

   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 Derell L. Beeler
   Residence of father (if deceased so state) Franklin, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Jayne Hughey
   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 Raymond H. Beeler
New Address 207 W. Main St. - Pittsboro

Subscribed and sworn to before me this 9 day of July, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Hager

Date of Birth: Month Dec. Day 10 Year 1953

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

Residence Address: Street or R. R. 207 W. Main St. 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 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.

   Bobby Wayne Hager
   Michael Joseph Hager
   James Robert Hager

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Lindley
   Residence of father (if deceased so state) Pittsboro, Hendricks, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jean Logan
   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 Angela S. Hager
New Address 207 W. Main Pittsboro

Subscribed and sworn to before me this 9 day of July, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 1987, *authorizing the joining together as husband and wife* RAYMOND HUGHEY BEELER *and* ANGELA SUE HAGER

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* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* 4:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* RAYMOND HUGHEY BEELER *of* HENDRICKS *County, State of* IN *and, Bride* ANGELA SUE HAGER *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 1987.

Signed /s/ DAVE KOVALOW-ST. JOHN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* JULY, *19* 87.

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

No. 36

File

7-9-87
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 7-2-87
Name of Physician Kappelman

FEMALE
Medical Examination Report Dated 7-2-87
Name of Physician M. R. Kappelman

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

MALE APPLICANT

Name: First Michael Middle L. Last Skidmore

Date of Birth: Month 1 Day 1 Year 1951

Place of Birth (State or foreign country) W. Va.

Residence Address: Street or R. R. 7 Florence Dr. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jessica Skidmore
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Skidmore
   Residence of father (if deceased so state) Gallipolis, Ohio
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Clara Niebert
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

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

Signed Michael L. Skidmore

New Address 7 Florence Dr. Brownsburg, IN

Subscribed and sworn to before me this 10 day of July, 19 87

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 Janis Middle S. Last Saunders

Date of Birth: Month 12 Day 28 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7 Florence Dr. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. 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
   Storm N. Saunders
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Barnes
   Residence of father (if deceased so state) Dec.
   Birthplace of father (State or foreign country) Dec.
9. Full maiden name of mother Evelyn Dec
   Residence of mother (if deceased so state) Dec.
   Birthplace of mother (State or foreign country) Dec.

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

Signed Janis S. Saunders

New Address 7 Florence Dr. Brownsburg, IN

Subscribed and sworn to before me this 9th day of July, 19 87

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, *19* 87, *authorizing the joining together as husband and wife* MICHAEL L. SKIDMORE *and* JANIS S. SAUNDERS

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

I, ROBERT L. RIGGS *hereby certify that on the* 18th *day of* JULY *one thousand nine hundred and* 87 *at* BROWNSBURG *, County of* HENDRICKS *, State of* IN *and, Bride* JANIS S. SAUNDERS *of* HENDRICKS *County, State of* IN *, were by me united 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* JULY, *19* 87.

Signed /s/ ROBERT L. RIGGS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* JULY, *19* 87.

Signed Mary Janet Russell *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317

File

7-9-87 Date of Application

MALE
Medical Examination Report Dated 6-29-87
Name of Physician K. Oldham

FEMALE
Medical Examination Report Dated 6-18-87
Name of Physician D. Wells

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

MALE APPLICANT

Name: First John Middle M. Last Miller
Date of Birth: Month 6 Day 28 Year 60
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 5827 Port-Hope Dr. City Indpls. County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. 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 Clifton Eugene Miller
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Freda Mae Howell
   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 John M. Miller
New Address 1026 Kirkwood N. Plfd IN
Subscribed and sworn to before me this 9th day of July, 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 Ruth Middle M. Last Fowler
Date of Birth: Month 7 Day 30 Year 65
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R. R. 6134 W. Morris 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. 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 Luther C. Fowler
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Margaret M. 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 X Ruth M. Fowler
New Address same
Subscribed and sworn to before me this 9 day of July, 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* 14 *day of* July, 1987, *authorizing the joining together as husband and wife* JOHN MILTON MILLER *and* RUTH MARGARET FOWLER

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

I, ROGER L. MURPHY *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 87 *at* CHARITY BAPTIST CHURCH, *County of* MARION, *State of Indiana, Groom* JOHN MILTON MILLER *of* HENDRICKS *County, State of* IN, *and, Bride* RUTH MARGARET 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 14th *day of* JULY, 1987.

Signed /s/ ROGER L. MURPHY
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* AUGUST, 1987.

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

No. 318

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

7-1087
Date of Application

MALE
Medical Examination Report Dated 7-4-87
Name of Physician Stephen Heeger/Gregory Grubb

FEMALE
Medical Examination Report Dated 7-4-87
Name of Physician Stephen Heeger/Gregory Grubb

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ezra; Last Hughes
Date of Birth: Month 6; Day 5; Year 38
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. Same ⇒; 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 John Ross Hughes
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Rose Marie White
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Virginia

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

Signed John E Hughes
New Address SAME AS ABOVE

Subscribed and sworn to before me this 10th day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Watson
Date of Birth: Month 12; Day 30; Year 43
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. 3950 N. 1000 E. #44; City Brownsburg; County Hendricks; State IN
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

Subscribed and sworn to before me this 10th day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County in ..... Court by written order issued ..... and filed
..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of July, 19 87, authorizing the joining together as husband and wife JOHN EZRA HUGHES and CHRISTINE WATSON

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

I, JOHN HESSELDENZ hereby certify that on the 31st day of JULY, one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of Indiana, Groom JOHN EZRA HUGHES of HENDRICKS County, State of IN and, Bride CHRISTINE 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 31st day of JULY, 19 87.

Signed /s/ JOHN HESSELDENZ
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of AUGUST, 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. 319

File

7-10-87 Date of Application

MALE
Medical Examination Report Dated 7-6-87
Name of Physician Kirlin

FEMALE
Medical Examination Report Dated 7-6-87
Name of Physician Kirlin

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

Date of Birth: Month Dec Day 5 Year 1953

Place of Birth (State or foreign country) In.

Residence Address: 4445 E. Main Street or R. R. Danville City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

New Address 4445 E. Main Danville IN

Subscribed and sworn to before me this 10 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Leah Middle J. Last Carnes

Date of Birth: Month Mar Day 13 Year 1955

Place of Birth (State or foreign country) In.

Residence Address: 4445 E Main Street or R. R. Danville 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) 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 Burton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Miss.
9. Full maiden name of mother Pauline Cloud
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) In.

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

Signed Leah Jane Carnes

New Address 4445 E. Main, Danville IN

Subscribed and sworn to before me this 10 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* ROBERT VERNE PRUITT *and* LEAH J. CARNES

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

I, TERRY W. LEWIS *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* ROBERT VERNE PRUITT *of* HENDRICKS *County, State of* IN *and, Bride* LEAH J. CARNES *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 19 87.

Signed /s/ TERRY W. LEWIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JULY, 19 87.

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

68

No. 320 319

File

7-10-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 7-7-87
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 7-7-87
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 Dale Middle J. Last Fox

Date of Birth: Month 2 Day 2 Year 1956

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

Residence Address: Street or R. R. 11160 W. Washington St. Apt A City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's Lic. - 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 Jay E. Fox
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Lillie May Crowe
   Residence of mother (if deceased so state) Martinsville, 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 Dale J Fox
New Address Same as above

Subscribed and sworn to before me this 10 day of July, 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 Amber Middle K. Last Anselment

Date of Birth: Month 10 Day 21 Year 1958

Place of Birth (State or foreign country) Carmi, Illinois

Residence Address: Street or R. R. 11160 W. Washington St., Apt A, City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's Lic. - 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 Kendall L. Anselment
   Residence of father (if deceased so state) Carmi, Illinois
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Betty J. Stone
   Residence of mother (if deceased so state) Carmi, 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 Amber Anselment
New Address Same as above

Subscribed and sworn to before me this 10 day of July, 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 14 day of July, 1987, authorizing the joining together as husband and wife DALE J. FOX and AMBER K. ANSELMENT

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

I, WILLIAM R. CLAYTON hereby certify that on the 18th day of JULY one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DALE J. FOX of MARION County, State of IN and, Bride AMBER K. ANSELMENT of HENDRICKS County, State of IN were by me united 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 JULY, 1987.

Signed /s/ WILLIAM R. CLAYTON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st 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. 321 320

File

7-10-87 Date of Application

MALE
Medical Examination Report Dated 7-8-87
Name of Physician James Jarrett

FEMALE
Medical Examination Report Dated 7-8-87
Name of Physician James Jarrett

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

Date of Birth: Month 3; Day 25; Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 323 Wall Street Pike; City Plainfield; County Hendricks; State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Wilson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita J. Mason
   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 Larry Wilson
New Address 323 WALL ST. PIKE
Subscribed and sworn to before me this 10th day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Elizabeth; Last Strahl

Date of Birth: Month 4; Day 14; Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5060 W. Naomi; City Indianapolis; 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 Joseph R. Strahl
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Patricia E. Sowers
   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 Ann Strahl
New Address 323 Wall Street Pike
Subscribed and sworn to before me this 10th day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed Patricia E. Strahl Mother

Subscribed and sworn to before me this 10th day of July, 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 days of Age and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* LARRY EUGENE WILSON *and* ANN ELIZABETH STAHL

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

I, RONALD McCAMMON *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* 1st Assembly of God, *County of* Hendricks, *State of Indiana, Groom* LARRY EUGENE WILSON *of* HENDRICKS *County, State of* INDIANA *and, Bride* ANN ELIZABETH STAHL *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 18th *day of* JULY, *19* 87. *Signed* /s/ Ronald McCammon

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* July, *19* 87

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

'70

No. 322 ~~327~~

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

7-14-87
Date of Application

MALE
Medical Examination Report Dated 7-6-87
Name of Physician John F. Moe

FEMALE
Medical Examination Report Dated 7-6-87
Name of Physician John 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 Gary Middle Richard Last Land

Date of Birth: Month 6 Day 20 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 202 N. Maple 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) Drivers License

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

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

New Address 202 N. Maple

Subscribed and sworn to before me this 14th day of July, 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 Mary Middle Ann Last Mobley

Date of Birth: Month 7 Day 19 Year 66

Place of Birth (State or foreign country) Germany - Bad Kissingen

Residence Address: Street or R. R. 3961 Bennett Drive City Indianapolis 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 Donald R. Mobley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helga J. Frank
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Germany

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

Signed Mary A. Mobley

New Address

Subscribed and sworn to before me this 14th day of July, 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 in.....Court by written order issued.....and filed.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of July, 1987, authorizing the joining together as husband and wife GARY RICHARD LAND and MARY ANN MOBLEY

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

I, DONALD E. RAYMOND hereby certify that on the 19th day of JULY one thousand nine hundred and 87, at PITTSBORO, County of HENDRICKS, State of Indiana, Groom GARY RICHARD LAND of HENDRICKS County, State of IN, and, Bride MARY ANN MOBLEY 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 JULY, 19 87.

Signed /s/ DONALD E. RAYMOND

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st 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. 323 ~~322~~

File

7-14-87 Date of Application

MALE
Medical Examination Report Dated 7-4-87
Name of Physician S. Heeger

FEMALE
Medical Examination Report Dated 7-4-87
Name of Physician S. Heeger

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

MALE APPLICANT

Name: First Jerry Middle L. Last Broyles Jr.
Date of Birth: Month 9 Day 29 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. ACO 27 Engineering Bank City Fort Bragg County N. Car. State
Previous 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 Henry L. Broyles, Sr.
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sandra J. York
   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 Jerry L Broyles Jr
New Address
Subscribed and sworn to before me this 27 day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Ryann Middle J. Last Gruca
Date of Birth: Month 11 Day 20 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 3118 Crabtree Lane City Plfd. County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Ryann Gruca
New Address
Subscribed and sworn to before me this 14th day of July, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1987, authorizing the joining together as husband and wife JERRY L. BROYLES JR. and BYANN GRUCA

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

I, JOHN PARSONS hereby certify that on the 1st day of AUGUST, one thousand nine hundred and 87 at FIRST BAPTIST CHURCH, County of HENDRICKS, State of Indiana, Groom JERRY L. BROYLES JR. of HENDRICKS County, State of IN, and, Bride RYANN ARUCA of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87. Signed /s/ JOHN PARSONS
Official Designation ELDER PASTOR

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

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No. 324 323

File

Date of Application 7/14/87

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 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 Lawrence; Middle James; Last Mc Ginn

Date of Birth: Month 7; Day 31; Year 7

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 1041 N. Tibbs; City Indpls.; County Mar.; State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 219 N. GRANT ST BROWNSBURG IND. 46112

Subscribed and sworn to before me this 14 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Edna; Middle Mae; Last Hammons

Date of Birth: Month 12; Day 21; Year 9

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 219 N. Grant; 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address 219 North Grant

Subscribed and sworn to before me this 14 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* LAWRENCE J. McGINN *and* EDNA M. HAMMONS

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

I, LAWRENCE R. FUGIT *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* VINCENNES INDIANA, *County of* KNOX, *State of Indiana, Groom* LAWRENCE J. McGINN *of* MARION *County, State of* IN, *and, Bride* EDNA M. HAMMONS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* JULY, 1987.

Signed /s/ LAWRENCE R. FUGIT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *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. 325 ~~324~~

File

7-14-87 Date of Application

MALE
Medical Examination Report Dated 7-6-87
Name of Physician J. C. Kerlin

FEMALE
Medical Examination Report Dated 7-6-87
Name of Physician J. C. Kerlin

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

MALE APPLICANT

Name: First Robert Middle Leslie Last Roberts

Date of Birth: Month 7 Day 29 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 224 S. Green St. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. 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 Frederick Roberts
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joanne Griffenwald
   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 Robert L. Roberts

New Address

Subscribed and sworn to before me this 14 day of July, 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 Amy Middle Joanne Last Prater

Date of Birth: Month 10 Day 19 Year 68

Place of Birth (State or foreign country) Colorado

Residence Address: Street or R. R. 7964 Oakhill 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)

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

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

New Address

Subscribed and sworn to before me this 14 day of July, 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1987, authorizing the joining together as husband and wife ROBERT LESLIE ROBERTS and AMY J. PRATER

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

I, JAMES A. McKINNEY hereby certify that on the 18th day of JULY, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT LESLIE ROBERTS of HENDRICKS County, State of IN, and, Bride AMY J. PRATER of HENDRICKS County, State of IN, were by me united 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 JULY, 1987. Signed /s/ JAMES A. McKINNEY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of JULY, 19 87.

Signed Mary Jane Rynell Clerk HENDRICKS Circuit Court

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No. 326 ~~325~~

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-15-87
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 7/2/87
Name of Physician Alejandro Montoya

FEMALE
Medical Examination Report Dated 6/16/87
Name of Physician Sergio Swartzman

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

Date of Birth: Month 10 Day 25 Year 1957

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

Residence Address: Street or R. R. 9462 Vollmerhausen Dr. City Columbia County Howard State Md.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Spencer Cline
   Residence of father (if deceased so state): Cloverdale, Indiana
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Ellen Thomas
   Residence of mother (if deceased so state): Cloverdale, 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: Steven D. Cline 21046
New Address: 9462 Vollmerhausen Dr. Columbia MD

Subscribed and sworn to before me this 23 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Cottingham

Date of Birth: Month 10 Day 4 Year 1958

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

Residence Address: Street or R. R. 12 Bluffwood Ct. 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: Edgar L. Cottingham
   Residence of father (if deceased so state): Brownsburg, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Charlotte A. Hardin
   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: Sandra L. Cottingham
New Address: 9462 Vollmerhausen Dr. Columbia MD 21046

Subscribed and sworn to before me this 15 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife STEVEN D. CLINE and SANDRA L. COTTINGHAM

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

I, RICHARD D. MOORE hereby certify that on the 25th day of JULY one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of Indiana, Groom STEVEN D. CLINE of HOWARD County, State of INDIANA, and, Bride SANDRA L. COTTINGHAM 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 25th day of JULY, 19 87.

Signed /s/ Richard D. Moore
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th 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. 327 326

File

7-15-87 Date of Application

MALE
Medical Examination Report Dated 6-25-87
Name of Physician C. Elaine Lane

FEMALE
Medical Examination Report Dated 6-25-87
Name of Physician C. Elaine Lane

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

Date of Birth: Month 12 Day 3 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 39 Cedar Run 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 C. Fobes
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack W. Fobes
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara J. Fadelly
   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 Jeffrey L. Fobes

New Address

Subscribed and sworn to before me this 15 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheryl Middle Lee Last Huffman

Date of Birth: Month 10 Day 29 Year 64

Place of Birth (State or foreign country) South Carolina

Residence Address: Street or R. R. Lane 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.
   Steven C. Fobes
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Huffman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy J. Freeman
   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 Cheryl Huffman

New Address

Subscribed and sworn to before me this 15 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 15th *day of* July, 19 87, *authorizing the joining together as husband and wife* JEFFREY L. FOBES *and* CHERYL L. HUFFMAN

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

I, McSWAIN GREER JR. *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JEFFREY L. FOBES *of* HENDRICKS *County, State of* IN *and, Bride* CHERYL L. HUFFMAN *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, *19* 87.

Signed /s/ McSWAIN GREER JR.

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* JULY, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 328 327

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-16-87 Date of Application

MALE
Medical Examination Report Dated 7-14-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 7-14-87
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 James Middle D. Last Curtis

Date of Birth: Month 12 Day 1 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 5 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. 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 Duffy Curtis
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rose Sharon Duncan
   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 D. Curtis II

New Address 128 Cedar Run Dr. Brownsburg IN 46112

Subscribed and sworn to before me this 16 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan Middle E. Last Phillips

Date of Birth: Month 11 Day 1 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 128 Cedar Run Dr. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. 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 Earl Phillips
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sarah Louise Stieneker
   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 Susan E Phillips

New Address Same

Subscribed and sworn to before me this 16 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, *19* 87, *authorizing the joining together as husband and wife* JAMES DUFFY CURTIS II *and* SUSAN E. PHILLIPS

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

I, DENNIS R. FULTON *hereby certify that on the* 25th *day of* JULY, *one thousand nine hundred and* 87, *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* JAMES DUFFY CURTIS II *of* HENDRICKS *County, State of* INDIANA, *and, Bride* SUSAN ELAINE PHILLIPS *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 25th *day of* JULY, *19* 87.

Signed /s/ Dennis R. Fulton

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th *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. 329

File

7-16-87 Date of Application

MALE
Medical Examination Report Dated 7-10-87
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated 7-10-87
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 Lawrence Middle Mark Last Pugliese

Date of Birth: Month 11 Day 6 Year 66

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R. R. 428 Trevor 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 Lawrence S. Pugliese
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Mary Jane Helion
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) New Jersey

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

Signed Lawrence M. Pugliese
New Address 428 TREVOR, BROWNSBURG, IN 46112

Subscribed and sworn to before me this 16th day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Anne Last Ashley

Date of Birth: Month 6 Day 11 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6845 E. S.R. 136 City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Reese Ashley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Clara Ellen Odle
   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 Kathy A. Ashley
New Address 428 TREVOR, Brownsburg IN 46112

Subscribed and sworn to before me this 16th day of July, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife LAWRENCE MARK PUGLIESE and KATHY ANNE ASHLEY

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

I, STEVEN REEVES hereby certify that on the 25th day of JULY, one thousand nine hundred and 87 at Brownsburg, County of Hendricks, State of Indiana, Groom LAWRENCE MARK PUGLIESE of HENDRICKS County, State of INDIANA, and, Bride KATHY ANNE ASHLEY 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 25th day of JULY, 19 87.

Signed /s/ Steven Reeves
Official Designation Minister, Brownsburg Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of JULY, 19 87

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

78

No. 330

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

7/16/87
Date of Application

MALE
Medical Examination Report Dated 7/14/87
Name of Physician Thaddaeus M. Poe

FEMALE
Medical Examination Report Dated 7/14/87
Name of Physician Thaddaeus 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 William Middle Last Hurley
Date of Birth: Month 12 Day 26 Year 61
Place of Birth (State or foreign country) New York
Residence Address: Street or R. R. RR3 Box 374 #7 City Clayton 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 James C. Hurley
   Residence of father (if deceased so state) New York
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Annetta Phillippe
   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 William Hurley
New Address RR3 Box 374 #7 Clayton

Subscribed and sworn to before me this 16 day of July, 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 Darlene Middle Sue Last Denny
Date of Birth: Month 7 Day 30 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR3 Box 374 #7 City Clayton 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 Robert Paul Denny
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Jean Sackson
   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 Darlene Sue Denny
New Address RR3 Box 374 #7 Clayton

Subscribed and sworn to before me this 16 day of July, 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* 16 *day of* July, 1987, *authorizing the joining together as husband and wife* WILLIAM HURLEY *and* DARLENE SUE DENNY

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

I, GERALD T. WILSON *hereby certify that on the* 18th *day of* JULY, *one thousand nine hundred and* 87, *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* WILLIAM HURLEY *of* HENDRICKS *County, State of* IN, *and, Bride* DARLENE SUE DENNY *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 87

Signed /s/ GERALD T. WILSON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st *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. 331

File

7-16-87 Date of Application

MALE
Medical Examination Report Dated 7-7-87
Name of Physician M. L. Zickel

FEMALE
Medical Examination Report Dated 7-7-87
Name of Physician M. L. Zickel

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

Date of Birth: Month: 11 Day: 27 Year: 58

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

Residence Address: Street or R. R.: 432 Waters 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. 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 James E. Bollman
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna Margaret Lloyd
   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 T William J Bollman

New Address R.18 Box 367B INDPLS. IN 46234

Subscribed and sworn to before me this 16 day of July, 19 87

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First: Rosemarie Middle: Last: Lewis

Date of Birth: Month: 2 Day: 27 Year: 61

Place of Birth (State or foreign country): Washington

Residence Address: Street or R. R.: R.R. 1, Box 162 City: Clayton County: Hend. State:

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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 John Roland Lewis
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Irene J. Henderson
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Germany

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

Signed T Rosemarie Lewis

New Address R#1 Box 162 Clayton 46118

Subscribed and sworn to before me this 16 day of July, 19 87

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* WILLIAM J. BOLLAMN *and* ROSEMARIE LEWIS

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

I, EVAN DEE GOODMAN *hereby certify that on the* 8th *day of* AUGUST, *one thousand nine hundred and* 87 *at* 4:30 p.m., *County of* PUTNAM, *State of Indiana, Groom* WILLIAM J. BOLLMAN *of* HENDRICKS *County, State of* IN *and, Bride* ROSEMARIE LEWIS *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19* 87. *Signed* /s/ EVAN DEE GOODMAN

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* AUGUST, *19* 87

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

No. 332

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-16-87 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 7-14-87
Name of Physician Balazs

FEMALE
Medical Examination Report Dated 7-14-87
Name of Physician Balazs

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

Date of Birth: Month Aug Day 17 Year 1928

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. B76 Avon Rd 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) 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 Fred M. Cox
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Ruby Webb
   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 Kenneth I. Cox
New Address 810 Sunglow Circle Indianapolis

Subscribed and sworn to before me this 16 day of July, 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 L. Middle Fern Last Bingham

Date of Birth: Month Aug Day 3 Year 1935

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 810 Sunglow Circle City Indpls. County Mar. State

Previous 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 Dow L. Gray
   Residence of father (if deceased so state) Bloomington, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mae Gray
   Residence of mother (if deceased so state) Sand
   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 L. Fern Bingham
New Address 810 Sunglow Circle

Subscribed and sworn to before me this 16 day of July, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 to Answer and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of JULY, 19 87, authorizing the joining together as husband and wife KENNETH I. COX and L. FERN BINGHAM

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

I, LARRY M. HAMM hereby certify that on the 18th day of JULY, one thousand nine hundred and 87, at BLOOMINGTON, County of MONROE, State of Indiana, Groom KENNETH I. COX of HENDRICKS County, State of IN, and, Bride L. FERN BINGHAM 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 JULY, 19 87.

Signed /s/ LARRY M. HAMM
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of AUGUST, 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. 333

File

7-17-87
Date of Application

MALE
Medical Examination Report Dated 7-9-87
Name of Physician Gill

FEMALE
Medical Examination Report Dated 7-9-87
Name of Physician Hesgar

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

Date of Birth: Month Nov Day 6 Year 1965

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 454 N. Pickett City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles G. Sturgill
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Va
9. Full maiden name of mother Evelyn Creech
   Residence of mother (if deceased so state) Same
   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 Charles Steven Sturgill
New Address 454 N. Pickett Plainfield

Subscribed and sworn to before me this 17 day of July, 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 Marie Last Sullivan

Date of Birth: Month July Day 25 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 7 Tyngs Court 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 James K. Sullivan
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Carol Bridgewater
   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 Melissa M. Sullivan
New Address 454 N. Pickett Plainfield

Subscribed and sworn to before me this 17 day of July, 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* 17th *day of* July, 1987, *authorizing the joining together as husband and wife* CHARLES STEVEN STURGILL *and* MELISSA MARIE SULLIVAN

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

I, JOSEPH McNALLY *hereby certify that on the* 25th *day of* JULY, *one thousand nine hundred and* 87 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* CHARLES STEVEN STURGILL *of* HENDRICKS *County, State of* INDIANA *and, Bride* MELISSA MARIE SULLIVAN *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25th *day of* JULY, *19* 87. *Signed* /s/ Rev. Joseph McNally

Official Designation Visiting Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* JULY, *19* 87.

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

No. 334

Form Prescribed By
Indiana State Board 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 7-17-87
Date of Application

MALE
Medical Examination Report Dated 7-8-87
Name of Physician Robert D. Aiello, M.D.

FEMALE
Medical Examination Report Dated 7-8-87
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 Jeffrey, Middle A., Last Chandler
Date of Birth: Month 12, Day 23, Year 1964
Place of Birth (State or foreign country): Maine Germany
Residence Address: Street or R. R. 108 N. Maple, City Pittsboro, County, State In. 46167

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ,
☐ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesus Chandler
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mary Lou Martin
   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 Chandler
New Address 108 N MAPLE ST PITTSBORO
Subscribed and sworn to before me this 17th day of July, 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 Sowers
Date of Birth: Month 10, Day 7, Year 1967
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R.R. #1, Box 195, City Pittsboro, County, State In. 46167

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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Sowers
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Suzanne Blacker
   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 Michelle A. Sowers
New Address 108 N. Maple St Pittsboro
Subscribed and sworn to before me this 17th day of July, 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* 21st *day of* July, 1987, *authorizing the joining together as husband and wife* JEFFREY ALLAN CHANDLER *and* MICHELLE ANN SOWERS

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

I, DAVID KOVALOW-ST. JOHN *hereby certify that on the* 8th *day of* AUGUST, *one thousand nine hundred and* 87 *at* 2:00 p.m., *County of* HENDRICKS, *State of Indiana, Groom* JEFFREY ALLAN CHANDLER *of* HENDRICKS *County, State of* IN, *and, Bride* MICHELLE ANN SOWERS *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19*87.

Signed /s/ DAVE KOVALOW- ST. JOHN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* AUGUST, *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. 335

File

7-17-87 Date of Application

MALE
Medical Examination Report Dated 7-11-87
Name of Physician Philip A. Bastista M.D.

FEMALE
Medical Examination Report Dated 7-8-87
Name of Physician Margie Sweeney, 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 Keith Middle E. Last Hatfield

Date of Birth: Month 9 Day 11 Year 1959

Place of Birth (State or foreign country) Connorsville, Ind.

Residence Address: Street or R. R. 3950 N. 1000 E. LOT 124, 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) 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.
   Keith Hatfield
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ernest Hatfield Jr.
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Betty Jean Judd
   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 Keith Hatfield

New Address 518 ENDERLY AVE.

Subscribed and sworn to before me this 17th day of July, 1987.

Mary Jane Russell HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 J. Last Johnson

Date of Birth: Month 5 Day 8 Year 1954

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

Residence Address: Street or R. R. 518 Enderly Ave., 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) 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.
   Steven McCauley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. D. McCauley
   Residence of father (if deceased so state) Lafayette, Penn.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Nora Wilson
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Cathy J. Johnson

New Address 518 Enderly Ave

Subscribed and sworn to before me this 17th day of July, 1987.

Mary Jane Russell HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* KEITH E. HATFIELD *and* CATHY J. JOHNSON

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

I, ROBERT E. ALLEE *hereby certify that on the* 31st *day of* JULY, *one thousand nine hundred and* 87 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* KEITH E. HATFIELD *of* HENDRICKS *County, State of* IN, *and, Bride* CATHY J. 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/ ROBERT E. ALLEE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* AUGUST, *19* 87.

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

84

No. 336

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-17-87 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 7-1-87
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 7-1-87
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 Jeffrey Middle James Last Lemirande

Date of Birth: Month 9 Day 1 Year 62

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 2416 Blackbridge Road City Janesville County Rock State Wisconsin

Previous 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 Melvin Vincent Lemirande
   Residence of father (if deceased so state) Wisconsin
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Judith Ann Gilme
   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 Jeffrey J Lemirande
New Address 2416 BLACKBRIDGE RD JANESVILLE, WI 53545

Subscribed and sworn to before me this 17th day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Anne Last Brown

Date of Birth: Month 5 Day 16 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 848 Longfellow Lane City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Martin Soter Brown
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Judith Kay Berking
   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 Shelley Brown
New Address 2416 Blackbridge Rd Janesville, WI 53545

Subscribed and sworn to before me this 17th day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife JEFFREY JAMES LEMIRANDE and SHELLEY ANNE BROWN

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

I, WILLIAM R. CLAYTON hereby certify that on the 25th day of JULY one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom JEFFREY JAMES LEMIRANDE of ROCK County, State of WISCONSIN and, Bride SHELLEY ANNE 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 25th day of JULY, 19 87.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th 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. 337

File

7-17-87 Date of Application

MALE
Medical Examination Report Dated 7-10-87
Name of Physician Tripple

FEMALE
Medical Examination Report Dated 7-10-87
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 Mark Middle Evan Last McCormack

Date of Birth: Month May Day 9 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 5935 Lakeview Dr. Apt C 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 Norman McCormack
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Ruby Simpson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ark.

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

Signed Mark McCormack
New Address 5935 Lakeview Dr. apt #C

Subscribed and sworn to before me this 17 day of July, 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 Jennifer Middle Raye Last Hurt

Date of Birth: Month July Day 16 Year 1969

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 9721 Harmony 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 James K. Hurt
   Residence of father (if deceased so state) Indpls
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Sharon Wright
   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 Jennifer Raye Hurt
New Address 5935 Lakeview Dr. Apt C

Subscribed and sworn to before me this 17 day of July, 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* 21 *day of* July, 19 87, *authorizing the joining together as husband and wife* MARK EVAN McCORMACK *and* JENNIFER RAYE HURT

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

I, RON HALLOCK *hereby certify that on the* 25th *day of* JULY, *one thousand nine hundred and* 87 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* MARK EVAN McCORMACK *of* HENDRICKS *County, State of* INDIANA, *and, Bride* JENNIFER RAYE HURT *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 25th *day of* JULY, *19* 87. *Signed* /s/ Ron Hallock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* JULY, *19* 87.
Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 338

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-20-87 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 7-16-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 7-16-87
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 Larry Middle D. Last Lydick

Date of Birth: Month 11 Day 26 Year 64

Place of Birth (State or foreign country) Louisville, Ind.

Residence Address: Street or R. R. 1543 Hanna Rd. 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)

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

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

New Address

Subscribed and sworn to before me this 20 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tammi Middle M. Last Hogue

Date of Birth: Month 1 Day Year 65

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

Residence Address: Street or R. R. 8092 River Bay Dr W. 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 Clifford E. Hogue
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carol A. Wills
   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 Tammi Hogue

New Address

Subscribed and sworn to before me this 20 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 19 87, *authorizing the joining together as husband and wife* LARRY D. LYDICK *and* TAMMI M. HOGUE

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

I, THOMAS PAINO III *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 87 *at* NORTHVIEW CHRISTIAN LIFE, *County of* HAMILTON, *State of Indiana, Groom* LARRY D. LYDICK *and, Bride* TAMMI M. HOGUE *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 19 87.

Signed /s/ THOMAS PAINO III

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* SEPTEMBER, 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. 339

File

Date of Application

MALE
Medical Examination Report Dated 7-13-87
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-13-87
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 Roger Middle Brian Last Jones

Date of Birth: Month 11 Day 24 Year 67

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 1742 Avon Rd. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address 324-A Edwards Way LAF IN.

Subscribed and sworn to before me this 20 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle Sue Last Jones

Date of Birth: Month 10 Day 14 Year 68

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 204 S. Indiana 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) voters registration

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

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

New Address 3719-A Edwardsway Laf. In. 47905

Subscribed and sworn to before me this 20 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 July, 1987, authorizing the joining together as husband and wife ROGER BRIAN JONES and DONNA SUE JONES

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

I, DAVID PITCHER hereby certify that on the 25th day of JULY, one thousand nine hundred and 87 at AVON, County of HENDRICKS, State of Indiana, Groom ROGER BRIAN JONES of HENDRICKS County, State of IN, and, Bride DONNA SUE 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 25th day of JULY, 1987. Signed /s/ DAVID PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of AUGUST, 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 340

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-20-87 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 7-13-87
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-13-87
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 Michael Middle Lonroy Last Parr

Date of Birth: Month 10 Day 12 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1513 Park Street City Robinson County Illinois State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers license

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

New Address 1513 Park St Robinson Ill.

Subscribed and sworn to before me this 20th day of July, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beulah Middle Ellen Last Thomas

Date of Birth: Month 7 Day 11 Year 39

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 253 S. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary E. Franklin
   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 Beulah E Thomas

New Address 1513 Park St.

Subscribed and sworn to before me this 20 day of July, 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* 24th *day of* July, 19 87, *authorizing the joining together as husband and wife* MICHAEL LONROY PARR *and* BEULAH ELLEN THOMAS

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

I, P. MICHAEL THORNBURG *hereby certify that on the* 25th *day of* JULY, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL LONROY PARR *of* CRAWFORD *County, State of* INDIANA, *and, Bride* BEULAH ELLEN THOMAS *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 25th *day of* JULY, *19* 87.

Signed /s/ P. Michael Thornburg

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th *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. 341

File

7-20-87 Date of Application

MALE
Medical Examination Report Dated 7-23-87
Name of Physician Philip Roberts

FEMALE
Medical Examination Report Dated 7-9-87
Name of Physician Thadeus 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 Lavere Middle Leo Last Schmidt Jr.

Date of Birth: Month 4 Day 10 Year 66

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. C/54 Spt Rd City Fort Knox County State Kentucky

Previous 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 LaVere L. Schmidt
   Residence of father (if deceased so state) Canyon County, California
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Christine D. Schwartz
   Residence of mother (if deceased so state) Canyon County, California
   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 Lavere C Schmidt

New Address 19 Kings Ct Danville In

Subscribed and sworn to before me this 24th day of July, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lorrie Middle Marie Last Yates

Date of Birth: Month 3 Day 17 Year 69

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. 19 Kings Court 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address 19 Kings Ct. Danville Ind

Subscribed and sworn to before me this 20 day of July, 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 ..... 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 24th day of July and LA VERE SCHMIDT and LORRIE M. YATES

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

I, GREGORY D. MONTAGUE hereby certify that on the 1st day of AUGUST, one thousand nine hundred and 87 at 4:00 p.m., County of HENDRICKS, State of Indiana, Groom LA VERE SCHMIDT of HARDIN County, State of KENTUCKY, and, Bride LORRIE M. YATES 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 1st day of AUGUST, 1987. Signed /s/ GREGORY D. MONTAGUE

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of AUGUST, 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. 342

File

7-20-87
Date of Application

MALE
Medical Examination Report Dated 6-29-87
Name of Physician D. Kourany, M.D.

FEMALE
Medical Examination Report Dated 6-29-87
Name of Physician D. 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 David Middle Lee Last Mayes

Date of Birth: Month 7 Day 15 Year 1957

Place of Birth (State or foreign country): Springfield Liberston Co. Tn.

Residence Address: Street or R. R. 1901 Wall St. City Memphis County Shelby State Tn.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Mayes
   Residence of father (if deceased so state) Lafayette, Ga.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Mattie Nadine Pulsey
   Residence of mother (if deceased so state) La Fayette, Ga.
   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 David Lee Mayes

New Address SAME

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

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jethonia Middle Lavonne Last Norris

Date of Birth: Month 5 Day 31 Year 1963

Place of Birth (State or foreign country): Jefferson Co. Ky.

Residence Address: Street or R. R. 333 Avon Ave. 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 Billy Wayne Norris
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Doris Rose Poe
   Residence of mother (if deceased so state) Plainfield, 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 Jethonia Lavonne Norris

New Address 1901 Wall St Mphs In

Subscribed and sworn to before me this 20 day of July, 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 ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* DAVID LEE MAYES *and* JETHONIA LAVONNE NORRIS

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

I, RICHARD C. KELLEY *hereby certify that on the* 25th *day of* JULY, *one thousand nine hundred and* 87, *State of Indiana, Groom* DAVID LEE MAYES *at* PLAINFIELD, *County of* HENDRICKS, *and, Bride* JETHONIA LAVONNE NORRIS *of* SHELBY *County, State of* IN, *of* HENDRICKS *County, State of* IN, *were by me united 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* JULY, 1987.

Signed /s/ RICHARD C. KEELEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* AUGUST, 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. 343

File

7-20-87 Date of Application

MALE
Medical Examination Report Dated 6-25-87
Name of Physician Mary Soper

FEMALE
Medical Examination Report Dated 6-25-87
Name of Physician Mary Soper

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

Date of Birth: Month 4 Day 30 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 71 Sycamore Street 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 Walter C. Fifer
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana, Illinois
9. Full maiden name of mother Ruby Lee Hayden
   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 Walter Scott Fifer

New Address 71 Sycamore St, Brownsburg, IN

Subscribed and sworn to before me this 20 day of July, 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 Sara Middle Jane Last Hartung

Date of Birth: Month 12 Day 8 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2189 N. SR 39 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 William F. Hartung
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Smitherman
   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 Sara Jane Hartung

New Address 71 Sycamore St. Brownsburg In. 46112

Subscribed and sworn to before me this 20 day of July, 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 July, 1987, authorizing the joining together as husband and wife WLATER SCOTT FIFER and SARA JANE HARTUNG

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

I, EDWIN R. ALLENDER hereby certify that on the 8th day of AUGUST, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WALTER SCOTT FIFER of HENDRICKS County, State of IN, and, Bride SARA JANE HARTUNG of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of JULY, 19 87.

Signed /s/ EDWIN R. ALLENDER

Official Designation ORDAINED CLERGY

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of AUGUST, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 344

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-20-87 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 7-16-87
Name of Physician David B. Huggard

FEMALE
Medical Examination Report Dated 7-16-87
Name of Physician David B. Huggard

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

MALE APPLICANT

Name: First Allen Middle W. Last Ward

Date of Birth: Month Oct. Day 18 Year 1965

Place of Birth (State or foreign country): Battle Creek Michigan

Residence Address: Street or R. R. 1386 Avon Rd. City Plfd. County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Allen Ward

New Address 1386 Avon RD. Plainfield, In 46168

Subscribed and sworn to before me this 24 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Tamatha Middle S. Last Moore

Date of Birth: Month May Day 28 Year 1966

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

Residence Address: Street or R. R. 7626 Gordon Way City Indpls. County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 1386 Avon Rd. Plainfield 87

Subscribed and sworn to before me this 24 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife Allen W. Ward and Tamatha S. Moore

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

I, ISOM CAUDILL hereby certify that on the 24th day of JULY one thousand nine hundred and 87, at INDIANAPOLIS, County of MARION, State of Indiana, Groom ALLEN W. WARD, and, Bride TAMATHA S. MOORE, 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 MARION County, State of INDIANA.

Dated this 24th day of JULY, 19 87.

Signed /s/ Isom Caudill

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th 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. 345

File

7-21-87 Date of Application

MALE
Medical Examination Report Dated 7/30/87
Name of Physician Charles Lee Greisbaugh

FEMALE
Medical Examination Report Dated 7-16-87
Name of Physician J. C. Kepler

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

Date of Birth Month 12 Day 18 Year 1964

Place of Birth (State or foreign country) Greencastle Putt. Co., Ind.

Residence Address Street or R. R. 5731-C Clarinbridge Ct., City Richmond, County Henrico, State Va.

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 Eddie Lee Smyth
   Residence of father (if deceased so state) Ano, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jane Brewer
   Residence of mother (if deceased so state) Ano, 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 Daniel L. Smyth

New Address same as above

Subscribed and sworn to before me this 30 day of July, 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 Amanda Middle L. Last Shafer

Date of Birth Mo. 6 Day 16 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address Street or R. R. 1004 Salem Rd. City Mooresville, County Morgan, 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 David Leonard Shafer
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Claudette Lorene Tinsley
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ga.

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

Signed Amanda L. Shafer

New Address 5731-C Clarinbridge Ct. Richmond, VA 23228

Subscribed and sworn to before me this 21 day of July, 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* 30 *day of* July, 19 87, *authorizing the joining together as husband and wife* DANIEL L. SMYTH *and* AMANDA L. SHAFER

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

I, JOHN PARSONS *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 87 *at* NORTHVIEW CHRISTIAN CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* DANIEL L. SMYTH *of* HENDRICKS *County, State of* IN, *and, Bride* AMANDA L. SHAFER *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 19 87.

Signed /s/ JOHN O. PARSONS

Official Designation ELDER PASTOR

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*

No. 346

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

7-21-87
Date of Application

MALE
Medical Examination Report Dated 7-6-87
Name of Physician Susan Burkholder

FEMALE
Medical Examination Report Dated 7-2-87
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 Daniel; Middle Edward; Last Vermillion
Date of Birth: Month 7; Day 2; Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 640 Tucker; City Plainfield; County Hendricks; State IN
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Vermillion
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Florida/Indiana
9. Full maiden name of mother Eleanor Howard
   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 Daniel E Vermillion
New Address 6790 Eagle Pointe South Indpls In.

Subscribed and sworn to before me this 21 day of July, 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 Sarah; Middle Ann; Last Forbert
Date of Birth: Month 9; Day 25; Year 62
Place of Birth (State or foreign country) Vermont
Residence Address: Street or R. R. 6790 Eagle Point Drive South; 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 Lionel E. Forbert
   Residence of father (if deceased so state) Texas
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Barbara A. Ayers
   Residence of mother (if deceased so state) Texas
   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 Sarah A Forbert
New Address 6790 Eagle Pointe South Dr S 46254

Subscribed and sworn to before me this 21 day of July, 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* 27th *day of* JULY, *19* 87, *authorizing the joining together as husband and wife* DANIEL EDWARD VERMILLION *and* SARAH ANN FORBERT
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* July, *one thousand nine hundred and* 87 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* DANIEL E. VERMILLION *of* HENDRICKS *County, State of* INDIANA, *and, Bride* SARAH A. FORBERT *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 27th *day of* JULY, *19* 87.

Signed Mary Jane Russell
Official Designation CLERK, HENDRICKS CIRCUIT COURT

Filed and recorded in accordance with the laws of the State of Indiana this 27th *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. 347

File

7-21-87 Date of Application

MALE
Medical Examination Report Dated 7-17-87
Name of Physician Gregory Oliver

FEMALE
Medical Examination Report Dated 7-17-87
Name of Physician Gregory Oliver

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

MALE APPLICANT

Name: First Christopher Middle Charles Last Ballman

Date of Birth: Month 7 Day 31 Year 67

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 1 Hickory Court 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 C. Ballman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Palmira J. Nota
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) New York

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

Signed Chris Ballman

New Address 675 Barrett St.

Subscribed and sworn to before me this 21 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 McAllister

Date of Birth: Month 7 Day 24 Year 43

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 675 Barrett 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 Donovan L. Heber
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia M. Gentry
   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 Ruth McAllister

New Address 675 Barrett Danville

Subscribed and sworn to before me this 21 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1987, authorizing the joining together as husband and wife CHRISTOPHER CHARLES BOLLMAN and RUTH ANN MC ALLISTER

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

I, MARY JANE RUSSELL hereby certify that on the 28th day of JULY, one thousand nine hundred and 87 at Danville, County of HENDRICKS, State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN of HENDRICKS County, State of INDIANA, and, Bride RUTH ANN MC ALLISTER of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of JULY, 1987.

Signed /s/ Mary Jane Russell

Official Designation Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of July, 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 348

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 7-21-87 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 7-13-87
Name of Physician Joyce Gill

FEMALE
Medical Examination Report Dated 7-13-87
Name of Physician Joyce Gill

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

Date of Birth: Month 1 Day 15 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1536 Albert Street 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address Same As Above

Subscribed and sworn to before me this 21 day of July, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debra Middle Dawn Last Dudkowski

Date of Birth: Month 6 Day 17 Year 66

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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Dudkowski
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Sandra Kay Drummond
   Residence of mother (if deceased so state) Clayton
   Birthplace of mother (State or foreign country) Indiana

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

Signed Debra D. Dudkowski

New Address ~~48~~ same as above

Subscribed and sworn to before me this 21 day of July, 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 21st day of JULY, 19 87, authorizing the joining together as husband and wife JAMES EUGENE BURRIN and DEBRA DAWN DUDKOWSKI

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

I, IRVIN L. MAYMON hereby certify that on the 25th day of JULY, one thousand nine hundred and 87 at CLAYTON, County of HENDRICKS, State of Indiana, Groom JAMES EUGENE BURRIN of HENDRICKS County, State of IN, and, Bride DEBRA DAWN DUDKOWSKI of HENDRICKS County, State of IN, were by me united 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 JULUY, 19 87.

Signed /s/ IRVIN L. MAYMON

Official Designation HIGH PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of AUGUST, 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. 349

File

7-23-87 Date of Application

MALE
Medical Examination Report Dated 7-9-87
Name of Physician G. J. Thompson

FEMALE
Medical Examination Report Dated 7-9-87
Name of Physician G. 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 Donald Middle J. Last Salsman

Date of Birth: Month 7 Day 19 Year 62

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

Residence Address: Street or R. R. RR 2 Box 287 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. 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 Sylvan J. Salsman
   Residence of father (if deceased so state) Hazelwood, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances K. Booker
   Residence of mother (if deceased so state) Dead
   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 Donald J. Salsman

New Address R2 Box 287 Clayton, In.

Subscribed and sworn to before me this 23 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Duncan

Date of Birth: Month 4 Day 8 Year 66

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

Residence Address: Street or R. R. RR 2 Box 287 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. Lin.

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

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

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

Signed X Peggy L. Duncan

New Address RR 2 Box 287 Clayton In 46118

Subscribed and sworn to before me this 23 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 1987, *authorizing the joining together as husband and wife* DONALD J. SALSMAN *and* PEGGY L. DUNCAN

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

I, DANNIE L. ADAMS *hereby certify that on the* 29th *day of* AUGUST, *one thousand nine hundred and* 87 *at* HAZELWOOD, *County of* HENDRICKS, *State of Indiana, Groom* DONALD J. SALSMAN *of* HENDRICKS *County, State of* IN, *and, Bride* PEGGY L. DUNCAN *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29th *day of* AUGUST, *19* 87.

Signed /s/ DANNIE L. ADAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* SEPT., *19* 87.

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

No. 350

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

7-23-87
Date of Application

MALE
Medical Examination Report Dated 7-20-87
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7-22-87
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 Michael; Middle Myles; Last Van Horn

Date of Birth: Month 9; Day 8; Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 44 N. Green Apt. 45; 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 Marcus Van Horn
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Lark
   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 Mike Van Horn
New Address 44 N. Green Street apt 45 B'burg
Subscribed and sworn to before me this 23rd day of July, 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 Sabrina; Middle Fay; Last Walker

Date of Birth: Month 10; Day 26; Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3925 N. SR 267; 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 James Walker
   Residence of father (if deceased so state) Clayton, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Hanneman
   Residence of mother (if deceased so state) Brownsburg, IN
   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 Sabrina F. Walker
New Address 44 N. Green St. Apt 45 Brownsburg
Subscribed and sworn to before me this 23rd day of July, 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 July, 1987, authorizing the joining together as husband and wife MICHAEL MYLES VAN HORN and SABRINA FAY WALKER

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

I, JOHN CALDWELL hereby certify that on the 1st day of AUGUST, one thousand nine hundred and 87 at AVON, County of HENDRICKS, State of Indiana, Groom MICHAEL MYLES VAN HORN of HENDRICKS County, State of IN, and, Bride SABRINA FAY WALKER of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87.

Signed /s/ JOHN CALDWELL
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of AUGUST, 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. 351

File

July 23, 1987 Date of Application

MALE
Medical Examination Report Dated 7-16-87
Name of Physician Debra Carter-Blewett

FEMALE
Medical Examination Report Dated 7-17-87
Name of Physician Debra Carter Blewett

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

MALE APPLICANT

Name: First Scott Middle Evan Last Cleveland

Date of Birth: Month April Day 4 Year 1963

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

Residence Address: Street or R. R. 3921 Deer Ridge apt 3D City Indpls. County Hend. State 46254

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) drivers license

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

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

New Address 3921 Deer Ridge Apt. 3D Indpls. In

Subscribed and sworn to before me this 23 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Shelly Middle Rose Last Lee

Date of Birth: Month Mar Day 15 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 501 E. Main 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

New Address 3921 Deer Ridge Rd Indpls, IND.

Subscribed and sworn to before me this 23 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* SCOTT EVAN CLEVELAND *and* SHELLY ROSE LEE

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

I, STEVEN M. CAPPER *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 87 *at* ST. JOHN'S EPISCOPAL CHURCH *County of* MARION, *State of Indiana, Groom* SCOTT EVAN CLEVELAND *of* MARION *County, State of* IN, *and, Bride* SHELLY ROSE LEE *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 1st *day of* AUGUST, 1987. *Signed* /s/ STEVEN M. CAPPER

Official Designation REVERAND

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* AUGUST, 19 87.

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

No. 352

File

7-24-87 Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 7-21-87
Name of Physician J. B. Mammel

FEMALE
Medical Examination Report Dated 7-20-87
Name of Physician J. B. Mammel

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

Date of Birth: Month 12 Day 26 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rie.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Vondersaar
   Residence of father (if deceased so state) Indpls. Ind. Hend Co.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet Conley
   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 John R. Vondersaar

New Address Same as above

Subscribed and sworn to before me this 24 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 M. Last Coyle

Date of Birth: Month 6 Day 30 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: 10009 W. 56th Street or R. R. Indpls. City Hendricks 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. Rie.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward O'Mara
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mildred L. Skaggs
   Residence of mother (if deceased so state) Indpls. 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 Kathy M Coyle

New Address Same as above

Subscribed and sworn to before me this 24 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 19 87, authorizing the joining together as husband and wife JOHN R. VONDERSAAR and KATHY M. COYLE

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

I, WILLIAM LEVY hereby certify that on the 8th day of AUGUST one thousand nine hundred and 87, at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JOHN R. VONDERSAAR of HENDRICKS County, State of IN and, Bride KATHY M. COYLE of HENDRICKS County, State of IN were by me united 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 AUGUST, 19 87.

Signed /s/ WILLIAM LEVY

Official Designation JUDGE PRO-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of AUGUST, 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. 353

File

7-24-87 Date of Application

MALE
Medical Examination Report Dated 7-20-87
Name of Physician J. Steenbergen

FEMALE
Medical Examination Report Dated 7-20-87
Name of Physician J. 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 Phillip Middle Darrell Last Arant

Date of Birth: Month 11 Day 9 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11225 W. Wash. St. City Box 12 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 Wayne Cox
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy Porter
   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 Phillip Arant

New Address

Subscribed and sworn to before me this 24 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Glenda Middle J. Last Moppin

Date of Birth: Month 6 Day 19 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.

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

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

Signed Glenda Moppin

New Address same as above

Subscribed and sworn to before me this 24 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Circuit Court *of Indiana dated the* 28th *day of* July, 19 87, *authorizing the joining together as husband and wife* PHILLIP D. ARANT *and* GLENDA JOYCE MOPPIN

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

I, FLOYD ALLENDER *hereby certify that on the* 7th *day of* AUGUST, *one thousand nine hundred and* 87 *at* WEST NEWTON, *County of* MORGAN, *State of Indiana, Groom* PHILLIP D. ARANT *of* HENDRICKS *County, State of* IN *and, Bride* GLENDA JOYCE MOPPIN *of* MORGAN *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* AUGUST, 19 87. *Signed* /s/ FLOYD ALLENDER

Official Designation MINISTER

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

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

No. 354

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 7-24-87 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 7-17-87
Name of Physician Floyd

FEMALE
Medical Examination Report Dated 7-17-87
Name of Physician 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 Edward Middle Neil Last Cunningham

Date of Birth: Month July Day 4 Year 1964

Place of Birth (State or foreign country) Mo.

Residence Address: Street or R. R. 1030 Parkside Ct. N. 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. 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 Donald Cunningham
   Residence of father (if deceased so state) Mooresville Jr.
   Birthplace of father (State or foreign country) W. Va
9. Full maiden name of mother Peggy Helms
   Residence of mother (if deceased so state) Same
   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 Edward N Cunningham

New Address 1030 Parkside Ct. North, Plainfield.

Subscribed and sworn to before me this 24 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Thelma Middle Kay Last Newkirk

Date of Birth: Month Aug Day 22 Year 1963

Place of Birth (State or foreign country) In

Residence Address: Street or R. R. 2021 W. Main City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. Lucas

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

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

New Address 1030 Parkside Ct. North, Plainfield

Subscribed and sworn to before me this 24 day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 87, authorizing the joining together as husband and wife EDWARD NEIL CUNNINGHAM and T. KAY NEWKIRK

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

I, JEROME H. HYDE hereby certify that on the 1st day of AUGUST one thousand nine hundred and 87 at GREENCASTLE, County of PUTNAM, State of Indiana, Groom EDWARD NEIL CUNNINGHAM of HENDRICKS County, State of IN, and, Bride T. KAY NEWKIRK of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87.

Signed /s/ JEROME H. HYDE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of AUGUST, 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. 355

File

7-24-87 Date of Application

MALE
Medical Examination Report Dated 7-20-87
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 7-20-87
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 Douglas Middle Edwin Last McSchooler

Date of Birth: Month D 12 Day 18 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 909 Knightstown Road City Shelbyville County Shelby State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. McSchooler
   Residence of father (if deceased so state) Indpls, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen A. Berry
   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 Douglas McSchooler

New Address 909 KNIGHTSTOWN ROAD

Subscribed and sworn to before me this 24th day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Mary Last Osmialowski

Date of Birth: Month 6 Day 2 Year 64

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 77 N. Rd. 450 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 Ronald J. Osmialowski
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Felicia M. Bessolo
   Residence of mother (if deceased so state) Danville, IN
   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 Kathleen Osmialowski

New Address 909 KNIGHTSTOWN ROAD

Subscribed and sworn to before me this 24th day of July, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of July, 19 87, authorizing the joining together as husband and wife DOUGLAS EDWIN McSCHOOLER and KATHLEEN MARY OSMIALOWSKI

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

I, CHARLES CHEESEBROUGH hereby certify that on the 1st day of AUGUST, one thousand nine hundred and 87 at MARY QUEEN OF PEACE, County of HENDRICKS, State of Indiana, Groom DOUGLAS E. McSCHOOLER of SHELBY County, State of IN, and, Bride KATHLEEN M. OSMIALOWSKI of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87. Signed /s/ CHARLES CHEESEBROUGH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of AUGUST, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 356

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-27-87 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 7-25-87
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7-25-87
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 Craig; Middle Allen; Last Stump

Date of Birth: Month 10; Day 10; Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2202 White Oaks Drive; City Speedway; 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
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

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

Signed

New Address

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

Clerk HENDRICKS Circuit Court

VOID

FEMALE APPLICANT

Name: First Ceara; Middle Jo; Last Harlan

Date of Birth: Month 9; Day 4; Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. same; City Speedway; County; State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed

New Address

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

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

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

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, and hereby certify that on the day of ,
one thousand nine hundred and at ,
State of Indiana, Groom of , County 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. 356

File

7/27/87 Date of Application

MALE
Medical Examination Report Dated 7-21-87
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-21-87
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 James Middle Stanley Last Walker

Date of Birth: Month 1 Day 6 Year 64

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 929 Russell St. City Ashland County Boyd State Ky

Previous 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 Mason Walker
   Residence of father (if deceased so state) Ashland, Ky.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Emma Louise Shuff
   Residence of mother (if deceased so state) Ashland, Ky.
   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 James S Walker

New Address 1124 South 1st St. #6 Louisville Ky

Subscribed and sworn to before me this 27 day of July, 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 Kathy Middle Ann Last Pensinger

Date of Birth: Month 9 Day 24 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1649 Hoadley Rd. 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 Larry Eugene Pensinger
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Rachel Loretta Dalton
   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 Kathy A. Pensinger

New Address 1124 S. 1st #6 Louisville, Ky 40203

Subscribed and sworn to before me this 29 day of July, 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* 31 *day of* July, 19 87, *authorizing the joining together as husband and wife* JAMES STANLEY WALKER *and* KATHY ANN PENSINGER

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

I, JAMES A. McKINNEY *hereby certify that on the* 2nd *day of* AUGUST, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JAMES STANLEY WALKER *of* BOYD *County, State of* KENTUCKY, *and, Bride* KATHY ANN PENSINGER *of* HEDNRICKS *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 2nd *day of* AUGUST, 19 87. *Signed* /s/ JAMES A. McKINNEY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* AUGUST, 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 357

File

7-28-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 7-19-87
Name of Physician Stephen Heeger

FEMALE
Medical Examination Report Dated 7-19-87
Name of Physician Stephen Heeger

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

MALE APPLICANT

Name: First Patrick; Middle Joseph; Last Flanigan

Date of Birth: Month 8; Day 19; Year 62

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 6634-D Lakeside 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) 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 Michael Patrick Flanigan
   Residence of father (if deceased so state) Fort Wayne, IN
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Martha Lou Mueller
   Residence of mother (if deceased so state) Fort Wayne, IN
   Birthplace of mother (State or foreign country) Indiana

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

Signed Patrick J Flanigan

New Address SAME AS ABOVE

Subscribed and sworn to before me this 29th day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Stacy; Middle Machelle; Last Rumple

Date of Birth: Month 8; Day 3; Year 61

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 6634-D Lakeside 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) 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 Eugene Rumple
   Residence of father (if deceased so state) Syracuse, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanette Colleen Alspaugh
   Residence of mother (if deceased so state) Syracuse, 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 Stacy M Rumple

New Address Same as above

Subscribed and sworn to before me this 29th day of July, 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* 31 *day of* August, 1987, *authorizing the joining together as husband and wife* PATRICK JOSEPH FLANIGAN *and* STACY MACHELLE RUMPLE

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

I, DAVID C. MAISH *hereby certify that on the* 8th *day of* AUGUST, *one thousand nine hundred and* 87 *at* CALVARY U.M. CHURCH, *County of* KOSCISUKO, *State of Indiana, Groom* PATRICK JOSEPH FLANIGAN *of* HENDRICKS *County, State of* IN, *and, Bride* STACY MACHELLE RUMPLE *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 1987.

Signed /s/ DAVID C. MAISH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* AUGUST, 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. 358

File

7-28-87 Date of Application

MALE
Medical Examination Report Dated 7-21-87
Name of Physician Heeger

FEMALE
Medical Examination Report Dated 7-21-87
Name of Physician Heeger

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

Date of Birth: Month 10 Day 7 Year 62

Place of Birth (State or foreign country) In.

Residence Address: 531 Kimberly Dr. 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 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 Alan Pryor
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Juanita Meade
   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 Richard Pryor

New Address 1015 W 6th St Greenfield

Subscribed and sworn to before me this 28 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 R. Last Thompson

Date of Birth: Month 10 Day 13 Year 61

Place of Birth (State or foreign country) Ohio

Residence Address: 1015 W. 6th St Street or R. R. Greenfield City Hancock 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 Glen Thompson
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Janet Boother
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

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

Signed Patricia Thompson

New Address 1015 W 6th St

Subscribed and sworn to before me this 28 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1987, authorizing the joining together as husband and wife RICHARD E. PRYOR and PATRICIA R. THOMPSON

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

I, RICHARD C. KEELEY hereby certify that on the 18th day of AUGUST, one thousand nine hundred and 87 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom RICHARD E. PRYOR of HENDRICKS County, State of IN, and, Bride PATRICIA R. THOMPSON of HANCOCK County, State of IN, were by me united 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 AUGUST, 1987. Signed /s/ RICHARD C. KELLEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of AUGUST, 1987. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 359

File

July 29 1987
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 7-13-87
Name of Physician Stephen Hegen

FEMALE
Medical Examination Report Dated 7-13-87
Name of Physician Stephen Hegen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 V. Last Heymig
Date of Birth: Month Jan Day 18 Year 1965
Place of Birth (State or foreign country) Indpls. Marion In.
Residence Address: Street or R. R. 11335 W. Washington 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) 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.
   Jessica Lousie Wildman
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Vernon Heymig
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Jane Akers
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Michael V. Heymig
New Address 11335 w washington st.
Subscribed and sworn to before me this 29 day of July, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Wildman
Date of Birth: Month March Day 18 Year 1970
Place of Birth (State or foreign country) Johnson Co. Ind. In.
Residence Address: Street or R. R. 11335 W. Wash. St. City Ind. 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) Johnson County

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Lousie Wildman
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wildman
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jessie Arzetta Padrick
   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 Robin L. Wildman
New Address 11335 W Washington St.
Subscribed and sworn to before me this 29 day of July, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 19 87, *authorizing the joining together as husband and wife* MICHAEL V. HEYMIG *and* ROBIN L. WILDMAN
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, KEITH H. KIRK *hereby certify that on the* 8th *day of* AUGUST, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL V. HEYMIG *of* HENDRICKS *County, State of* IN, *and, Bride* ROBIN L. WILDMAN *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19* 87.

Signed /s/ KEITH H. KIRK
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* AUGUST, *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. 360

File

7-29-87 Date of Application

MALE
Medical Examination Report Dated 7-27-87
Name of Physician Grubb

FEMALE
Medical Examination Report Dated 7-27-87
Name of Physician Grubb

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

Date of Birth: Month Dec Day 30 Year 1962

Place of Birth (State or foreign country) In.

Residence Address 8814 Timberwood Street or R. R. Indpls City Marion County State

Previous 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 Robert W. Phillips Sr.
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Clydia S. Thomas
   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 Robert W. Phillips Jr.

New Address Chapel Knoll Apt Indianapolis In

Subscribed and sworn to before me this 29 day of July, 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 Becky Middle L. Last Andry

Date of Birth: Month Mar Day 5 Year 1969

Place of Birth (State or foreign country) In.

Residence Address 10-123 W. Reeves Rd Street or R. R. Indpls City Hendricks County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address Chapel Knoll Apts Indpls, In.

Subscribed and sworn to before me this 29 day of July, 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 19 87, *authorizing the joining together as husband and wife* ROBERT W. PHILLIPS JR. *and* BECKEY LYNN ANDRY

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

I, WILLIAM E. WRIGHT *hereby certify that on the* 22nd *day of* AUGUST, *one thousand nine hundred and* 87 *at* MOORESVILLE, *County of* MORGAN, *State of Indiana, Groom* ROBERT W. PHILLIPS JR. *of* MARION *County, State of* IN, *and, Bride* BECKEY LYNN ANDRY *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 19 87.

Signed /s/ WILLIAM E. WRIGHT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* AUGUST, 19 87.

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

No. 361

File

7-20-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 7-27-87
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 7-27-87
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 Jeffrey Middle Wayne Last Pennich

Date of Birth: Month aug Day 15 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 165 S. Boehning 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 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 Larry Pennich
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice - Bean
   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 Jeff Pennich

New Address

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Christine Middle Noell Last Benham

Date of Birth: Month Dec Day 23 Year 1964

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

Residence Address: Street or R. R. 9375 E. 400 N. 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.

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

New Address

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of Aug., 19 87, authorizing the joining together as husband and wife JEFFREY WAYNE PENNICH and CHRISTINE NOEL BENHAM

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

I, GLEN D. OWENS hereby certify that on the 8th day of AUGUST one thousand nine hundred and 87, at INDPLS., County of MARION, State of Indiana, Groom JEFFREY WAYNE PENNICH of MARION County, State of IN, and, Bride CHRISTINE NOEL BENHAM of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87.

Signed /s/ GLEN D. OWENS

Official Designation ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of AUGUST, 1987.

Signed Mary Jane Powell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 362

File

7-31-87
Date of Application

MALE
Medical Examination Report Dated 7-22-87
Name of Physician Robt. Riello, M.D.

FEMALE
Medical Examination Report Dated 7/22/87
Name of Physician Robt. Riello, 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 E. Last Hayden

Date of Birth: Month 9 Day 19 Year 1956

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

Residence Address: Street or R. R. R#1 Box 59 City Pittsboro County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's License

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

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

New Address RR 1 Box 59 Pittsboro

Subscribed and sworn to before me this 31 day of July, 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 Anna Middle M. Last Salimbene

Date of Birth: Month 3 Day 9 Year 1954

Place of Birth (State or foreign country): Dayton, Montgomery Co. Ohio

Residence Address: Street or R. R. R#1 Box 59, 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 Joseph P. Salimbene
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Mary B. Hall
   Residence of mother (if deceased so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ky.

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

Signed Anna M. Salimbene

New Address RR1 Box 59 PITTSBORO

Subscribed and sworn to before me this 31 day of July, 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 Aug., 19 87, authorizing the joining together as husband and wife RICHARD E. HAYDEN and ANNA M. SALIMBENE

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

I, RAYMOND L. RADER hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom RICHARD E. HAYDEN of HENDRICKS County, State of IN, and, Bride ANNA M. SALIMBENE of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /s/ RAYMOND L. RADER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SEPT., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 363

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-31-87 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 7-18-87
Name of Physician Robt. D. Riello

FEMALE
Medical Examination Report Dated 7-18-87
Name of Physician Robt. D. 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 James Middle Duncan Last Lyon
Date of Birth: Month 12 Day 14 Year 1962
Place of Birth (State or foreign country) Richmond, Wayne, In.
Residence Address: Street or R. R. 19 Greenacre Dr. City Brownsburg County Hend. State In.

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

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

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

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

Signed James D. Lyon
New Address 19 Green Acre Dr. Brownsburg

Subscribed and sworn to before me this 31st day of July, 19 87.
Mary Jane Russell HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Gayle Last Williams
Date of Birth: Month 1 Day 23 Year 1966
Place of Birth (State or foreign country) Indpls., Marion Co., In.
Residence Address: Box 234 Street or R. R. Pittsboro 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Williams
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara L. Martin
   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 Lisa G. Williams
New Address 19 Green Acre Dr. Brownsburg

Subscribed and sworn to before me this 31st day of July, 19 87
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug., 19 87, *authorizing the joining together as husband and wife* JAMES DUNCAN LYON *and* LISA GAYLE WILLIAMS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, STEVEN T. REEVES *hereby certify that on the* 15th *day of* AUGUST,
one thousand nine hundred and 87 *at* BROWNSBURG, *County of* HENDRICKS,
State of Indiana, Groom JAMES DUNCAN LYON *of* HENDRICKS *County, State of* IN,
and, Bride LISA GAYLE WILLIAMS *of* HENDRICKS *County, State of* IN,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*
Dated this 4th *day of* AUGUST, 19 87.

Signed /s/ STEVEN T. REEVES
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* AUGUST, 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. 364

File

7-31-87 Date of Application

MALE
Medical Examination Report Dated 7-25-87
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 7-25-87
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 Martin; Middle Allen; Last Dragonette

Date of Birth: Month 4; Day 25; Year 1963

Place of Birth (State or foreign country): Cleveland

Residence Address: Street or R. R. 7411 Bentley Apt 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 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 Angelo Dragonette
   Residence of father (if deceased so state) Sparta, N. J.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Betty Jean Cuppiet
   Residence of mother (if deceased so state) Clarksdale, Ky.
   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 Martin Dragonette

New Address SAME AS ABOVE

Subscribed and sworn to before me this 31 day of July, 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 Ann; Last Greene

Date of Birth: Month 7; Day 13; Year 1965

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

Residence Address: Street or R. R. 524 Hidden Valley; 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 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 James Wm. Greene
   Residence of father (if deceased so state) Plfd. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Ann Hugill
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Teresa A. Greene

New Address 7411 Bentley #D Indpls

Subscribed and sworn to before me this 31 day of July, 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* 6 *day of* August, 19 87, *authorizing the joining together as husband and wife* MARTIN ALLEN DRAGONETTE *and* TERESA ANN GREENE

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

I, J.K. WARRICK *hereby certify that on the* 15th *day of* AUGUST, *one thousand nine hundred and* 87 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* MARTIN ALLEN DRAGONETTE *of* MARION *County, State of* IN *and, Bride* TERESA ANN GREENE *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* AUGUST, *19* 87.

Signed /s/ J. K. WARRICK

Official Designation SR. MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* AUGUST, *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 365

File

7-31-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 7-27-87
Name of Physician David Haggard, M.D.

FEMALE
Medical Examination Report Dated 7-27-87
Name of Physician David Haggard, M.D.

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

MALE APPLICANT

Name: First George Middle Russell Last Baker

Date of Birth: Month 1 Day 28 Year 1932

Place of Birth (State or foreign country) Hagport Indiana

Residence Address: Street or R. R. 809 Beechwood Dr. City Clfd. 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 John Russell Baker
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pearl Ruth Scott
   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 George R. Baker

New Address Casa Drive 9217

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 Elois Middle Glee Last Harp

Date of Birth: Month 3 Day 19 Year 1935

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

Residence Address: Street or R. R. 9217 Casa Dr., City Ind'pls., 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Taft Cannon
   Residence of father (if deceased so state) Cincy, Ohio
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Helen Margaret Coghill
   Residence of mother (if deceased so state) Moorefield, 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 Elois Harp

New Address 9217 Casa Dr.

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 6th day of August, 19 87, authorizing the joining together as husband and wife GEORGE RUSSELL BAKER and ELOIS GLEE HARP

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

I, MICHAEL BULLARD hereby certify that on the 15th day of AUGUST one thousand nine hundred and 87 at HOPE PRESBYTERIAN CHURCH, County of HENDRICKS, State of Indiana, Groom GEORGE RUSSELL BAKER of HENDRICKS County, State of IN and, Bride ELOIS GLEE HARP 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 AUGUST, 19 87.

Signed /s/ MICHAEL BULLARD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of SEPTEMBER, 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. 366

File

7-31-87 Date of Application

MALE
Medical Examination Report Dated 7-16-87
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 7-16-87
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 Todd; Middle Maurice; Last Chalfant

Date of Birth: Month 2; Day 2; Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 859 Cartersburg Road; City Plainfield; County Hendricks; State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☑ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Chalfant
   Residence of father (if deceased so state) Coatesville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pamela L. Money
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

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

Signed Todd M. Chalfant

New Address SAME

Subscribed and sworn to before me this 31st day of July, 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 Sheryl; Middle Lynn; Last Goldman

Date of Birth: Month 1; Day 13; Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 859 Cartersburg Road; 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) Hend. Co.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Goldman
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn J. Anderson
   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 Sheryl L. Goldman

New Address Same as above

Subscribed and sworn to before me this 31st day of July, 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* AUGUST, *19* 87, *authorizing the joining together as husband and wife* TODD MAURICE CHALFANT *and* SHERYL LYNN GOLDMAN *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, EDWIN R. ALLENDER *hereby certify that on the* 15th *day of* AUGUST, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* TODD MAURICE CHALFANT *of* HENDRICKS *County, State of* IN, *and, Bride* SHERYL LYNN GOLDMAN *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19* 87. *Signed* /s/ EDWIN R. ALLENDER

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* AUGUST, *19* 87.

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

No. 367

File

7-31-87
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 7-27-87
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 7-27-87
Name of Physician Hadley

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

MALE APPLICANT

Name: First Edward Middle Williams Last LaRoche

Date of Birth: Month May Day 22 Year 1958

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1135 W. Washington City Lot 12 County Indpls State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Tammy Jo LaRoche
   Christina Lynn LaRoche
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 LaRoche
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Jane Williams
   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 Edward W LaRoche

New Address 1135 Washington St

Subscribed and sworn to before me this 31 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Coleman

Date of Birth: Month Jan Day 5 Year 1968

Place of Birth (State or foreign country) In

Residence Address: Street or R. R. 1135 W. Washington City Lot 12 County Indpls State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Stacy Ann Coleman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. C. Coleman
   Residence of father (if deceased so state) Dade City, Fl.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Myrka Lee Badeau
   Residence of mother (if deceased so state) Indpls. 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 Tracy A. Coleman

New Address 1135 W. Washington

Subscribed and sworn to before me this 31 day of July, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug, 19 87, authorizing the joining together as husband and wife EDWARD W. LA ROCHE and TRACY ANN COLEMAN

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

I, CLYDE D. WAKE hereby certify that on the 8th day of AUGUST one thousand nine hundred and 87 at GREENWOOD, County of JOHNSON, State of Indiana, Groom EDWARD W. LA ROCHE of HENDRICKS County, State of IN and, Bride TRACY ANN COLEMAN of HENDRICKS County, State of IN were by me united 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 AUGUST, 19 87

Signed /s/ CLYDE D. WAKE

Official Designation UNITED METHODIST CLERGY

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of AUGUST, 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. 368 366

File

Date of Application

MALE
Medical Examination Report Dated 7-25-87
Name of Physician Grubbs

FEMALE
Medical Examination Report Dated 7-28-87
Name of Physician Grubbs

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

MALE APPLICANT

Name: First Monty Middle Douglas Last Shoulders

Date of Birth: Month Sept Day 16 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9880 W. 10th Street Pat 17-4 City Hendricks County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Ida 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 Wayne Douglas Shoulders
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Waren Sue Drollenger
   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 Monty Shoulders

New Address 9880 W. 10th Lot 17-4 Ind.

Subscribed and sworn to before me this 31 day of July, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Michelle Middle Renee Last Sullivan

Date of Birth: Month Aug Day 7 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11110 Reeves 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 Edward Dale Sullivan
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Jeanette Virginia Bendy
   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 Michelle Renee Sullivan

New Address 9880 W. 10th Lot 17-4

Subscribed and sworn to before me this 31 day of July, 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 Edward D. Sullivan Father

Signed Jeanette V. Sullivan Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 7th day of August, 19.87., authorizing the joining together as husband and wife MONTY D. SHOULDERS and MICHELLE R. SULLIVAN

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

I, WAYNE SHOULDERS hereby certify that on the 15th day of AUGUST, one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom MONTY D. SHOULDERS of HENDRICKS County, State of IN, and, Bride MICHELLE R. SULLIVAN 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 15th day of AUGUST, 19.87. Signed /s/ WAYNE SHOULDERS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of AUGUST, 19.87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 369 ~~369~~

File

Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 7-23-87
Name of Physician Charles W. Calhoun

FEMALE
Medical Examination Report Dated 7-23-87
Name of Physician L. Griffin

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

Date of Birth: Month 5; Day 26; Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R2 Box 196; City Brownstown; County Jackson; State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Don Hackman
   Residence of father (if deceased so state) Brownstown, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nina Sue Mellencamp
   Residence of mother (if deceased so state) Brownstown, 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 Don Hackman
New Address 664 Nicole Dr., Apt B Greenwood

Subscribed and sworn to before me this 3 day of August, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Kaye; Last Gericke

Date of Birth: Month 3; Day 30; Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 107 South Rd. 450 E.; 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) 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 Russell Irving Gericke
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Loretta Lou Gross
   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 Diane Kaye Gericke
New Address 664 Nicole Dr., Apt B Greenwood IN 46142

Subscribed and sworn to before me this 3 day of August, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 19 87, KENNETH D. HACKMAN and DIANE K. GERICKE

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

I, H. THOMAS PITCHER hereby certify that on the 15th day of AUGUST one thousand nine hundred and 87 at AVON, County of HENDRICKS, State of Indiana, Groom KENNETH D. HACKMAN of JACKSON County, State of IN and, Bride DIANE K. GERICKE 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 10th day of AUGUST, 19 87.

Signed /s/ H. THOMAS PITCHER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of AUGUST, 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. 370

File

8-3-87 Date of Application

MALE
Medical Examination Report Dated 7-29-87
Name of Physician M. W. Baker

FEMALE
Medical Examination Report Dated 7-29-87
Name of Physician M. 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 Paul Middle Douglas Last Gist

Date of Birth: Month 8 Day 5 Year 63

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

Residence Address: Street or R. R. 6505 Sunset Terrace 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

New Address 8782 Bald Eagle Ct.

Subscribed and sworn to before me this 3 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Jodi Middle Lee Last Woods

Date of Birth: Month 10 Day 28 Year 66

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

Residence Address: Street or R. R. RR 1 Box 442 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Woods
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy B. Burton
   Residence of mother (if deceased so state) Clayton, 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 Jodi Lee Woods

New Address 8782 Bald Eagle Ct.

Subscribed and sworn to before me this 3 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug., 87, *authorizing the joining together as husband and wife* PAUL D. GIST *and* JODI L. WOODS

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

I, MYRON BARNARD *hereby certify that on the* 7th *day of* AUGUST, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* PAUL D. GIST *of* MARION *County, State of* IN, *and, Bride* JODI L. 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 7th *day of* AUGUST, *19*87. *Signed* /s/ MYRON BARNARD

Official Designation JUDGE

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

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

No. 371

File

8-3-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 7-1-87
Name of Physician J. Thompson

FEMALE
Medical Examination Report Dated 7-1-87
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 Robert Middle J. Last Fraizer

Date of Birth: Month 6 Day 24 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 226 Division St. City Apt. 7 Plfd. County Plfd. 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. —

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

New Address Same

Subscribed and sworn to before me this 3 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 M. Last Savoldi

Date of Birth: Month 2 Day 21 Year 63

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 3 Parkridge Dr. 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. 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 John Allen Savoldi
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy Eileen Jones
   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 Carol M. Savoldi

New Address 7143 Hatteras Lane, Apt. 2D Indpls, IN

Subscribed and sworn to before me this 3 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 19 87, authorizing the joining together as husband and wife ROBERT L. FRAIZER and CAROL M. SAVOLDI

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

I, C. S. CHESEBRAUGH hereby certify that on the 14th day of AUGUST, one thousand nine hundred and 87, at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT FRAIZER of HENDRICKS County, State of IN, and, Bride CAROL M. SAVOLDI of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87.

Signed /s/ C. S. CHESEBRAUGH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of AUGUST, 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. 372

File

8-4-87 Date of Application

MALE
Medical Examination Report Dated 7-29-87
Name of Physician S. Drammell

FEMALE
Medical Examination Report Dated 7-29-87
Name of Physician S. Drammell

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

Date of Birth: Month 7 Day 28 Year 56

Place of Birth (State or foreign country) Germany

Residence Address: Street or R. R. P.O. Box 102 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 Raymond M. Fisher
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline D. Tomlinson
   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 Thomas A. Fisher

New Address P.O. Box 102 Plfd. IN

Subscribed and sworn to before me this 4th day of Aug., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Stanley

Date of Birth: Month 11 Day 24 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 430 N. Vine 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. 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 Everett Stanley Jr.
   Residence of father (if deceased so state) Plfd Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marilyn Elizabeth Wood
   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 Elizabeth A. Stanley

New Address P.O. Box 102 Plfd IN

Subscribed and sworn to before me this 4 day of Aug., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug., 19 87, *authorizing the joining together as husband and wife* THOMAS A. FISHER *and* ELIZABETH A. STANLEY

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

I, JERRY RAIRDON *hereby certify that on the* 29th *day of* AUGUST, *one thousand nine hundred and* 87 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS A. FISHER *of* HENDRICKS *County, State of* IN *and, Bride* ELIZABETH A. STANLEY *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 19 87. *Signed* /s/ JERRY RAIRDON

Official Designation ELDER OF UNITED METHODIST CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* SEPT., 19 87

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

No. 373

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

8-4-87
Date of Application

MALE
Medical Examination Report Dated 8-3-87
Name of Physician Billie A. Gosnell, M.D.

FEMALE
Medical Examination Report Dated 8-3-87
Name of Physician Billie A. Gosnell, M.D.

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

MALE APPLICANT

Name: First James Middle Steven Last Alderson

Date of Birth: Month 4 Day 2 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7310 E. 100 N. 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) Birth Certificate

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

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

New Address

Subscribed and sworn to before me this 4th day of August, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Shay Middle Lynne Last Hillers

Date of Birth: Month 4 Day 4 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7310 E. 100 N. 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 Cecil Kenneth Hillers
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Linda Arleen Ross
   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 Shay Lynne Hillers

New Address

Subscribed and sworn to before me this 4th day of August, 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 8 day of Aug., JAMES STEVEN ALDERSON 8 and SHAY LYNNE HILLERS, 19 87, authorizing the joining together as husband and wife

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

I, HARLAN KINCADE hereby certify that on the 8th day of AUGUST one thousand nine hundred and 87 at WHITESTONE CHRISTIAN CHURCH County of HENDRICKS State of Indiana, Groom JAMES STEVEN ALDERSON of HENDRICKS County, State of IN and, Bride SHAY LYNNE HILLERS of HENDRICKS County, State of IN were by me united 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 AUGUST, 19 87

Signed /s/ HARLAN KINCADE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of AUGUST, 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. 374

File

8-6-87 Date of Application

MALE
Medical Examination Report Dated 7-30-87
Name of Physician J. D. Thompson

FEMALE
Medical Examination Report Dated 7-30-87
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 Billy Middle E. Last Bell

Date of Birth: Month 11 Day 10 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6935 E. 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 Hiwell Joe Bell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Sue McQuinn
   Residence of mother (if deceased so state) Avon, 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 Billy Bell

New Address SAME AS Above

Subscribed and sworn to before me this 6 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Hope Middle I Last Aguirre

Date of Birth: Month 12 Day 21 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Same City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. Lic.

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

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

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

Signed X Hope Aguirre

New Address 693 Same as above

Subscribed and sworn to before me this 6 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 19 87, *authorizing the joining together as husband and wife* BILLY E. BELL *and* HOPE AQUIRRE

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

I, IVAN GWALTNEY (not to legible) *hereby certify that on the* 22nd *day of* AUGUST, *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* BILLY E. BELL *of* HENDRICKS *County, State of* IN *and, Bride* HOPE AQUIRRE *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 19 87.

Signed /s/ IVAN W. GWALTNEY (not to legible)

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* AUGUST, 19 87.

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

No. 375

File

8-7-87
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-4-87
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 8-4-87
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 Steven Middle Craig Last Weddle

Date of Birth: Month 10 Day 19 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6440 White Heaven City #D1046 County Indpls. Marion 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. Lic.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Wilson Weddle
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Norma Jean Partridge
   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 Steven Craig Weddle
New Address 3236 Six Points Rd Apt 4

Subscribed and sworn to before me this 7th day of Aug., 19 87

Mary Jane Pyrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Kay Last Ferguson

Date of Birth: Month 7 Day 8 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3236 Six Pts. Rd #4 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. 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 Jack Douglas Ferguson
   Residence of father (if deceased so state) Crawfordsville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janice Kay LaDuke
   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 Laura K. Ferguson
New Address Same

Subscribed and sworn to before me this 7th day of Aug., 19 87

Mary Jane Pyrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* AUGUST, 19 87, *authorizing the joining together as husband and wife* STEVEN C. WEDDLE *and* LAURA K. FERGUSON

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

I, JAMES R. CRADDOCK *hereby certify that on the* 29th *day of* AUGUST, *one thousand nine hundred and* 87 *at* AMO, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN C. WEDDLE *of* MARION *County, State of* IN *and, Bride* LAURA K. FERGUSON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29th *day of* AUGUST, *19* 87.

Signed /s/ JAMES R. CRADDOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* AUGUST, *19* 87.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 376

File

8-5-87 Date of Application

MALE
Medical Examination Report Dated 8-4-87
Name of Physician M. W. Baker

FEMALE
Medical Examination Report Dated 8-1-87
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 Richard Middle D. Last Curry

Date of Birth: Month 8 Day 27 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6446 Karen Dr. City Zionsville County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Dale Curry
   Residence of father (if deceased so state) Zionsville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret ~~Smith~~ L. Woodsen
   Residence of mother (if deceased so state) Dec
   Birthplace of mother (State or foreign country) Ind.

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

Signed Richard D. Allen Curry

New Address 4843 Pinewood Rd Indpls.

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Iliana Middle Carreon Last Sueiras

Date of Birth: Month 2 Day 10 Year 68

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

Residence Address: Street or R. R. 23 Parkwood Dr. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arturo J. Sueiras
   Residence of father (if deceased so state) Miami Florida
   Birthplace of father (State or foreign country) Cuba
9. Full maiden name of mother Maria R. Diaz
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Cuba

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

Signed Iliana Sueiras

New Address.....

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug., 19 87, authorizing the joining together as husband and wife RICHARD A. CURRY and ILIANA C. SUEIRAS

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

I, DANIEL B. DONOHOO hereby certify that on the 8th day of AUGUST, one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RICHARD A. CURRY of BOONE County, State of IN, and, Bride ILIANA C. SUEIRAS of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87. Signed /s/ DANIEL B. DONOHOO

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of AUGUST, 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 377

File

Aug. 7, 1987
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 7-13-87
Name of Physician Edwards

FEMALE
Medical Examination Report Dated 7-13-87
Name of Physician Edwards

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

MALE APPLICANT

Name: First John Middle J. Last Parrish
Date of Birth: Month Nov. Day 10 Year 1957
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. 1228 Eldin 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Parrish
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Volz
   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 John J Parrish
New Address 1052 Corey Lane Plainfield, IN 46168
Subscribed and sworn to before me this 7 day of Aug., 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 Alice Middle C. Last Schoolcraft
Date of Birth: Month Mar. Day 26 Year 1963
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. P.O. Box 440 City Greencastle County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mitchell Schoolcraft
   Residence of father (if deceased so state) Greencastle In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Marta Poe
   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 Alice C Schoolcraft
New Address 1052 Corey Lane Plainfield In. 46168
Subscribed and sworn to before me this 7 day of Aug., 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* 14th *day of* Aug., 19 87, *authorizing the joining together as husband and wife* JOHN J. PARRISH *and* ALICE C. SCHOOLCRAFT

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

I, JANICE S. CHILEWSKI *hereby certify that on the* 14th *day of* AUGUST, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JOHN J. PARRISH *and, Bride* ALICE C. SCHOOLCRAFT *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* PUTNAM *County, State of* IN, *County.*

Dated this 14th *day of* AUGUST, *19* 87.

Signed /s/ JANICE S. CHILEWSKI
Official Designation 1st DEPUTY CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* AUGUST, 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. 378

File

8-7-87
Date of Application

MALE
Medical Examination Report Dated 7-13-87
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 7-14-87
Name of Physician 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 L. Last McMullen

Date of Birth: Month Jan Day 2 Year 1957

Place of Birth (State or foreign country) In.

Residence Address: 337 N. Center 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) 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 Marion D. McMullen
   Residence of father (if deceased so state) Montezuma In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Dorothy Bard
   Residence of mother (if deceased so state) Dana 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 David L. McMullen

New Address 337 N. Center, Plainfield

Subscribed and sworn to before me this 7 day of Aug, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Lillian Middle S. Last Schueller

Date of Birth: Month Feb Day 15 Year 1955

Place of Birth (State or foreign country) In.

Residence Address: 337 N. Center 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) 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.
   David A. Schueller
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Smith Carr
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Genevieve Grubb
   Residence of mother (if deceased so state) Plainfield 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 Lillian S. Schueller

New Address 337 N. Center St, Pfld.

Subscribed and sworn to before me this 7 day of Aug, 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* 13 *day of* August, 19 87, *authorizing the joining together as husband and wife* DAVID L. McMULLEN *and* LILLIAN S. SCHUELLER

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

I, G. DAYLE CAIN *hereby certify that on the* 4th *day of* SEPTEMBER, *one thousand nine hundred and* 87 *at* CENTERTON, *County of* MORGAN, *State of Indiana, Groom* DAVID L. McMULLEN *of* HENDRICKS *County, State of* IN, *and, Bride* LILLIAN S. SCHUELLER *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPTEMBER, 19 87. *Signed* /s/ G. DAYLE CAIN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* SEPTEMBER, 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. 379

File

8-10-87
Date of Application

MALE
Medical Examination Report Dated 7-31-87
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated 7-31-87
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 Jeffery Middle Dean Last Taylor
Date of Birth: Month 9 Day 2 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 6890 North 550 East 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 Edgar Dean Taylor
   Residence of father (if deceased so state) Scipio, IN
   Birthplace of father (State or foreign country) Oregon
9. Full maiden name of mother Joan Lee Viehe
   Residence of mother (if deceased so state) Okeechobee, 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 Jeffery Dean Taylor
New Address same

Subscribed and sworn to before me this 10th day of August, 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Pamela Middle Ann Last Moulder
Date of Birth: Month 3 Day 1 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 6890 North 550 East City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

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

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

Signed Pamela Ann Moulder
New Address same

Subscribed and sworn to before me this 10th day of August, 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* 14th *day of* August, 19 87, *authorizing the joining together as husband and wife* JEFFERY DEAN TAYLOR *and* PAMELA ANN MOULDER

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

I, DALLAS W. VIEHE *hereby certify that on the* 15th *day of* AUGUST, *one thousand nine hundred and* 87 *at* LIZTON, *County of* HENDRICKS, *State of Indiana, Groom* JEFFERY DEAN TAYLOR *and, Bride* PAMELA ANN MOULDER *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* AUGUST, 1987.

Signed /s/ DALLAS W. VIEHE
Official Designation MINISTER

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 380

File 81087 Date of Application

MALE
Medical Examination Report Dated 8-1-87
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-1-87
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 Richard Middle Dean Last Smith

Date of Birth: Month 2 Day 1 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3100 N. Gerrard Drive City Indianapolis 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 Larry Dean Smith
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Beverly Kay Owen
   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 Richard D. Smith
New Address RR 18 Box 393-H-1

Subscribed and sworn to before me this 10 day of August, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Bobbie Middle Lee Last Miles

Date of Birth: Month 5 Day 21 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 18 Box 343-H-1 City Indianapolis 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 Robert Eugene Miles
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Velma Inez Welch
   Residence of mother (if deceased so state) Indianapolis, 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 Bobbie Lee Miles
New Address RR 18 Box 343H-1 Indpls

Subscribed and sworn to before me this 10 day of August, 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* 14 *day of* Aug., 1987, *authorizing the joining together as husband and wife* RICHARD DEAN SMITH *and* BOBBIE LEE MILES

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

I, JERRY R. NASH *hereby certify that on the* 22nd *day of* AUGUST, *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD D. SMITH *of* MARION *County, State of* IN, *and, Bride* BOBBIE LEE MILES *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 1987. *Signed* /s/ JERRY R. NASH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* AUGUST, 1987.

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

No. 381

File

8-11-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 8/4/87
Name of Physician Cora Beth Lewis

FEMALE
Medical Examination Report Dated 8-4-87
Name of Physician Cora Beth Lewis

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

Date of Birth: Month 5 Day 19 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR#1, Box 74A 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) 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 Eugene Givans
   Residence of father (if deceased so state) Ft. Meyers, Florida
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Madeline Louise Gaddis
   Residence of mother (if deceased so state) Naples In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Robert E. Givans

New Address

Subscribed and sworn to before me this 11th day of August, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Judith Middle B. Last Shelburn

Date of Birth: Month 9 Day 6 Year 37

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10301 Fawn Dr. City Indianapolis 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 Virgil Ernest Griffith
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy May Walker
   Residence of mother (if deceased so state) Jeffersonville, 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 Judith B. Shelburn

New Address

Subscribed and sworn to before me this 11th day of August, 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* 15th *day of* August, 1987, *authorizing the joining together as husband and wife* ROBERT E. GIVANS *and* JUDITH B. SHELBURN

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

I, CHRIS E. WYNN *hereby certify that on the* 29th *day of* Aug. *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT E. GIVANS *of* HENDRICKS *County, State of* IN, *and, Bride* JUDITH B. SHELBURN *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 29th *day of* Aug., 1987.

Signed /S/ CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* OCT., 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. 382

File

8-12-87 Date of Application

MALE
Medical Examination Report Dated 7-31-87
Name of Physician Robert D. Aiello

FEMALE
Medical Examination Report Dated 7-13-87
Name of Physician Larry D. 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 Robert Middle Jackson Last Ayers

Date of Birth: Month 10 Day 5 Year 47

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. 2015 S. Lynhurst City Indpls. County Mar. State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

New Address 2015 S Lynhurst

Subscribed and sworn to before me this 12 day of August, 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 Rose Middle Ellen Last Pattison

Date of Birth: Month 2 Day 1 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RI Box 464 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jonathon Travis Pattison
   Carrie Eliza Pattison
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Chester Wicker
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian Marie Richards
   Residence of mother (if deceased so state) Beechgrove, 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 Rose Ellen Pattison

New Address 2015 S. Lynhurst

Subscribed and sworn to before me this 12 day of August, 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 20th day of Aug., 1987, authorizing the joining together as husband and wife ROBERT JACKSON AYERS and ROSE ELLEN PATTISON

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

I, MIKE BULLARD hereby certify that on the 11th day of SEPT., one thousand nine hundred and 87 at HOPE UNITED PRESBYTERIAN CHURCH County of HENDRICKS, State of Indiana, Groom ROBERT JACKSON AYERS of MARION County, State of IN, and, Bride ROSE ELLEN PATTISON of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87 Signed /s/ MIKE BULLARD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of SEPT., 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. 383

File

8-12-87
Date of Application

MALE
Medical Examination Report Dated 8-11-87
Name of Physician M. L. Neely, M.D.

FEMALE
Medical Examination Report Dated 8-11-87
Name of Physician M. L. 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 Don Middle D. Last Stamper

Date of Birth: Month 10 Day 29 Year 35

Place of Birth (State or foreign country) Charleston, W.Va.

Residence Address: Street or R. R. 109 Parkridge Dr. 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 James Milton Stamper
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Glenith Lucille Bays
   Residence of mother (if deceased so state) Belle, W. Va.
   Birthplace of mother (State or foreign country) W. Va.

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

☒ Signed Donald D. Stamper

☒ New Address Same As Above

Subscribed and sworn to before me this 12th day of August, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Reoloma Middle S. Last Akins

Date of Birth: Month 9 Day 12 Year 34

Place of Birth (State or foreign country) Eldorado, Ill.

Residence Address: Street or R. R. 404 N. 325 W. City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Driver's License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Milvin Laurell Clegg
   Residence of father (if deceased so state) Madison, In. Deceased
   Birthplace of father (State or foreign country) Madison, In
9. Full maiden name of mother Carolyn Bruce
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Terre City, Ill.

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

☒ Signed Reoloma Sue Akins

☒ New Address 109 Parkridge Dr.

Subscribed and sworn to before me this 12th day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 87, *authorizing the joining together as husband and wife* DON D. STAMPER *and* REOLOMA S. AKINS

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

I, JOHN C. MOWRER *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DON D. STAMPER *of* HENDRICKS *County, State of* IN, *and, Bride* REOLOMA S. AKINS *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19* 87

Signed /s/ JOHN C. MOWRER

Official Designation JUDGE PR-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* AUGUST, *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. 384

File

8-13-87 Date of Application

MALE
Medical Examination Report Dated 8-6-87
Name of Physician Roskam

FEMALE
Medical Examination Report Dated 8-6-87
Name of Physician 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 Jeffery Middle Allan Last Girdley

Date of Birth: Month April Day 16 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 461 E Rd 100N 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 David C. Girdley
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Nancy Schaffer
   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 Jeffery Allan Girdley
New Address 283 E. Main Plainfield

Subscribed and sworn to before me this 13 day of Aug, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Joann Last Ward

Date of Birth: Month Aug. Day 4 Year 1957

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 283 N. Main 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.
   David C. Ward

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence Ritter
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Patricia Newsome
   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 Brenda J. Ward
New Address 283 N. Main Plainfield Ind

Subscribed and sworn to before me this 13 day of Aug, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of August, 19 87, authorizing the joining together as husband and wife JEFFERY ALLAN GIRDLEY and BRENDA JOANN WARD

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 AUGUST, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JEFFERY ALLAN GIRDLEY of HENDRICKS County, State of IN, and, Bride BRENDA JOANN WARD of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS CO.

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of AUGUST, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 385

File

8-13-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 8-13-87
Name of Physician Ludamila Hammel

FEMALE
Medical Examination Report Dated 8-13-87
Name of Physician Ludamila Hammel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A. Last Willis
Date of Birth: Month 8 Day 21 Year 51
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 27 Martin Dr. 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 License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Junior Willis
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alta Lee Sawyer
   Residence of mother (if deceased so state) Danville 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 Larry A. Willis
New Address 27 Martin Dr.

Subscribed and sworn to before me this 13th day of August, 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 Sandra Middle J. Last Rinehart
Date of Birth: Month 6 Day 5 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 27 Martin Dr. 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 License

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Sandra J. Rinehart
New Address 27 Martin Dr. Danville

Subscribed and sworn to before me this 13th day of August, 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* 13 *day of* August, 1987, *authorizing the joining together as husband and wife* LARRY A. WILLIS *and* SANDRA J. RINEHART

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

I, DALORES GAIL SPARKS *hereby certify that on the* 14th *day of* AUGUST, *one thousand nine hundred and* 87, *State of Indiana, Groom* LARRY A. WILLIS *at* RURAL ROCKVILLE, *County of* PARKE, *and, Bride* SANDRA J. RINEHART *of* HENDRICKS *County, State of* IN *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* IN, *County.*

Dated this 14th *day of* AUGUST, 19 87.

Signed /s/ DALORES GAIL SPARKS
Official Designation CLERK PARKE CIRCUIT COURT

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* AUGUST, 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. 386

File

Aug. 13, 1987
Date of Application

MALE
Medical Examination Report Dated 8-4-87
Name of Physician William Edwards MD

FEMALE
Medical Examination Report Dated 8-4-87
Name of Physician William Edwards 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 L. Last Schlundt

Date of Birth: Month July Day 10 Year 1961

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

Residence Address: Street or R. R. 1025 Amos Rd City Shelbyville County (Shelby) State In.

Previous 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 Carl Michael Schlundt
   Residence of father (if deceased so state) Valparaiso, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Lynn Cain
   Residence of mother (if deceased so state) Valparaiso, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Gary L. Schlundt

New Address 1025 Amos Rd. Shelbyville, In. 46176

Subscribed and sworn to before me this 13 day of August, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 J. Last Brewster

Date of Birth: Month Sept Day 1 Year 1961

Place of Birth (State or foreign country) Bush Grove Marion In

Residence Address: Street or R. R. 312 Hanley Dr City Plainfield (Hend.) 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.
   Colin Tyler Brewster

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clifford Lohmann Jr
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Rosemary Fry
   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 Lisa J. Brewster

New Address 1025 Amos Rd. Shelbyville

Subscribed and sworn to before me this 13 day of August, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 17 day of August, 19 87, authorizing the joining together as husband and wife GARY L. SCHLUNDT and LISA J. BREWSTER

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

I, LARRY R. BOSWELL hereby certify that on the 22nd day of AUGUST, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom GARY L. SCHLUNDT of SHELBY County, State of IN, and, Bride LISA J. BREWSTER of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87.

Signed /s/ LARRY R. BOSWELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of AUGUST, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

136

No. 387

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

8-14-87
Date of Application

MALE
Medical Examination Report Dated 8-4-87

Name of Physician Stephen C. Heeger

FEMALE
Medical Examination Report Dated 8-4-87

Name of Physician Gregory A. Grubb

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

Date of Birth: Month 3 Day 28 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7838 Bighorn Trail Apt. #1106 City Indpls. County Mar. State IN.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bundy Beavers
   Residence of father (if deceased so state) Danville, IN.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Margie Anne Beavers (?)
   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 Steven R. Beavers

New Address 7838 Big Horn Trl #1106

Subscribed and sworn to before me this 14 day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lee Last Henderson

Date of Birth: Month 12 Day 27 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 313 Wayside 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 Kenneth Wayne Henderson
   Residence of father (if deceased so state) Plainfield IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Mae Stonehouse
   Residence of mother (if deceased so state) Plainfield, IN.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Shannon Henderson

New Address 7838 Big Horn Trl #1106

Subscribed and sworn to before me this 14 day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Kenneth Wayne Henderson Father

Signed X Barbara M Henderson Mother

Subscribed and sworn to before me this 14 day of August, 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 age waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of AUGUST, 19 87, authorizing the joining together as husband and wife STEVEN R. BEAVERS and SHANNON L. HENDERSON

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

I, ROSS J. BORDEN hereby certify that on the 14th day of AUGUST one thousand nine hundred and 87, at INDIANAPOLIS, County of MARION, State of Indiana, Groom STEVEN R. BEAVERS of HENDRICKS County, State of IN, and, Bride SHANNON L. HENDERSON of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87.

Signed /s/ ROSS J. BORDEN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of AUGUST, 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. 388

File

8-14-87 Date of Application

MALE
Medical Examination Report Dated 8-5-87
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 8-5-87
Name of Physician Michael Pizza to

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

Date of Birth: Month 6 Day 25 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 430 Varner 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 Frank Lee Hagan
   Residence of father (if deceased so state) Colorado
   Birthplace of father (State or foreign country) not known
9. Full maiden name of mother Joyce Ann Buckman
   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 Frank Hagan

New Address 430 VARNER DR BRWNSBURG

Subscribed and sworn to before me this 14 day of August, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Tara Middle Leeann Last Ridenaur

Date of Birth: Month 3 Day 16 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 14 E. Main 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ridenour
   Residence of father (if deceased so state) Brownsburg, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iris Jean Riddle
   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 Tara Ridenour

New Address 430 Varner Dr. Brownsburg

Subscribed and sworn to before me this 14 day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug., 19 87., *authorizing the joining together as husband and wife* FRANK LEE HAGAN *and* TARA LE ANN RIDENOUR

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

I, LARRY LILLY *hereby certify that on the* 22nd *day of* AUGUST, *one thousand nine hundred and* 87 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom* FRANK LEE HAGAN *of* HENDRICKS *County, State of* IN, *and, Bride* TARA LE ANN 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 22nd *day of* AUGUST, *19* 87. *Signed* /s/ LARRY LILLY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* AUGUST, *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. 389

File

8-17-87 Date of Application

MALE
Medical Examination Report Dated 8-10-87
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 8-10-87
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 Bryan; Middle Douglas; Last Winks

Date of Birth: Month 9; Day 1; Year 1964

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

Residence Address: Street or R. R. 1566 Moon Rd.; City Plfd.; County Hnd.; State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Voter's Registration

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Winks
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Laura Louise Kalen
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Bryan D Winks

New Address 210½ E Center ST Plainfield

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 R.; Last Hennis

Date of Birth: Month 5; Day 16; Year 66

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 210 ½ S. Center St.; City Plfd.; County; State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. 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 Darrell Thomas Hennis (?)
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Mississippi
9. Full maiden name of mother Marilyn JoAnn Sines
   Residence of mother (if deceased so state) Mississippi (Juvenile Home) Ohio
   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 Lisa Hennis

New Address 210½ S. Center St. Plainfield

Subscribed and sworn to before me this 17 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 19 87, *authorizing the joining together as husband and wife* BRYAN DOUGLAS WINKS *and* LISA R. HENNIS

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

I, RICHARD ZORE *hereby certify that on the* 29th *day of* AUGUST, *one thousand nine hundred and* 87, *State of Indiana, Groom* BRYAN DOUGLAS WINKS *at* PLAINFIELD, *County of* HENDRICKS, *and, Bride* LISA R. HENNIS *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, 19 87.

Signed /s/ RICHARD ZORE

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* SEPT., 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. 390

File

8-17-87 Date of Application

MALE
Medical Examination Report Dated 7-27-87
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 7-28-87
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 David Middle Allen Last Whicker

Date of Birth: Month 7 Day 18 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R. R. R.1 Box 315 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 Robert Lee Whicker
   Residence of father (if deceased so state) Danville IN
   Birthplace of father (State or foreign country) IN
9. Full maiden name of mother Shirley Engleton Marsh
   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 David A. Whicker

New Address 913 Windingbrook Prkwy APT A

Subscribed and sworn to before me this 17 day of Aug, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Kristina Middle Last Butcher

Date of Birth: Month Day Year

Place of Birth (State or foreign country) IN

Residence Address: Street or R. R. 913 Windingbrook Prkwy Apt. 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) 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.
   Robert James Butcher
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Butcher
   Residence of father (if deceased so state) Danville IN
   Birthplace of father (State or foreign country) IN
9. Full maiden name of mother Beverly C. Whitenmyer
   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 (Kristina) Butcher

New Address 913 Windingbrook Prkwy Apt A

Subscribed and sworn to before me this 17 day of Aug, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of August, 1987, authorizing the joining together as husband and wife DAVID A. WHICKER and KRISTINA BUTCHER

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

I, JOHNNY R. GARRISON hereby certify that on the 22nd day of AUGUST, one thousand nine hundred and 87 at SPEEDWAY, County of MARION, State of Indiana, Groom DAVID A. WHICKER of HENDRICKS County, State of IN, and, Bride KRISTINA BUTCHER 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 AUGUST, 19 87. Signed /s/ JOHNNY R. GARRISON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of SEPTEMBER, 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 391

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

8-17-87
Date of Application

MALE
Medical Examination Report Dated 8-6-87
Name of Physician J. F. Thompson

FEMALE
Medical Examination Report Dated 8-6-87
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 Steven Middle L. Last Plummer

Date of Birth: Month 9 Day 11 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1512 Maria Ln. City Plfd. County ____ State ____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Fin.

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

   —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Plummer
   Residence of father (if deceased so state) Martinsville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Charlotte M. (Steinhauer?)
   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 X Steven L Plummer
New Address 1512 maria Ln Plainfield IN

Subscribed and sworn to before me this 17 day of Aug, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Huck

Date of Birth: Month 5 Day 26 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. 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.
   Mary Jo Huck
   Jacob J. Huck
   Joshua D. Huck
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leonard J. Duncan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna E. Mears
   Residence of mother (if deceased so state) Stapleton, 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 L. Huck
New Address 1512 Maria Ln Plainfield

Subscribed and sworn to before me this 17 day of Aug, 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug., 87, *authorizing the joining together as husband and wife* STEVEN L. PLUMMER *and* MARY L. HUCK

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

I, JANICE S. CHILEWSKI *hereby certify that on the* 18th *day of* SEPT., *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN L. PLUMMER *of* HENDRICKS *County, State of* IN, *and, Bride* MARY L. HUCK *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 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 18th *day of* SEPT., 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. 392

File

8-17-87 Date of Application

MALE
Medical Examination Report Dated 8-11-87
Name of Physician Robert Heavin

FEMALE
Medical Examination Report Dated 8-11-87
Name of Physician Robert Heavin

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

MALE APPLICANT

Name: First Richard Middle Earl Last Jones, Jr.

Date of Birth: Month 11 Day 17 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 95 City Stilesville 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 Richard E. Jones, Sr.
   Residence of father (if deceased so state) Stilesville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol S. Galema
   Residence of mother (if deceased so state) Stilesville, IN
   Birthplace of mother (State or foreign country) Indiana

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

Signed Richard E Jones Jr.

New Address 10409 W. CANBY RD. INDIANAPOLIS IN 46231

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 Sandra Middle Deneen Last Hampton

Date of Birth: Month 5 Day 27 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 117 City Stilesville 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 Michael Royce Hampton
   Residence of father (if deceased so state) Stilesville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda S. Lynch
   Residence of mother (if deceased so state) Stilesville, IN
   Birthplace of mother (State or foreign country) Indiana

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

Signed Sandra Deneen Hampton

New Address 10409 W Canby Rd Indianapolis, IN 46231

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 ..... on the 21st day of Aug., 19 87, authorizing the joining together as husband and wife of Indiana dated the ..... RICHARD EARL JONES JR. and SANDRA DENEEN HAMPTON

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

I, RAYMOND L. RADER hereby certify that on the 5th day of SEPT., one thousand nine hundred and 87 at COATESVILLE, County of HENDRICKS, State of Indiana, Groom RICHARD EARL JONES JR. of HENDRICKS County, State of IN, and, Bride SANDRA DENEEN HAMPTON of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /s/ RAYMOND L. RADER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPT., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 393

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

8-17-87 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 7-18-87
Name of Physician Garnet Harris

FEMALE
Medical Examination Report Dated 7-18-87
Name of Physician Larry 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 Raymond; Middle —; Last Francis

Date of Birth: Month 12; Day 31; Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 264 Avon Avenue; City Plainfield; County Hendricks; State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Francis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Martha [illegible] White
   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 Raymond Francis
New Address Same as above

Subscribed and sworn to before me this 17 day of August, 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 Darlene; Middle Sue; Last Keen

Date of Birth: Month 11; Day 25; Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 264 Avon Avenue; 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 Harvey Walden
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rita M. Lisby
   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 Darlene Keen
New Address Same as above

Subscribed and sworn to before me this 17 day of August, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of August, 19 87, authorizing the joining together as husband and wife RAYMOND FRANCIS and DARLENE KEEN

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

I, JANICE S. CHILEWSKI hereby certify that on the 17th day of AUGUST one thousand nine hundred and 87, State of Indiana, Groom RAYMOND FRANCIS at DANVILLE, County of HENDRICKS, and, Bride DARLENE KEEN of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of IN.

Dated this 17th day of AUGUST, 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 17th day of AUGUST, 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. 394

File

8-18-87 Date of Application

MALE
Medical Examination Report Dated 8-10-87
Name of Physician Mac C. Roller

FEMALE
Medical Examination Report Dated 8-10-87
Name of Physician Mac C. Roller

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

Date of Birth: Month 3 Day 18 Year 57

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. 2408 Smith Road City Indianapolis 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 David E. Heir
   Residence of father (if deceased so state) Maplewood, Minnesota
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Sharon L. Reha
   Residence of mother (if deceased so state) Maplewood, Minnesota
   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 Terry A Heir
New Address Same as above

Subscribed and sworn to before me this 18th day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Jo Last Wieser

Date of Birth: Month 10 Day 29 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2408 Smith Road City Indianapolis 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.
   Cody A. Wieser
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Wieser
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Patricia A. Neal
   Residence of mother (if deceased so state) Franklin, 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 Pamela Jo Wieser
New Address Same as above

Subscribed and sworn to before me this 18th day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug., 19 87, authorizing the joining together as husband and wife TERRY ALLEN HEIR and PAMELA JO WISER

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

I, NEAL E. PARTAIN hereby certify that on the 22nd day of AUGUST, one thousand nine hundred and 87, at WHITELAND, County of JOHNSON, State of Indiana, Groom TERRY ALLEN HEIR of HENDRICKS County, State of IN, and, Bride PAMELA JO WISER of HENDRICKS County, State of IN, were by me united 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 AUGUST, 19 87. Signed /s/ NEAL E. PARTAIN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of AUGUST, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

144

No. ~~144~~ 395

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

August 19 1987
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 8-13-87
Name of Physician Stephen C. Yeager, M.D.

FEMALE
Medical Examination Report Dated 8-12-87
Name of Physician Stephen C. Yeager

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

Date of Birth: Month Feb. Day 5 Year 1965

Place of Birth (State or foreign country): Kansas City Mo.

Residence Address: 1422 Street or R. R. Stafford 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 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 George Edward Lanigan
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kansas City, Mo.
9. Full maiden name of mother Marjorie Evelyn Hibbs
   Residence of mother (if deceased so state) Reno, Nev.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Larry Michael Lanigan
New Address 1422 Stafford Rd. Plainfield, Ind.

Subscribed and sworn to before me this 9 day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Teresa Middle Lynn Last Cox

Date of Birth: Month March Day 31 Year 1959

Place of Birth (State or foreign country): Indiana

Residence Address: 1422 Street or R. R. Stafford 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 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 Michelle Cox

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Owen Johnson Sr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Annette Hanson
   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 Teresa Lynn Cox
New Address 1422 Stafford Rd, Plainfield, IN

Subscribed and sworn to before me this 19th day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* August, 19 87, *authorizing the joining together as husband and wife* LARRY MICHAEL LANIGAN *and* TERESA LYNN COX *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, WILLIAM E. KNACK *hereby certify that on the* 29th *day of* AUGUST, *one thousand nine hundred and* 87, *at* ST. JOHN'S UNITED CHURCH OF CHRIST, *City of* MARION, *State of Indiana, Groom* LARRY MICHAEL LANIGAN *of* MARION *County, State of* IN, *and, Bride* TERESA LYNN 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 29th *day of* AUGUST, *19* 87.

Signed /s/ WILLIAM E. KNACK

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* AUGUST, *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. 396

File

8-20-87 Date of Application

MALE
Medical Examination Report Dated 8-7-87
Name of Physician David Weinskel

FEMALE
Medical Examination Report Dated 8-7-87
Name of Physician David Weinskel

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

MALE APPLICANT

Name: First Marc Middle Antoine Last Denis

Date of Birth: Month 4 Day 5 Year 54

Place of Birth (State or foreign country) New York

Residence Address 31 S. Avenue Street or R. R. Beacon City Dutchess County New York State

Previous 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 Antoine Denis
   Residence of father (if deceased so state) Westbury, NY
   Birthplace of father (State or foreign country) Haiti
9. Full maiden name of mother Alberte D Cantave
   Residence of mother (if deceased so state) Westbury, NY
   Birthplace of mother (State or foreign country) Haiti

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 31 SOUTH AVE - BEACON N.Y. 12508

Subscribed and sworn to before me this 20 day of August, 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 Ann Last Bowen

Date of Birth: Month 8 Day 25 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address 31 S. Avenue Street or R. R. Beacon City Dutchess County New York State

Previous 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 Jessie B. Bowen
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth A. Steinkamp
   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 A Bowen

New Address 31 South Ave., Beacon, NY 12508

Subscribed and sworn to before me this 20 day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 ..... of Indiana dated the 20th day of August, 1987, authorizing the joining together as husband and wife MARC ANTOINE DENIS and ELIZABETH ANN BOWEN

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

I, EDWIN R. ALLENDER hereby certify that on the 22nd day of AUGUST, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MARC ANTOINE DENIS of DUTCHESS County, State of NEW YORK, and, Bride ELIZABETH ANN BOWEN of DUTCHESS County, State of NEW YORK, were by me united 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 AUGUST, 19 87.

Signed /s/ EDWIN R. ALLENDER

Official Designation ORDAINED CLERGY

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of AUGUST, 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 397

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

8-21-87
Date of Application

MALE
Medical Examination Report Dated 8-20-87
Name of Physician C.H. Stipple

FEMALE
Medical Examination Report Dated 8-20-87
Name of Physician C.H. Stipple

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

MALE APPLICANT

Name: First Noell Middle A. Last Nighbert

Date of Birth: Month 3 Day 30 Year 53

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 3501 Stanley 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) 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 Sidney Lee Nighbert
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sara Alice Noell
   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 Noell L Nighbert
New Address 1107 Pierce Dr PLFD

Subscribed and sworn to before me this 21 day of Aug., 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Barbara Middle L. Last Jones

Date of Birth: Month 10 Day 14 Year 46

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R. R. 1107 Pierce 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.
   Michael W. Jones
   Matthew W. Jones

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Harry Bradford
   Residence of father (if deceased so state) Coppell Texas
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jeanette Ann Walker
   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 Barbara L Jones
New Address 1107 Pierce Drive Plainfield

Subscribed and sworn to before me this 21 day of Aug., 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* August, 19 87, *authorizing the joining together as husband and wife* NOELL L. NIGHBERT *and* BARBARA L. JONES

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

I, RONALD PRILLIMAN *hereby certify that on the* 30th *day of* AUGUST, *one thousand nine hundred and* 87, *at* MOORESVILLE, *County of* MORGAN, *State of Indiana, Groom* NOELL L. NIGHBERT *of* MARION *County, State of* IN, *and, Bride* BARBARA L. 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 26th *day of* AUGUST, 19 87.

Signed /s/ RONALD PRILLIMAN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* SEPTEMBER, 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. 398

File

8-21-87 Date of Application

MALE
Medical Examination Report Dated 8-14-87
Name of Physician William A. Duncan

FEMALE
Medical Examination Report Dated 8-14-87
Name of Physician William A. Duncan

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

MALE APPLICANT

Name: First Bernard Middle Ray Last Porter

Date of Birth: Month 7 Day 27 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2 Box 85A 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) 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 Bernard Ray Porter
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Portland Mills, In.
9. Full maiden name of mother Judith Eileen Myers
   Residence of mother (if deceased so state) Martinsville
   Birthplace of mother (State or foreign country) Indiana

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

Signed Bernard R. Porter Jr.
New Address 357 North St. Danville
Subscribed and sworn to before me this 21 day of August, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Coleen Last Thompson

Date of Birth: Month 10 Day 21 Year 68

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

Residence Address: Street or R. R. RR2 Box 85A 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Thompson
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Terre Haute, In.
9. Full maiden name of mother Joyce Callen Jarrett
   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 Shannon Thompson
New Address 357 B North St
Subscribed and sworn to before me this 21 day of August, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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 21 st day of August, 19 87, authorizing the joining together as husband and wife BERNARD RAY PORTER and SHANNON C. THOMPSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN hereby certify that on the 22nd day of AUGUST, one thousand nine hundred and 87 at NEW WINCHESTER, County of HENDRICKS, State of Indiana, Groom BERNARD R. PORTER of HENDRICKS County, State of IN, and, Bride SHANNON C. 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 22nd day of AUGUST, 19 87. Signed /s/ CHRIS E. WYNN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of OCT., 19 87.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 399

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

8-21-87 Date of Application

MALE
Medical Examination Report Dated 8-18-87
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 8-18-87
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 Kevin; Middle Emery; Last MacPherson

Date of Birth: Month 8; Day 14; Year 69

Place of Birth (State or foreign country) Connecticutt

Residence Address: Street or R. R. RR1 Box 37AA; City Lizton; 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 Stephen Albert MacPherson
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Susan Lynne Keller
   Residence of mother (if deceased so state) Lizton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin MacPher

New Address 194 North Cross

Subscribed and sworn to before me this 21 day of August, 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 Connie; Middle Sue; Last Stanley

Date of Birth: Month 8; Day 19; Year 71

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. 194 N. Cross St.; 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Odis Stanley
   Residence of father (if deceased so state) Danville, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Aileen Keck
   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 Connie Stanley

New Address 194 North Cross

Subscribed and sworn to before me this 21 day of August, 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 Robert O. Stanley Father

Signed ..... Mother

Subscribed and sworn to before me this 21 day of August, 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 age 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 21 day of August, 1987, authorizing the joining together as husband and wife KEVIN MacPherson and CONNIE STANLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG hereby certify that on the 29th day of AUGUST, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom KEVIN MacPHERSON of HENDRICKS County, State of IN, and, Bride CONNIE STANLEY of HENDRICKS County, State of IN, were by me united 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 AUGUST, 1987.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of SEPTEMBER, 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. 400

File

8-21-87 Date of Application

MALE
Medical Examination Report Dated 8-17-87
Name of Physician Dill

FEMALE
Medical Examination Report Dated 8-14-87
Name of Physician Pizzato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Anthony Last Gardner

Date of Birth: Month Feb. Day 18 Year 1968

Place of Birth (State or foreign country) Ft. Wayne In.

Residence Address: Street or R. R. 3 Hinson Ct. 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 Richard Gardner Jr.
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Rebecca Weiniger
   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 × Mike A. Gardner
New Address 44 S. Green

Subscribed and sworn to before me this 21 day of Aug., 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Leigh Middle Ann Last Paton

Date of Birth: Month May Day 22 Year 1968

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 44 S. Green 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Paton
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Gail Chambers
   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 Leigh A Paton
New Address 44 South Green

Subscribed and sworn to before me this 21 day of Aug., 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1987, authorizing the joining together as husband and wife MICHAEL ANTHONY GARDNER and LEIGH ANN PATON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HAROLD L. LEININGER hereby certify that on the 13th day of SEPT., one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of IN, State of Indiana, Groom MICHAEL ANTHONY GARDNER of HENDRICKS County, State of IN, and, Bride LEIGH ANN PATON of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of SEPT., 19 87.

Signed /s/ HAROLD L. LEININGER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of SEPT., 19 87.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 401

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

Aug. 24 1987
Date of Application

MALE
Medical Examination Report Dated 7-30-87
Name of Physician Ludmila Trammell

FEMALE
Medical Examination Report Dated 7-30-87
Name of Physician Ludmila Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle R. Last Calvert
Date of Birth: Month June Day 7 Year 1950
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address: Street or R. R. P.O. Box 242 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Michael Calvert
   Tiffany Sue "
   Kristine Nicole "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elzie K. Calvert
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Coleen Marie Mahoney
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael K. Calvert
New Address P.O. Box 242 Clayton, Ind. 46118
Subscribed and sworn to before me this 24 day of August, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Grace Last Mahan
Date of Birth: Month June Day 7 Year 1952
Place of Birth (State or foreign country) Marion Co. In.
Residence Address: Street or R. R. P.O. Box 242 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristie Michael Mahan
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Thomas Todd Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Velda Ruth Frances Maxwell
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Grace Mahan
New Address P.O. Box 242 Clayton, Ind 46118
Subscribed and sworn to before me this 24 day of August, 19 87
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug., *19* 87, *authorizing the joining together as husband and wife* MICHAEL K. CALVERT *and* SUSAN GRACE MAHAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY HESSON *hereby certify that on the* 28th *day of* AUGUST, *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL K. CALVERT *of* HENDRICKS *County, State of* IN, *and, Bride* SUSAN GRACE MAHAN *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19* 87.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE SUPERIOR COURT 2

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* AUGUST, *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 402

File

Date of Application 8-27-87

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 8-17-87
Name of Physician S. Hoeger

FEMALE
Medical Examination Report Dated 8-17-87
Name of Physician S. Hoeger

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 E. Last Summers

Date of Birth: Month 5 Day 6 Year 64

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. P.O. Box 39 City Clayton County Ind State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Sig.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Enos A. Summers
   Residence of father (if deceased so state) Clayton Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Dorothy H. Brayton
   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 + Forrest Earl Summers

New Address 402½ Harlan Street, Plainfield

Subscribed and sworn to before me this 27 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 J. Last Head

Date of Birth: Month 6 Day 10 Year 64

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 402½ Harlan 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. Sig.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Head
   Residence of father (if deceased so state) Augusta Georgia
   Birthplace of father (State or foreign country) N Carolina
9. Full maiden name of mother Patricia S. Seaman
   Residence of mother (if deceased so state) Same
   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 + Elizabeth J. Head

New Address 402½ Harlan Street, Plainfield

Subscribed and sworn to before me this 27 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept., 1987, *authorizing the joining together as husband and wife* FORREST E. SUMMERS *and* ELIZABETH J. HEAD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BOYD J. SELLERS *hereby certify that on the* 18th *day of* SEPT., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* FOREST SUMMERS *of* HENDRICKS *County, State of* IN, *and, Bride* ELIZABETH HEAD *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 19 87.

Signed /s/ BOYD J. SELLERS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* SEPT., 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. 403

File

8-28-87
Date of Application

MALE
Medical Examination Report Dated 8-15-87
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated Aug 15, 1987
Name of Physician James Black 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 Alan Last Plott

Date of Birth: Month 6 Day 21 Year 1964

Place of Birth (State or foreign country) Chicago Ill

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 John E. Plott
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Patsy D. Totten
   Residence of mother (if deceased so state) Brownsburg In
   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 John A. Plott

New Address Same

Subscribed and sworn to before me this 28 day of August, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle Marie Last Janke

Date of Birth: Month 11 Day 23 Year 1966

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Janke
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Diana M. ~~Mc~~ Mehaffey
   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 Donna M Janke

New Address Same

Subscribed and sworn to before me this 28 day of Aug, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 1st day of Sept., 1987, authorizing the joining together as husband and wife JOHN ALAN PLOTT and DONNA MARIE JANKE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 9th day of SEPT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JOHN ALAN PLOTT of HENDRICKS County, State of IN, and, Bride DONNA MARIE JANKE 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 SEPT., 1987. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPT., 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. 404

File

8-28-87
Date of Application

MALE
Medical Examination Report Dated 8-15-87
Name of Physician M. Pingato

FEMALE
Medical Examination Report Dated 8-15-87
Name of Physician M. Pingato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 E. Last BALSLEY

Date of Birth: Month 12 Day 22 Year 62

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. RR 2, Box 164 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. Fig.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Balsley Jr.
   Residence of father (if deceased so state) Muncie Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rebecca Kaye Baker
   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 Anne Bliss Crankshaw
New Address Same

Subscribed and sworn to before me this 28 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First ANNE Middle B. Last CRANK~~SHAW~~

Date of Birth: Month 3 Day 5 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. Fig.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bliss Crankshaw
   Residence of father (if deceased so state) Metamora Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marilyn Jane McClure
   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 Brian C. Balsley
New Address Same

Subscribed and sworn to before me this 28 day of Aug., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 September, 1987, authorizing the joining together as husband and wife BRIAN EDWARD BALSLEY and ANNE BLISS CRANKSHAW

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 4th day of SEPT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom BRIAN EDWARD BALSLEY of HENDRICKS County, State of IN, and, Bride ANNE BLISS CRANKSHAW of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE SUPERIOR COURT II HENDRICKS CO.

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of SEPT., 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. 405

File

8-31-87 Date of Application

MALE
Medical Examination Report Dated 8-26-87
Name of Physician P. Batista

FEMALE
Medical Examination Report Dated 8-26-87
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 Stephen Middle L. Last Close

Date of Birth: Month 10 Day 6 Year 60

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 23 Piccadilly Rd City B'burg County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rio

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Granville R. Close
   Residence of father (if deceased so state) Horse Cave Kentucky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Cynthia Joyce (Pittsdale)
   Residence of mother (if deceased so state) B'burg 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 Stephen L Close

New Address 522 ENDERLY AVE #4

Subscribed and sworn to before me this 31 day of Aug, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cami Middle C. Last Jacko

Date of Birth: Month 7 Day 5 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 522 Enderly Ave Apt 4 City B'burg 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Victor Jacko
   Residence of father (if deceased so state) B'burg Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Diana C. Bolen
   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 Cami Jacko

New Address 522 Enderly Ave #4 Bburg

Subscribed and sworn to before me this 31 day of Aug, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 4 day of September, 1987, authorizing the joining together as husband and wife STEVEN LYNN CLOSE and CAMI CAROL JACKO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE THOMAS BURTON hereby certify that on the 5th day of SEPT., one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom STEVEN LYNN CLOSE of HENDRICKS County, State of IN, and, Bride CAMI CAROL JACKO of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87

Signed /s/ GEORGE THOMAS BURTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPT., 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. 406

File

8-31-87
Date of Application

MALE
Medical Examination Report Dated 8-31-87
Name of Physician Charles Tripple

FEMALE
Medical Examination Report Dated 8-31-87
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 Charles Middle Edward Last Brown

Date of Birth: Month 4 Day 6 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1 Box 339 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 Carl R. Brown
   Residence of father (if deceased so state) Clayton, IN
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sara E. Whinscott
   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 Charles E Brown
New Address R 1 BOX 339 CLAYTON
Subscribed and sworn to before me this 31 day of August, 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 Diane Last Lopossa

Date of Birth: Month 2 Day 4 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1 Box 154-A City Stilesville 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 Ralph R. Lopossa
   Residence of father (if deceased so state) Stilesville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Debra D. Robinson
   Residence of mother (if deceased so state) Stilesville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lori D Lopossa
New Address R 1 Box 339 Clayton
Subscribed and sworn to before me this 31 day of August, 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 age 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* 31 *day of* AUGUST, *19* 87, *authorizing the joining together as husband and wife* CHARLES BROWN *and* LORI LOPOSSA

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EVERETT BARNARD *hereby certify that on the* 5th *day of* SEPT., *one thousand nine hundred and* 87, *at* GOOD SHEPHERD BAPTIST CHURCH, *County of* MORGAN, *State of Indiana, Groom* CHARLES BROWN *and, Bride* LORI LOPOSSA *of* HENDRICKS *County, State of* IN, *of* HENDRICKS *County, State of* IN, *were by me united 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* AUGUST, *19* 87.

Signed /s/ EVERETT BARNARD
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* SEPT., *19* 87.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 406

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 8-31-87

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 8-31-87
Name of Physician Charles Tripple

FEMALE
Medical Examination Report Dated 8-31-87
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 Charles Middle Edward Last Brown

Date of Birth: Month 4 Day 6 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1 Box 339 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 Carl R. Brown
   Residence of father (if deceased so state) Clayton, IN
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sara F. Whinscott
   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 Charles E. Br...

New Address R 1 Box ...

Subscribed and sworn to before me this 31 ...

Mary Jane Russell ... Cle...

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent ...

signs, state facts which render the consent of the other ...

State of Indiana, County of HENDRICKS } ss:

Signed .....

Signed .....

Subscribed and sworn to before me this ... day ...

... Clerk

FEMALE APPLICANT

Name: First Lori Middle Diane Last Loposso

Date of Birth: Month 2 Day 4 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1 Box 154-A City Stilesville 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 Ralph R. Loposso
   Residence of father (if deceased so state) Stilesville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Debra D. Robinson
   Residence of mother (if deceased so state) Stilesville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Subscribed and sworn to before me this ... day of ..., 19...

... Clerk

I, Ralph R. LOPOSSA, hereby give my consent for my daughter, LORI DIANE LOPOSSA to marry CHARLES E. BROWN.

Ralph R Loposso

Subscribed and sworn to before me this 28th day of Aug 1987

Janet S. O'Hair
Notary Public
My Commission Expires

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 age 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* 31 *day of* AUGUST, *19* 87, *authorizing the joining together as husband and wife* CHARLES BROWN *and* LORI LOPOSSA. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, EVERETT BARNARD *hereby certify that on the* 5th *day of* SEPT., *one thousand nine hundred and* 87, *State of Indiana, Groom* CHARLES BROWN *at* GOOD SHEPHERD BAPTIST CHURCH, *County of* MORGAN, *and, Bride* LORI LOPOSSA *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* IN, *Dated this* 31st *day of* AUGUST, *19* 87.

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* SEPT., *19* 87.

Signed /s/ EVERETT BARNARD
Official Designation PASTOR

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 406

File 8-3187

Date of Application

MALE
Medical Examination Report Dated 8-31-87
Name of Physician Charles Tripple

FEMALE
Medical Examination Report Dated 8-31-87
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 Charles Middle Edward Last Brown
Date of Birth: Month 4 Day 6 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R.R.1 Box 339 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 Carl R. Brown
   Residence of father (if deceased so state) Clayton, IN
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sara E. Whinscott
   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 th

Signed Charles E
New Address R 1 Box
Subscribed and sworn to before me this 31
Mary Jane Russell Cle

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent
signs, state facts which render the consent of the othe

State of Indiana, County of HENDRICKS } ss:

Signed
Signed
Subscribed and sworn to before me this day
Clerk

FEMALE APPLICANT

Name: First Lori Middle Diane Last Loposso
Date of Birth: Month 2 Day 4 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 154-A City Stilesville 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 Ralph R. Loposso
   Residence of father (if deceased so state) Stilesville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dedra D. Robinson
   Residence of mother (if deceased so state) Stilesville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given

I, Dedra Loposso, hereby give my consent for my daughter, LORI DIANE LOPOSSA to marry CHARLES E. BROWN.

Dedra Loposso

Subscribed and sworn to before me this 28th day of Aug. 1987

Janet S. O'Hair
Notary Public
My Commission Expires 6-

Subscribed and sworn to before me this day of 19
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 age 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* 31 *day of* AUGUST, 19 87, *authorizing the joining together as husband and wife* CHARLES BROWN *and* LORI LOPOSSA
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, EVERETT BARNARD *hereby certify that on the* 5th *day of* SEPT. *one thousand nine hundred and* 87, *at* GOOD SHEPHERD BAPTIST CHURCH, *County of* MORGAN, *State of Indiana, Groom* CHARLES BROWN *and, Bride* LORI LOPOSSA *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* IN *County.*
Dated this 31st *day of* AUGUST, 19 87.

Signed /s/ EVERETT BARNARD
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* SEPT., 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. 407

File

9-1-87 Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 8-24-87

Name of Physician Manus

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lee Last Haffner

Date of Birth: Month Mar Day 3 Year 1959

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 119 N. Maple 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 female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Lee Haffner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Lee Haffner
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Evelyn M. Garland
   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 x Ronald L Haffner

New Address 119 N. Maple

Subscribed and sworn to before me this 1 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Teresa Middle Last Sims

Date of Birth: Month Oct Day 17 Year 1957

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 2 Box 30 City Roachdale 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 Mack W. Sims
   Residence of father (if deceased so state) Calif.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Nancy J. Kinney
   Residence of mother (if deceased so state) Macon, Ill.
   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 TERESA SIMS

New Address 119 N. Wade St.

Subscribed and sworn to before me this 1 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 19 87, authorizing the joining together as husband and wife RONALD LEE HAFFNER and TERESA SIMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MORRIS MATT hereby certify that on the 5th day of SEPT., one thousand nine hundred and 87 at ROACHDALE BAPTISH CHURCH, County of PUTNAM, State of Indiana, Groom RONALD LEE HAFFNER of HENDRICKS County, State of IN, and, Bride TERESA SIMS 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 5th day of SEPT., 19 87. Signed /s/ MORRIS MATT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of SEPT., 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

158

No. 408

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

9-1-87 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

Name of Physician

FEMALE
Medical Examination Report Dated 8-25-87

Name of Physician 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 Gregg Middle R. Last Travis

Date of Birth: Month May Day 31 Year 1960

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1013 Valley View 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Travis
   Residence of father (if deceased so state) Springfield, Ohio
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Mary Jane Bott
   Residence of mother (if deceased so state) Knapps, In.
   Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregg R Travis

New Address 1013 Valley View DR. #4

Subscribed and sworn to before me this 1 day of Sept, 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 Dawn Middle Dee Last O'Neill

Date of Birth: Month Aug Day 13 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1104 Walton 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) 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
   De Lynn Dawn O'Neill

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jonas A. Rhoderick
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Dian Burt
   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 Dawn D. O'Neill

New Address 1013 Valley View #4

Subscribed and sworn to before me this 1 day of Sept., 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 Sept, 19 87, authorizing the joining together as husband and wife GREGG R. TRAVIS and DAWN DEE O'NEILL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK E. NORDBY (?) hereby certify that on the 5th day of SEPT. one thousand nine hundred and 87 at INDPLS., County of MARION State of Indiana, Groom GREGG R. TRAVIS of HENDRICKS County, State of IN and, Bride DAWN DEE 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 5th day of SEPT., 19 87.

Signed /s/ FRANK E. NORDBY (?)

Official Designation CLERGYMAN

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of SEPT., 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. 409

File

9-1-87 Date of Application

MALE
Medical Examination Report Dated N/A

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 Ralph Middle E. Last Fletcher

Date of Birth: Month 9 Day 26 Year 55

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. RR 1 Box 214 P 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 Ralph Wayne Fletcher
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Lillian Angela Green
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Ralph E. Fletcher

New Address RR 1 Jamestown IN

Subscribed and sworn to before me this 9 day of 1, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Alicia Middle S. Last Ennis

Date of Birth: Month 10 Day 24 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 ☒ City Jamestown County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Emanuel LeRoy Ennis Jr.
   Residence of father (if deceased so state) LaGrange Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Elizabeth Caldwell
   Residence of mother (if deceased so state) Martinsville 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 ✗ Alicia S. Ennis

New Address Same

Subscribed and sworn to before me this 9 day of 1, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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* 1st *day of* Sept. *, 19* 87*., authorizing the joining together as husband and wife* RALPH E. FLETCHER *and* ALICIA S. ENNIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HAROLD SEARS *hereby certify that on the* 4th *day of* SEPT., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* RALPH E. FLETCHER *of* HENDRICKS *County, State of* IN, *and, Bride* ALICIA S. ENNIS *of* BOONE *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* SEPT., *19* 87. *Signed* /s/ HAROLD SEARS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* SEPT., *19* 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 410

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

9-1-87 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-25-87

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 Seth, Middle Wayne, Last Nelson

Date of Birth: Month 9, Day 9, Year 46

Place of Birth (State or foreign country) Iowa

Residence Address: 126 E. 50th, Street or R. R., City Indianapolis, 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Nelson
   Residence of father (if deceased so state) Ottumwa, Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Martha Giltner
   Residence of mother (if deceased so state) Ottumwa, Iowa
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Seth W. Nelson

New Address 51 S. Grant, Brownsburg

Subscribed and sworn to before me this 1 day of September, 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 Jo, Last Armstrong

Date of Birth: Month 9, Day 22, Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: 51 S. Grant, Street or R. R., City Brownsburg, County Hendricks, State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jennifer Nicol Armstrong
   Christian Andrew Armstrong
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Portwood
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Opal L. Anderson
   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 Nancy J Armstrong

New Address 51 S Grant St Brownsburg

Subscribed and sworn to before me this 1 day of September, 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 8 day of September, 1987, authorizing the joining together as husband and wife SETH WAYNE NELSON and NANCY JO ARMSTRONG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL H. DIXON hereby certify that on the 13th day of SEPT. one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom SETH WAYNE NELSON of MARION County, State of IN, and, Bride NANCY JO ARMSTRONG of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87.

Signed /s/ CARL H. DIXON

Official Designation CLERK TREASURER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of SEPT., 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. 411

File

9-1-87 Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 8-19-87

Name of Physician D. 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 Robert Middle A. Last Kasnak

Date of Birth: Month 10 Day 9 Year 48

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. 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 Chester A. Kasnak
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Mary Docketer
   Residence of mother (if deceased so state) Rudolph, 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. Kasnak

New Address Same

Subscribed and sworn to before me this ... day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Leslie Middle A. Last Bush

Date of Birth: Month 10 Day 17 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5505 N. 1000 E. 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. 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.
   Amy
   Carrie
   Jerri

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Vonderhaar
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet LaVerne Farley
   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 Leslie A. Bush

New Address Same

Subscribed and sworn to before me this ... day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 9th day of Sept., 19 87, authorizing the joining together as husband and wife ROBERT A. KASNAK and LESLIE A. BUSH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CRAIG OVERMYER hereby certify that on the 13th day of SEPT., one thousand nine hundred and 87 at INDIANAPOLIS, County of MARION, State of Indiana, Groom ROBERT A. KASNAK of HENDRICKS County, State of IN, and, Bride LESLIE A. BUSH of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /s/ CRAIG OVERMYER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of SEPT., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 412

File

9-2-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-1-87

Name of Physician E.T. O'Brian

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alex; Middle; Last Cvetkovich

Date of Birth: Month 2; Day 8; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9055 N. SR 267; 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 Milo M. Cvetkovich
   Residence of father (if deceased so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Yugo.
9. Full maiden name of mother Sofia Tasich
   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 Alex Cvetkovich

New Address 221 FRANKLIN Brownsburg

Subscribed and sworn to before me this 2 day of September, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Terri; Middle Lee; Last Burns

Date of Birth: Month 12; Day 19; Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 221 E. Franklin; City Brownsburg; County Hendricks; State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles N. Burns, Jr.
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet G. Turner
   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 Terri L. Burns

New Address 221 E. Franklin Brownsburg

Subscribed and sworn to before me this 2 day of September, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 8th day of Sept., 1987, authorizing the joining together as husband and wife ALEX CVETROVICH and TERRI BURNS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RADMILO STOKICH hereby certify that on the 12th day of SEPT., one thousand nine hundred and 87 at ST. NICHOLAS SERBIAN ORTHODOX County of MARION State of Indiana, Groom ALEX CVETROVICH and, Bride TERRI BURNS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of IN.

Dated this 12th day of SPET., 1987.

Signed /s/ RADMILO STOKICH

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of SEPT., 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. 413

File

9-2-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-1-87

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 Larry Middle Dwayne Last Lovall

Date of Birth: Month 5 Day 14 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: 1295 Sycamore Lane Street or R. R. Danville City Hendricks County IN State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Erin K. Lovall
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lovall
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Grace E. Irby
   Residence of mother (if deceased so state) Danville, IN
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry D Lovall

New Address 1295 Sycamore Lane Danville 46122

Subscribed and sworn to before me this 2 day of September, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Julia Middle Ann Last Snyder

Date of Birth: Month 4 Day 21 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: P.O. Box 75 Street or R. R. Jamestown City Boone 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.
   Matthew D. Snyder
   Robert M. Snyder
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 N. Long
   Residence of father (if deceased so state) Crawfordsville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geneva B. Pennock
   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 Julia A Snyder

New Address 1295 Sycamore Lane Danville, IN 46122

Subscribed and sworn to before me this 2 day of September, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept., 19 87, *authorizing the joining together as husband and wife* LARRY D. LOVALL *and* JULIA A. SYNDER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY MELVIN *hereby certify that on the* 18th *day of* SEPT., *one thousand nine hundred and* 87 *at* PROFIDENCE CHRISTIAN CHURCH., *County of* MONTGOMERY, *State of* IN

State of Indiana, Groom LARRY D. LOVALL *of* HENDRICKS *County, State of* IN

and, Bride JULIA A. SYNDER *of* BOONE *County, State of* IN,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this 18th *day of* SEPT., 1987. *Signed* /s/ LARRY MELVIN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* SEPT., 1987

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 414

File

9-2-87 Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 8-20-87
Name of Physician C. Smith

FEMALE
Medical Examination Report Dated 8-27-87
Name of Physician C. Smith

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas; Middle Franklin; Last Bedsole

Date of Birth: Month 9; Day 10; Year 64

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 1201 Eden Brook Drive; City Richmond; County; State Virginia

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 T. Bedsole
   Residence of father (if deceased so state) Richmond, VA
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Leola R. Amena
   Residence of mother (if deceased so state) Richmond, VA
   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 Thomas Bedsole

New Address 1503 B Spring Tree Ct.

Subscribed and sworn to before me this 2 day of September, 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 Ann; Last Lilly

Date of Birth: Month 1; Day 20; Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1503 B. Spring Tree Court; City Richmond; County; State Virginia

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Lilly
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia A. Phelps
   Residence of mother (if deceased so state) Plainfield, 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 Pamela Ann Lilly

New Address 1503-B Spring Tree Ct. Richmond, VA 23228

Subscribed and sworn to before me this 2 day of September, 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 Judy Walker and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of September, 1987, authorizing the joining together as husband and wife THOMAS FRANKLIN BEDSOLE and PAMELA ANN LILLY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEPHEN K. WHITE hereby certify that on the 5th day of SEPT. one thousand nine hundred and 87, at PLFD., County of HENDRICKS, State of Indiana, Groom THOMAS F. BEDSOLE of HENRICO County, State of VIRGINIA, and, Bride PAMELA ANN LILLY of HENRICO County, State of VIRGINIA, were by me united 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 SEPT., 1987.

Signed /s/ STEPHEN K. WHITE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of SEPT., 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. 415

File

9-2-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-2-87

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 David; Middle Thomas; Last Moore

Date of Birth: Month 4; Day 7; Year 56

Place of Birth (State or foreign country): Illinois

Residence Address: Street or R. R. 218 W. Carter; 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Moore
   Residence of father (if deceased so state) Mooresville, IN.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Elsie Kathrine Kolan
   Residence of mother (if deceased so state) Mooresville, IN.
   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 David Thomas Moore

New Address Same

Subscribed and sworn to before me this 2 day of September, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Patricia; Middle Ann; Last Patrick

Date of Birth: Month 12; Day 31; Year 64

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 218 W. Carter St.; 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 Robert Dale Patrick
   Residence of father (if deceased so state) Indpls., Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Irene Case
   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 Patricia Ann Patrick

New Address Same

Subscribed and sworn to before me this 2 day of September, 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 11th day of Sept, 19 87, authorizing the joining together as husband and wife DAVID THOMAS MOORE and PATRICIA ANN PATRICK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL TAYLOR hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at FILLMOORE, County of PUTNAM, State of Indiana, Groom DAVID THOMAS MOORE of HENDRICKS County, State of IN, and, Bride PATRICIA ANN PATRICK of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /s/ PAUL TAYLOR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of SEPT., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 416

File

9-3-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 N/A.
Name of Physician

FEMALE
Medical Examination Report Dated 8-14-87
Name of Physician E. D. Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle Lynn Last Holden

Date of Birth: Month 6 Day 14 Year 52

Place of Birth (State or foreign country) Mo.

Residence Address: Street or R. R. 1008 Valley View 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. 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 Raymond Wilson Holden
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Viola Mae Estes
   Residence of mother (if deceased so state) Pfld 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 Terry L Holden

New Address 2214 WANESSA DR. INDPLS Ind.

Subscribed and sworn to before me this 3 day of Sept., 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rhonda Middle Mae Last Sendmeyer

Date of Birth: Month 10 Day 29 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2345 Norris Dr. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

   —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Sendmeyer
   Residence of father (if deceased so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Ann Getty
   Residence of mother (if deceased so state) Pfld 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 Rhonda M. Sendmeyer

New Address 2214 Wanessa Dr. Indpls. In. 46234

Subscribed and sworn to before me this 3 day of Sept., 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of September, 19 87, authorizing the joining together as husband and wife TERRY L. HOLDEN and RHONDA M. SENDMEYER

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 SEPT., one thousand nine hundred and 87 at DNAVILLE, County of HENDRICKS, State of Indiana, Groom TERRY L. HOLDEN of HENDRICKS County, State of IN, and, Bride RHONDA M. SENDMEYER 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 30th day of SEPT., 19 87.

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 30th day of SEPT., 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. 417

File

9-3-87 Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 8-28-87

Name of Physician J. E. Kesler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Vincent Middle Martin Last Copeland

Date of Birth: Month 4 Day 4 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. 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 Robert Vernon Copeland
   Residence of father (if deceased so state) Rowley N. Carolina
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Iris Clare Wells
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Florida (2) or Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Vince M. Copeland

New Address SAME

Subscribed and sworn to before me this 3 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Robin Middle Sue Last Makarauskas

Date of Birth: Month 4 Day 18 Year 64

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R. R. 2748 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. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Vincent Makarauskas
   Residence of father (if deceased so state) Billings Montana
   Birthplace of father (State or foreign country) N. Jersey
9. Full maiden name of mother Mary Laura Williams
   Residence of mother (if deceased so state) Dallas Texas
   Birthplace of mother (State or foreign country) N. Jersey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Robin Sue Makarauskas

New Address same

Subscribed and sworn to before me this 3 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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.....Circuit Court of Indiana dated the 8 day of Sept., 19 87, authorizing the joining together as husband and wife VINCENT M. COPELAND and ROBIN S. MAKARAUSKAS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM P. HENDRICKS hereby certify that on the 12th day of SEPT., one thousand nine hundred and 87 at WASHINGTON TOWNSHIP, County of HENDRICKS, State of Indiana, Groom VINCENT M. COPELAND of HENDRICKS County, State of IN, and, Bride ROBIN S. MAKARAUSKAS of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87.

Signed /s/ WILLIAM P. HENDRICKS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of SEPT., 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. 418

File

9-4-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 8-15-87

Name of Physician R. M. Sorrells

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A. Last Fidler

Date of Birth: Month 1 Day 17 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: 6595 St. 42 Street or R. R. Martinsville 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 James Alfred Fidler
   Residence of father (if deceased so state) Martinsville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie Ann King
   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 J. Anthony Fidler

New Address Same

Subscribed and sworn to before me this 4 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Melisa Middle J. Last Prock

Date of Birth: Month 10 Day 27 Year 68

Place of Birth (State or foreign country) Ind.

Residence Address: Rt 1 Box 396 Street or R. R. Clayton City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Lee Prock
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Wanda L. Chesteen
   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 Melisa J Prock

New Address Rt 1 Box 396 Clayton, In 46118

Subscribed and sworn to before me this 4 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* September, 1987, *authorizing the joining together as husband and wife* JAMES A. FIDLER *and* MELISA J. PROCK. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, STERLING PROCK *hereby certify that on the* 12th *day of* SEPT., *one thousand nine hundred and* 87, *at* BETHEL FAITH TEMPLE, *County of* MARION, *State of Indiana, Groom* JAMES A. FIDLER *of* MORGAN *County, State of* HENDRICKS, *and, Bride* MELISA J. 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 12th *day of* SEPT., 1987.

Signed /s/ STERLING PROCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* SEPT., 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. 419

File

9-4-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 9-4-87

Name of Physician Family Med. Center-Medicare Dr. 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 Marvin Middle Douglas Last Henderson Jr.

Date of Birth: Month 6 Day 10 Year 67

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 3434 S. St Rd 39 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 Marvin D. Henderson Sr.
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Martinsville, In.
9. Full maiden name of mother Deanna Lewis
   Residence of mother (if deceased so state) Danville, 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.

X Signed Marvin D Henderson Jr.

X New Address RI Box 500 Clayton IN.

Subscribed and sworn to before me this 4th day of September 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Christina Middle Marie Last Fields

Date of Birth: Month 8 Day 12 Year 68

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. R 1 Box 94 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 Ernest Ray Fields
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Ann Bray
   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.

X Signed Christina M. Fields

X New Address RR 1 Box 509 Clayton

Subscribed and sworn to before me this 4th day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 Sept, 19 87, authorizing the joining together as husband and wife MARVIN D. HENDERSON JR. and CHRISTINA M. FIELDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MICHAEL D. ABBOTT hereby certify that on the 12th day of SEPT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MARVIN D. HENDERSON JR. of HENDRICKS County, State of IN, and, Bride CHRISTINA M. FIELDS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of SEPT., 19 87. Signed /s/ MICHAEL D. ABBOTT

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of SEPT., 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 420

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

9-4-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-28-87

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 Anil Middle Achuth Last Warrier

Date of Birth: Month 10 Day 30 Year 60

Place of Birth (State or foreign country) Trikkettri, Kerala (India)

Residence Address: Street or R. R. Apt. 29 Courtleigh Towers, 3-Renfrew Rd. City Kingston 10 County Jamaica State

Previous 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 Kulamgarathri Kovil Achuth Warrier
   Residence of father (if deceased so state) B-11 Sterling Apartments 38 Peddar Road, Bombay 26 - INDIA
   Birthplace of father (State or foreign country) INDIA.
9. Full maiden name of mother Thekkemenangath Savithri Padval
   Residence of mother (if deceased so state) Same.
   Birthplace of mother (State or foreign country) INDIA

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anil Warrier

New Address Apt. 29 Courtleigh Towers 3 Renfrew Rd. Kingston 10, JAMAICA

Subscribed and sworn to before me this 4 day of September, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Markey

Date of Birth: Month 11 Day 24 Year 64

Place of Birth (State or foreign country) Danville, IN.

Residence Address: Street or R. R. 339 N. Mill 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 John J. Markey
   Residence of father (if deceased so state) Plainfield, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Ann Cane
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth A Markey

New Address Apt 29 Courtleigh Towers 3 Renfrew Rd Kingston 10 Jamaica

Subscribed and sworn to before me this 04 day of September, 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 15th day of October, 1987, authorizing the joining together as husband and wife ANIL ACHUTH WARRIER and ELIZABETH ANN MARKEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM W. HATCHEL hereby certify that on the 24th day of OCT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom ANIL ACHUTH WARRIER of BOMBAY MALARASHTRA County, State of INDIA, and, Bride ELIZABETH ANN MARKEY of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ WILLIAM W. HATCHEL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of OCT., 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. 421

File

9-4-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 8-24-87

Name of Physician J. E. MacKay

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Andrew Last Jones

Date of Birth: Month 11 Day 7 Year 64

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 2111 Wanessa Dr. Lot 272 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Jones
   Residence of father (if deceased so state) Elwood Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bernice B. Brezynski
   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 James A. Jones

New Address Same as above

Subscribed and sworn to before me this 4 day of Sept., 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 Kimberley Middle Rene Last Wills

Date of Birth: Month 3 Day 28 Year 60

Place of Birth (State or foreign country) Clarksburg Ind

Residence Address: Street or R. R. 2111 Wanessa Dr. Lot 272 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Wills
   Residence of father (if deceased so state) West Port Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Frances N. Tucker
   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 X Kimberley R. Wills

New Address Same as above

Subscribed and sworn to before me this 4 day of Sept, 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

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 SEPT., 1987, authorizing the joining together as husband and wife JAMES ANDREW JONES and KIMBERLY RENEE WILLS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID BERTHOLD hereby certify that on the 12th day of SEPT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom JAMES ANDREW JONES of HENDRICKS County, State of IN, and, Bride KIMBERLY RENEE WILLS of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /s/ DAVID BERTHOLD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of SEPT., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 422

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

9-8-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-4-87

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 James Middle Michael Last Romer

Date of Birth: Month 9 Day 21 Year 65

Place of Birth (State or foreign country) Beech Grove, IN.

Residence Address: Street or R. R. 5565 E. 700 N. 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 Jan Michael Romer
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanne Ellen Olsen
   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 James Michael Romer

New Address 3042 FALCON DR. INDPLS

Subscribed and sworn to before me this 8 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 Anjanette Last Thacker

Date of Birth: Month 8 Day 5 Year 65

Place of Birth (State or foreign country) Putnam Co., IN.

Residence Address: Street or R. R. 1790 Keller Hill Rd. City Mooresville County Morgan State IN.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dean Thacker
   Residence of father (if deceased so state) Mooresville, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Marie Lewis
   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 Mary Anjanette Thacker

New Address 3042 Falcon Dr. Indpls

Subscribed and sworn to before me this 8 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept., 1987, authorizing the joining together as husband and wife JAMES MICHAEL ROMER and MARY A. THACKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THOMAS E. FREEMAN hereby certify that on the 12th day of SEPT., one thousand nine hundred and 87 at MONROVIA, County of MORGAN, State of Indiana, Groom JAMES M. ROMER of HENDRICKS County, State of IN, and, Bride MARY A. THACKER 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 12th day of SEPT., 1987.

Signed /s/ THOMAS E. FREEMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SEPT., 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. 423

File

9-8-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-31-87

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 Gerald Middle R. Last DeWeese

Date of Birth: Month 9 Day 13 Year 65

Place of Birth (State or foreign country) California

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) Affid.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. *Are you related to the female applicant closer than second cousin?* No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. DeWeese
   Residence of father (if deceased so state) DeSoto Ind.
   Birthplace of father (State or foreign country) Ind (?)
9. Full maiden name of mother Nancy L. Maas
   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 X Gerald R. DeWeese

New Address SAME AS ABOVE

Subscribed and sworn to before me this 5 day of Sept., 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Emily Middle N. Last Rhodes

Date of Birth: Month 12 Day 22 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address: 404 Walnut 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. 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 K. Rhodes
   Residence of father (if deceased so state) Poland Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nora Davies
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Emily N. Rhodes

New Address same as above

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept., 19 87, authorizing the joining together as husband and wife GERALD R. DE WEESE and EMILY N. RHODES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 18th day of SEPT., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom GERALD R. DE WEESE of HENDRICKS County, State of IN, and, Bride EMILY N. RHODES of HENDRICKS County, State of IN, were by me united 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 SEPT., 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 SEPT., 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 424

File

9-8-87 Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 8-19-87
Name of Physician Bradley Hamrick

FEMALE
Medical Examination Report Dated 8-19-87
Name of Physician Bradley Hamrick

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Patrick Last Brooks

Date of Birth: Month 11 Day 22 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7051 B. Mariner Way City Indianapolis 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Brooks
   Residence of father (if deceased so state) Greenwood, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ann A. Fitzpatrick
   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 Michael P. Brooks

New Address 7051 B Mariner Way, Indianapolis, IN

Subscribed and sworn to before me this 8th day of September, 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 Marion Middle Jane Last Mosley

Date of Birth: Month 2 Day 21 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R#1, Box 111-A 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) 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 R. Mosley
   Residence of father (if deceased so state) Pittsboro, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte J. Brock
   Residence of mother (if deceased so state) Pittsboro, IN
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marion J. Mosley

New Address 7051 B Mariner Way, Indianapolis, IN

Subscribed and sworn to before me this 8th day of September, 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 14 day of Sept., 1987, authorizing the joining together as husband and wife MICHAEL P. BROOKS and MARION JANE MOSLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE A. PURNELL hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom MICHAEL P. BROOKS of MARION County, State of IN, and, Bride MARION J. MOSLEY of HENDRICKS County, State of IN, were by me united 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 SEPT., 1987.

Signed /s/ GEORGE A. PURNELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SPET., 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. 425

File

9-8-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-4-87

Name of Physician Patricia Cackoski

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Buford Middle E. Last Witt

Date of Birth: Month 11 Day 7 Year 25

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 208 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) 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 Orville Nichols
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Bobbie Kinsler
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Buford E Witt

New Address Box 208 Coatesville Ind.

Subscribed and sworn to before me this 8 day of Sept, 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 Lucille Middle Last Ford

Date of Birth: Month 4 Day 24 Year 40

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 1440 Panama Avenue City Indianapolis 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 John Witt
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Daisy Bell
   Residence of mother (if deceased so state) Coatesville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lucille Ford

New Address 1440 Panama av

Subscribed and sworn to before me this 8 day of Sept, 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 ....., 19....., authorizing the joining together as husband and wife of Indiana dated the 12 day of September and LUCILLE FORD BUFORD EARL WITT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 10th day of NOV., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom BUFORD EARL WITT of HENDRICKS County, State of IN, and, Bride LUCILLE FORD of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of NOV., 19 87. Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of NOV., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 426

File

9-9-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-21-87

Name of Physician Court R. Hearn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Oscar; Middle Randolph; Last Daniel II

Date of Birth: Month 4; Day 29; Year 1964

Place of Birth (State or foreign country): Putnam Co. Indiana

Residence Address: Street or R. R. R#2 Box 116; 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) Drivers 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.
   Shawn Christian Randolph Schafer
   age 1 yr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Duane D. Daniel
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret K. Hance
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Lincoln, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Oscar R. Daniel II

New Address Same as above

Subscribed and sworn to before me this 9 day of Sept., 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 Marie; Last Schafer

Date of Birth: Month 4; Day 29; Year 1968

Place of Birth (State or foreign country) Putnam Co. Indiana

Residence Address: Street or R. R. Box 232; 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.
   Shawn Christian Randolph Schafer
   age 1 yr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Schafer
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Bris
   Residence of mother (if deceased so state) Belle Union, 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 M. Schafer

New Address Same as above

Subscribed and sworn to before me this 9 day of Sept., 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 14th day of Sept, 1987, authorizing the joining together as husband and wife OSCAR R. DANIEL II and TAMMY M. SCHAFER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, A. ALLAN HARLAN hereby certify that on the 25th day of SPET., one thousand nine hundred and 87 at COATESVILLE, County of HENDRICKS, State of Indiana, Groom OSCAR R. DANIEL II of HENDRICKS County, State of IN, and, Bride TAMMY M. SCHAFER of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87.

Signed /s/ A. ALLAN HARLAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of OCT., 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. 427

File 9-9-87
Date of Application

MALE
Medical Examination Report Dated _____

Name of Physician _____

FEMALE
Medical Examination Report Dated 8-21-87

Name of Physician Heeger & Grubb

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Settle

Date of Birth: Month Sept Day 9 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. P.O. Box 309 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) 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 Settles
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Isabelle Trees
   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 X Richard W. Settles

New Address R1 Box 309 Clayton

Subscribed and sworn to before me this 9 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Lynne Last Wilson

Date of Birth: Month Oct Day 10 Year 1968

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 382 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 T. Wilson
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Karen G. Hoffiditz
   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 Kathy L. Wilson

New Address R+1 Box 309 Clayton

Subscribed and sworn to before me this 9 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Sept., 1987, authorizing the joining together as husband and wife RICHARD WAYNE SETTLES and KATHY LYNNE WILSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE PLASTUER hereby certify that on the 10th day of OCT., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom RICHARD WAYNE SETTLES of HENDRICKS County, State of IN, and, Bride KATHY LYNNE 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 10th day of OCT., 1987. Signed /s/ GEORGE PLASTUER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of OCT., 1987.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

178

No. 428

File

9-9-87
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated
Name of Physician N/A

FEMALE
Medical Examination Report Dated 9-3-87
Name of Physician L. Reitz

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Alan Last Black
Date of Birth: Month July Day 20 Year 1966
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. 7935 N. 650 E 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 Darrell Black
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Elizabeth Dickey
   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 Anthony A. Black
New Address 21 TWYN ST BROWNSBURG

Subscribed and sworn to before me this 9 day of Sept, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Lynn Last Gibson
Date of Birth: Month April Day 16 Year 1966
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. 1604 Kelly St City Anapolis County 46203 State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bill Fisher
   Residence of father (if deceased so state) —
   Birthplace of father (State or foreign country) —
9. Full maiden name of mother Susan Jane Gibson
   Residence of mother (if deceased so state) Anapolis
   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 Tracy L. Gibson
New Address 21 Twyn St. Brownsburg

Subscribed and sworn to before me this 9 day of Sept, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept., 19 87, *authorizing the joining together as husband and wife* ANTHONY BLACK *and* TRACY LYNN GIBSON
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RICHARD L. McGHEE *hereby certify that on the* 3rd *day of* OCT., *one thousand nine hundred and* 87 *at* BETHESDA BAPTIST CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* ANTHONY ALAN BALCK *and, Bride* TRACY LYNN GIBSON *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* IN, *County.*
Dated this 3rd *day of* OCT., 19 87.

Signed /s/ RICHARD L. McGHEE
Official Designation ASSOC. PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* OCT., 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. 429

File

9-9-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-28-87

Name of Physician Timothy Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Nelson Last Clearwaters

Date of Birth: Month 5 Day 23 Year 46

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 419 S. Norfolk City Indpls. County Mar. State IN.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Oscar Clearwaters
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Reba Eldena Nelson
   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 Mark Nelson Clearwaters

New Address 419 S. Norfolk Indpls In.

Subscribed and sworn to before me this 9 day of Sept., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle Sue Last Carrier

Date of Birth: Month 9 Day 29 Year 47

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 1493 S. 525 W. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kelly Renee Carrier
   Jason Matthew Chambers
   Lori Jann Chambers
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Paul Brooks
   Residence of father (if deceased so state) Danville, IN.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Lora Kathleen Poe
   Residence of mother (if deceased so state) Danville, 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 Linda Sue Carrier

New Address 419 S. Norfolk, Indpls, In. 46241

Subscribed and sworn to before me this 9 day of Sept., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued waives of time (3-day) 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 9th day of SEPT., 19 87, authorizing the joining together as husband and wife MARK NELSON CLEARWATERS and LINDA SUE CARRIER

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 SEPT., at DANVILLE, County of HENDRICKS, one thousand nine hundred and 87 at DANVILLE County of HENDRICKS, State of IN State of Indiana, Groom MARK NELSON CLEARWATERS of MARION County, State of IN, and, Bride LINDA SUE CARRIER of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. 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 9th day of SEPT., 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. 430

File

9-9-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-4-87

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 Wade Middle David Last Cook

Date of Birth: Month 1 Day 24 Year 61

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 1109 Canterbury Sq. 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. 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 Ellsworth DeWitt Cook Jr.
   Residence of father (if deceased so state) Chicago Ill.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Margaret Jane Burley
   Residence of mother (if deceased so state) Indpls. 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 [signature]

New Address 1109 Canterbury Sq. S.

Subscribed and sworn to before me this 9th day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tammy Middle Lyn Last Deerr

Date of Birth: Month 11 Day 9 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 12516 Dragoo Dr. City Pltf. 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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Deerr
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois E. Ward
   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 Tammy L. Deer

New Address 1109 Canterbury Sq. South

Subscribed and sworn to before me this 9th day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 14 *day of* Sept., 19 87, *authorizing the joining together as husband and wife* WADE DAVID COOK *and* TAMMY LYN DEERR *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, JAMES E. GENTRY *hereby certify that on the* 19th *day of* SEPT., *one thousand nine hundred and* 87 *at* BLOOMINGOTN, *County of* MONROE, *State of Indiana, Groom* WADE DAVID COOK *of* MARION *County, State of* IN, *and, Bride* TAMMY LYN DEERR *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 19 87.

Signed /s/ JAMES E. GENTRY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* OCT, 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. 431

File

9-10-87 Date of Application

MALE
Medical Examination Report Dated None

Name of Physician

FEMALE
Medical Examination Report Dated 9-9-87

Name of Physician David B. Huggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lawrence Middle E. Last Wilson

Date of Birth: Month July Day 10 Year 1937

Place of Birth (State or foreign country): Boone Co In.

Residence Address: Street or R. R. 333 North East St. City Lebanon 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.
   Randall 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 Edward M. Wilson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beulah Bernice Brandenburg
   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 Lawrence E. Wilson

New Address 601 East Main St. Plainfield

Subscribed and sworn to before me this 10th day of Sept., 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 Ann Last Rhoton

Date of Birth: Month May Day 15 Year 1955

Place of Birth (State or foreign country) Greenville Ky.

Residence Address: Street or R. R. 601 W. Main St. City Plfd. (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.
   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 Edward Gay
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jessie Barnett
   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 Rebecca A Rhoton

New Address 601 West main St Plainfield

Subscribed and sworn to before me this 10th day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....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 10th day of Sept., 1987, authorizing the joining together as husband and wife LAWRENCE E. WILSON and REBECCA A. RHOTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT F. GAMMON hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at LAWRENCE, County of MARION, State of Indiana, Groom LAWRENCE E. WILSON of BOONE County, State of IN, and, Bride REBECCA A. RHOTON of HENDRICKS County, State of IN, were by me united 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 SEPT., 1987. Signed /s/ ROBERT F. GAMMON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of SEPT., 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. 432

File

9-10-87
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 Robert; Middle Morris; Last Hobbs ~~Hobbs~~

Date of Birth: Month 12; Day 25 (18); Year 10

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4886 Hawthorne Way; City Plfd; County Hnd; State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. 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 Oliver A. Hobbs
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Bridgeport, In.
9. Full maiden name of mother Helen A. Case
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indpls, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×Signed Robert M Hobbs

×New Address Same

Subscribed and sworn to before me this 10th day of Sept., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Helen; Middle Anne; Last Sheeler

Date of Birth: Month 11; Day 24; Year 16

Place of Birth (State or foreign country) Ontario, Canada

Residence Address: Street or R. R. 4892 Hawthorne Way; City Plfd; County Hnd; State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. 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 W. Ralph
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Mitchell, Ont., Can.
9. Full maiden name of mother Janet Adams
   Residence of mother (if deceased so state) Seaforth, Ont., Can.
   Birthplace of mother (State or foreign country) Deceased

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×Signed Helen G. Sheeler

×New Address 4892 Hawthorne Way.

Subscribed and sworn to before me this 10th day of Sept., 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* 14 *day of* Sept, 1987, *authorizing the joining together as husband and wife* ROBERT M. HOBBS *and* HELEN A. SHEELER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARTIN A. PETER & RICHARD HOBBS *hereby certify that on the* 15th *day of* SEPT., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT M. HOBBS *of* HENDRICKS *County, State of* IN, *and, Bride* HELEN A. SHEELER *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., *19* 87.

Signed /s/ MARTIN A. PETER & RICHARD HOBBS

Official Designation PRIEST & UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* SEPT., *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. 433

File

9-10-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-9-87

Name of Physician D. Story

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Alan Last McCullough

Date of Birth: Month 8 Day 22 Year 59

Place of Birth (State or foreign country) Lafayette Ind.

Residence Address: 302 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 Carroll G. McCullough
   Residence of father (if deceased so state) Monrovia Ind.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Mary A. Beage
   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 X Mark Alan McCullough

New Address Same as above

Subscribed and sworn to before me this 10 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cindy Middle Sue Last Summers

Date of Birth: Month 10 Day 25 Year 62

Place of Birth (State or foreign country) S. Carolina

Residence Address: 302 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dickey D. Summers
   Residence of father (if deceased so state) Atlanta, Georgia
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Darlene S. Crowe
   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 X Cindy Sue Summers

New Address same as above

Subscribed and sworn to before me this 10 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Sept, 1987, authorizing the joining together as husband and wife MARK A. McCULLOUGH and CINDY SUE SUMMERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JACQUELINE MEANS hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of IN, State of Indiana, Groom MARK A. McCULLOUGH of HENDRICKS County, State of IN, and, Bride CINDY S. SUMMERS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of SEPT., 19 87 Signed /s/ JACQUELINE MEANS

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SEPT., 1987

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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. 434

File

9-11-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician D. Johnson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-5-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Sidebottom

Date of Birth: Month 3 Day 17 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 207 Kentucky City Plfd. 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. Fic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 J. Sidebottom II
   Daniel J.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl W. Sidebottom
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Eleanor F. Swanson
   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 David J. Sidebottom

New Address 207 Kentucky Plainfield, Ind. 46168

Subscribed and sworn to before me this 11 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Berry

Date of Birth: Month 12 Day 1 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 416 N. Ewing 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. Fic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Berry
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara A. Galloway
   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 Anna Marie Berry

New Address 207 Kentucky Plainfield, Ind.

Subscribed and sworn to before me this 11 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 19 87, authorizing the joining together as husband and wife DAVID J. SIDEBOTTOM and ANNA M. BERRY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BUDDY FEHRMAN hereby certify that on the 10th day of OCT., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom DAVID J. SIDEBOTTOM of HENDRICKS County, State of IN, and, Bride ANNA M. BERRY of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of OCT., 19 87.

Signed /s/ BUDDY FEHRMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of OCT., 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. 435

File

9-11-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-10-87

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 William; Middle Christopher; Last Hopkins

Date of Birth: Month 1; Day 21; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11225 W. Washington Lot 96; City Indianapolis; 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 William A. Hopkins
   Residence of father (if deceased so state) Evansville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sylvia R. Flittner
   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 William C Hopkins

New Address Same as above

Subscribed and sworn to before me this 11th day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy; Middle Jane; Last Hatfield

Date of Birth: Month 5; Day 22; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11225 W. Washington Lot 96; City Indianapolis; 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 Vernon D. Hatfield
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Wyoming
9. Full maiden name of mother Dorothy J. Farquhar
   Residence of mother (if deceased so state) Plainfield, 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 Jane Hatfield

New Address Same as above

Subscribed and sworn to before me this 11th day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 15 day of Sept, 19 87, authorizing the joining together as husband and wife WILLIAM C. HOPKINS and NANCY J. HATFIELD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE PLASTERER hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of IN, State of Indiana, Groom WILLIAM C. HOPKINS of HENDRICKS County, State of IN, and, Bride NANCY J. HATFIELD of HENDRICKS County, State of IN, were by me united 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 SPET., 1987. Signed /s/ GEORGE PLASTERER

Official Designation CLERGY

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SPET., 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 436

File

9-11-87 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated N/A
Name of Physician

FEMALE
Medical Examination Report Dated
Name of Physician 9-1-87

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wulf
Date of Birth: Month 4 Day 18 Year 46
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 2853 S. Walt 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 August William Wulf.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nina I. Ball
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Bloomington, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×Signed Larry R Wulf
×New Address Same

Subscribed and sworn to before me this 11th day of Sept, 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 Faye Last Jones
Date of Birth: Month 7 Day 4 Year 51
Place of Birth (State or foreign country) Westmoreland, TN.
Residence Address: Street or R. R. 8240 E. 300 N. City Brownsburg. 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 John Henry Simons
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Connie Cook
   Residence of mother (if deceased so state) Deceased
   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 Cathy F Jones
×New Address 3022 Bayside DR Apt B

Subscribed and sworn to before me this 11th day of Sept, 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* Sept, 19 87, *authorizing the joining together as husband and wife* LARRY R. WOLF *and* CATHY F. JONES
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, CLIFFORD E. WOODRUM *hereby certify that on the* 19th *day of* SPET., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* LARRY R. WOLF *of* MARION *County, State of* IN, *and, Bride* CATHY F. 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 19th *day of* SEPT., 19 87.

Signed /s/ CLIFFORD E. WOODRUM
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* OCT., 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. 437

File

9-11-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 9-5-87

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 Ritchey Middle P. Last Jordan

Date of Birth: Month Oct Day 31 Year 1960

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 4951 Vantage Pt Rd City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued ~~for their~~ support.
8. Full name of father Quinn L. Jordan
   Residence of father (if deceased so state) McMinnville, Tn.
   Birthplace of father (State or foreign country) Tn.
9. Full maiden name of mother Cleasie Young
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Tn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ritchey P Jordan

New Address 4951 VANTAGE PT. RD PLFD IN

Subscribed and sworn to before me this 11 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Ann Last Skotkowski

Date of Birth: Month Nov Day 13 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 4951 Vantage Pt. Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edw. D. Shotkowski
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Saundra Faulkner
   Residence of mother (if deceased so state) Terre Haute, 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 Susan A Shotkowski

New Address 4951 Vantage Point Road

Subscribed and sworn to before me this 11 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1987, authorizing the joining together as husband and wife RITCHEY P. JORDAN and SUSAN ANN SHOTKOWSKI

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIS R. HOWARD hereby certify that on the 16th day of SEPT., County of HENDRICKS, one thousand nine hundred and 87 at INDPLS. County, State of IN State of Indiana, Groom RITCHEY P. JORDAN of HEDNRICKS County, State of IN, and, Bride SUSAN ANN SHOTKOWSKI of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /s/ WILLIS R. HOWARD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of OCT., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 438

File

9-14-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-8-87

Name of Physician Stephen C. Heeger

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Coy Last Lynn

Date of Birth: Month 10 Day 9 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 245 N. Vine Apt #5 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Duayne Lynn
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Gay Francis Murray
   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 Donald C Lynn

New Address 245 N Vine St. Apt 5

Subscribed and sworn to before me this 14 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Mims

Date of Birth: Month 9 Day 10 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R2 Box 521 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Daniel Mims
   Residence of father (if deceased so state) Knightstown, IN.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley Karen Quinlin
   Residence of mother (if deceased so state) Knightstown, 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 Christine Mims

New Address 245 N. Vine Apt. 5

Subscribed and sworn to before me this 14 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this 14 day of Sept., 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 ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 19 87, authorizing the joining together as husband and wife DONALD COY LYNN and CHRISTINE MICHELLE MIMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LOWELL D. LYNN hereby certify that on the 19th day of SEPT. one thousand nine hundred and 87, at PLFD., County of HENDRICKS, State of Indiana, Groom DONALD COY LYNN of HENDRICKS County, State of IN, and, Bride CHRISTINE MICHELLE MIMS of HENRY County, State of IN, were by me united 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 SEPT., 19 87.

Signed /s/ LOWELL D. LYNN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of SEPT., 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. 439

File

9-14-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-8-87

Name of Physician J. R. Bostaw

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brent Middle W. Last Pruitt

Date of Birth: Month 11 Day 21 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: 11824 W. Mason St. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Pruitt
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Christine M. Bosch
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) N. Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brent Pruitt

New Address 4114 W Michigan St. Indpls. Ind 46222

Subscribed and sworn to before me this 14 day of Sept., 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 Alissa Middle S. Last Moore

Date of Birth: Month 6 Day 29 Year 64

Place of Birth (State or foreign country) Kentucky

Residence Address: 4114 W. Michigan St. Street or R. R. Indpls. City Marion 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. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Moore
   Residence of father (if deceased so state) Louisville Kentucky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Myra L. Miller
   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 Alissa Moore

New Address .....

Subscribed and sworn to before me this 14 day of Sept., 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 14th day of September, 1987, authorizing the joining together as husband and wife of BRENT W. PRUITT and ALISSA S. MOORE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES ELSTON hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom BRENT W. PRUITT of HENDRICKS County, State of IN, and, Bride ALISSA S. 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 19th day of SEPT., 1987. Signed /s/ CHARLES ELSTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SEPT., 19 87 Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 4440

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-15-87
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

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician Harvey Himelstein 9-10-87

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A. Last Williams

Date of Birth: Month 3 Day 30 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 440 N. Green, Apt 30 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 Cleo Kenneth Williams
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Maree Anderson
   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 Gregory A Williams

New Address

Subscribed and sworn to before me this 15th day of September, 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 Caren Middle J. Last Wisener

Date of Birth: Month 4 Day 30 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James D. Hurst
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sharon K. Wycoff
   Residence of mother (if deceased so state) Sayre
   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 Caren J. Wisener

New Address Same

Subscribed and sworn to before me this 18th day of Sept., 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 3-Day Waiver and filed in Clerk Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of SEPT., 19 87, authorizing the joining together as husband and wife GREGORY A. WILLIAMS and CAREN J. WISENER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD hereby certify that on the 3rd day of OCT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom GREGORY A. WILLIAMS of HENDRICKS County, State of IN, and, Bride CAREN J. WISENER of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of OCT., 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. 441

File

Sept. 15, 1987
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-9-87

Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas; Middle Bernard; Last O'Leary

Date of Birth: Month 2; Day 1; Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: 269 North Center; City Plainfield; County Hendricks; State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Patrick O'Leary
   Residence of father (if deceased so state) Terre Haute, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy R. Wellington
   Residence of mother (if deceased so state) Terre Haute, 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 Thomas B O'Leary

New Address 269 N. Center, PLAINFIELD

Subscribed and sworn to before me this 15th day of September, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Stacy; Middle Deeann; Last Grace

Date of Birth: Month 3; Day 31; Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: 790 Eagle Parkway; City Brownsburg; County Hendricks; State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry R. Grace
   Residence of father (if deceased so state) Pittsboro, IN
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sandra S. Sweeney
   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 Stacy D. Grace

New Address 268 N. Center Plainfield, IN

Subscribed and sworn to before me this 15th day of September, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 19th day of Sept., 1987, authorizing the joining together as husband and wife THOMAS B. O'LEARY and STACY DEEANN GRACE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED W. FIEDLER hereby certify that on the 19th day of SEPT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of IN, State of Indiana, Groom THOMAS B. O'LEARY of HENDRICKS County, State of IN, and, Bride STACY DEEANN GRACE of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /S/ GRED W. FIEDLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SEPT., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 442

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

Date of Application Sept. 15, 1987

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-1-87

Name of Physician James R. McAfee 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 Warren Middle John Last Clausman

Date of Birth: Month Feb Day 16 Year 1962

Place of Birth (State or foreign country): Marion Co. In.

Residence Address: 7460 Street or R. R. Waterfront Dr. #307 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 W. Clausman
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary E. Spencer
   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 Warren J. Clausman

New Address 7460 Waterfront Dr. Indpls, Indiana 46214

Subscribed and sworn to before me this 15 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Joann Middle K Last McIntire

Date of Birth: Month July Day 6 Year 1965

Place of Birth (State or foreign country): Lebanon Boone In.

Residence Address: 98N 325W Street or R. R. Danville 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Mc Intire
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Majorie Ragsdale
   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 Joann K McIntire

New Address 7460 Waterfront Drive, Indpls. 87

Subscribed and sworn to before me this 15 day of Sept., 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 21 day of Sept., 1987, authorizing the joining together as husband and wife WARREN J. CLAUSMAN and JOANN K. McINTIRE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, A. W. FARNSWORTH hereby certify that on the 25th day of SETP., one thousand nine hundred and 87, State of Indiana, Groom WARREN J. CLAUSMAN at DANVILLE, County of HENDRICKS, and, Bride JOANN K. McINTIRE 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, State of IN.

Dated this 25th day of SEPT., 19 87.

Signed /s/ A. W. FARNSWORTH

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of OCT., 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. 443

File

9-15-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-26-87

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 Chris Middle Leroy Last Busenbark Jr.

Date of Birth: Month 7 Day 13 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: 1857 E. 62nd Street City Indianapolis 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) Military 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 Chris L. Busenbark
   Residence of father (if deceased so state) Lizton, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce C. Trent
   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 Chris L Busenbark

New Address 358 B Linden Hill Cir Indpls, In 46224

Subscribed and sworn to before me this 14 day of Sept 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Paula Middle Sue Last Hefley

Date of Birth: Month 10 Day 3 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: P.O. Box 368 Street or R. R. 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.
   Trisha Howe
   Laura Howe
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 S. Hefley Jr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Al. Jones
   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 Paula S. Hefley

New Address 358 B Linden Hill Cir Indpls, In 46224

Subscribed and sworn to before me this 14 day of Sept 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* 14th *day of* September, 19 87, *authorizing the joining together as husband and wife* CHRIS L. BUSENBARK JR. *and* PAULA SUE HEFLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PHILLIP W. LEWIS *hereby certify that on the* 20th *day of* SEPT., *one thousand nine hundred and* 87 *at* NORTH SALEM, *County of* HENDRICKS, *State of Indiana, Groom* CHRIS L. BUSENBARK JR. *of* MARION *County, State of* IN, *and, Bride* PAULA SUE HEFLEY *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 19 87. *Signed* /s/ PHILLIP W. LEWIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* SEPT., 19 87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

194

No. 444

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

Date of Application 9-15-87

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-9-87

Name of Physician J. G. Driesbach

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dean Middle Bradley Last Mosser

Date of Birth: Month 5 Day 24 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3882 E. 100 N. City Danville County Hen. State IN

Previous Marital Status: Never Married [X] OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

[X] Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No [X] Yes ☐
3. Are you related to the female applicant closer than second cousin? No [X] Yes ☐
4. Are you now under the influence of intoxicating liquor? No [X] Yes ☐
5. Are you now under the influence of a narcotic drug? No [X] Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Mosser
   Residence of father (if deceased so state) Plainfield
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Nancy K. Bagwell
   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 Dean B. Mosser

New Address 3882 E. 100 N. Danville IN

Subscribed and sworn to before me this 22nd day of Sept, 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 Toni Middle L. Last Mayfield

Date of Birth: Month 8 Day 16 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 63 Sweetwood Dr. City Mooresville, County ..... State .....

Previous Marital Status: Never Married [X] OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

[X] Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No [X] Yes ☐
3. Are you related to the male applicant closer than second cousin? No [X] Yes ☐
4. Are you now under the influence of intoxicating liquor? No [X] Yes ☐
5. Are you now under the influence of a narcotic drug? No [X] Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Mayfield
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Brenda J. Whaley
   Residence of mother (if deceased so state) Same
   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 Toni L Mayfield

New Address 3882 E 100 N Danville

Subscribed and sworn to before me this 15 day of Sept, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 SEPT., 1987, authorizing the joining together as husband and wife DEAN B. MOSSER and TONI L. MAYFIELD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 3rd day of OCT., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom DEAN B. MOSSER of HENDRICKS County, State of IN, and, Bride TONI L. MAYFIELD 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 3rd day of OCT., 1987.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCT., 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. 445

File

9-15-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-1-87

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 Scott Middle Allen Last Crouch

Date of Birth: Month 8 Day 22 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence H. Crouch
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Connie S. Eisenhut
   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 Scott A. Crouch

New Address Same as above

Subscribed and sworn to before me this 15 day of Sept, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jennifer Middle A. Last Brocker

Date of Birth: Month 8 Day 12 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4992 N. 100 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Brocker
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Phyllis E. Hensler
   Residence of mother (if deceased so state) Same
   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 Jennifer A Brocker

New Address Same as above

Subscribed and sworn to before me this 15 day of Sept, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* September, 19 87, *authorizing the joining together as husband and wife* SCOTT ALLEN CROUCH *and* JENNIFER A. BROCKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL B. (DONAHOE ? NOT LEGIBLE) *hereby certify that on the* 26th *day of* SEPT., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* SCOTT ALLEN CROUCH *of* HENDRICKS *County, State of* IN, *and, Bride* JENNIFER A. BROCKER *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 1987. *Signed* /s/ DANIEL B. (DONAHOE? Not Legible)

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* SEPT., 19 87

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

No. 446

File

9-15-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated —
Name of Physician —

FEMALE
Medical Examination Report Dated 9-12-87
Name of Physician Ronald K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kent Middle Donald Last Knopp

Date of Birth: Month 9 Day 18 Year 55

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 544 N. Carr Road 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Kent
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carl Knopp
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Elaine Lucille Treter
   Residence of mother (if deceased so state) Mooresville, 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 Kent Knopp
New Address 544 N. Carr Rd.

Subscribed and sworn to before me this 15 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Macherlyn Middle Kay Last Epling

Date of Birth: Month 8 Day 11 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 544 N. Carr Road 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.
   Joshua Allen
   Kyle Anne
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Max Sherry
   Residence of father (if deceased so state) Monticello, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Pierce
   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 Macherlyn Epling
New Address 544 N. Carr Rd.

Subscribed and sworn to before me this 15 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... in ..... Court by written order issued ..... and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of Sept, 19 87, authorizing the joining together as husband and wife KENT DONALD KNOPP and MACHERLYN KAY EPLING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN M. DICKEY hereby certify that on the 3rd day of OCT., one thousand nine hundred and 87 at MOORESVILLE, County of MORGAN, State of Indiana, Groom KENT DONALD KNOPP of HENDRICKS County, State of IN, and, Bride MACHERLYN KAY EPLING of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ JOHN M. DICKEY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of OCT., 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. 447

File

9-16-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 9-12-87

Name of Physician Yeager, 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 F. Last Stagge

Date of Birth: Month 2 Day 6 Year 50

Place of Birth (State or foreign country) Shelbyville, In.

Residence Address: Street or R. R. Rt 1 Box 419 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) 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 Ambrose Stagge
   Residence of father (if deceased so state) Rush Co. Ind.
   Birthplace of father (State or foreign country) ?
9. Full maiden name of mother Mary M. Byer
   Residence of mother (if deceased so state) Deceased
   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.

X Signed Don Stagge

X New Address same as above

Subscribed and sworn to before me this 16th day of Sept., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marlene Middle S. Last Bruno

Date of Birth: Month 2 Day 26 Year 56

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R. R. 178 Spring Mill Ct. City Mooresville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   ~~Jennifer Bruno 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 William H. Matlock Sr.
   Residence of father (if deceased so state) Mooresville In.
   Birthplace of father (State or foreign country) Clay Co. - Terre Haute In.
9. Full maiden name of mother Georgia R. Walters
   Residence of mother (if deceased so state) Mooresville In.
   Birthplace of mother (State or foreign country) W. Terre Haute, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Marlene S Bruno

X New Address R 1 Box 419 Clayton, In. 46118

Subscribed and sworn to before me this 16th day of Sept., 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.....Circuit Court of Indiana dated the 21 day of September, 1987, authorizing the joining together as husband and wife DONALD F. STAGGE and MARLENE S. BRUNO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT M. SHERMAN hereby certify that on the 26th day of SEPT., one thousand nine hundred and 87 at BELLEVILLE, County of HENDRICKS, State of Indiana, Groom DONALD F. STAGGE of HENDRICKS County, State of IN, and, Bride MARLENE S. BRUNO of HENDRICKS County, State of IN, were by me united 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 SEPT., 1987. Signed /s/ ROBERT M. SHERMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of SEPT., 1987.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 448

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-16-87 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 N/A
Name of Physician

FEMALE
Medical Examination Report Dated 9-15-87
Name of Physician D. Miller M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrell Middle Chriss Last Gilbreath
Date of Birth: Month 1 Day 24 Year 62
Place of Birth (State or foreign country) Waco Texas
Residence Address: Street or R. R. Box 7964 City Winter Park County Fla. State 86023
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe Willis Gilbreath
   Residence of father (if deceased so state) Texas
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Jacquelyn Beaird
   Residence of mother (if deceased so state) Texas
   Birthplace of mother (State or foreign country) Illenois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Darrell Chriss Gilbreath
× New Address (same as above)

Subscribed and sworn to before me this 16th day of Sept., 1987.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Margaret Middle Ann Last Clark
Date of Birth: Month 12 Day 16 Year 66
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address: Street or R. R. 403 Mackie Rd. 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 Daniel Eugene Clark
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Constance Marie Hulk
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Illenois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Margaret Ann Clark
× New Address same as above

Subscribed and sworn to before me this 16th day of Sept., 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 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* 16th *day of* SEPT., 19 87, *authorizing the joining together as husband and wife* DARRELL CRISS GILBREATH *and* MARGARET ANN CLARK
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. JAMES ODOM *hereby certify that on the* 16th *day of* SEPT., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DARRELL CRISS GILBREATH *of* MARION *County, State of* IN, *and, Bride* MARGARET ANN 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 16th *day of* SEPT., 19 87

Signed /s/ E. JAMES ODOM
Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* SEPT., 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. 449

File

9-17-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-12-87

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 Michael Middle David Last Drake

Date of Birth: Month 5 Day 27 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 705 Colonial Way City Greenwood County Johnson State IN.

Previous 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 Ronald Lynn Drake
   Residence of father (if deceased so state) Greenwood, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Jean Rockstroh
   Residence of mother (if deceased so state) Greenwood, 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. Drake

New Address 705 Colonial Way Greenwood IN

Subscribed and sworn to before me this 17 day of SEPT., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Lynne Last Miller

Date of Birth: Month 1 Day 7 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 289 N. Road 450 E. 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) 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 Stephen Jeffrey Miller
   Residence of father (if deceased so state) Danville, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Ann Purcell
   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 Karen L. Miller

New Address 705 Colonial Way, Greenwood, IN 46142

Subscribed and sworn to before me this 17 day of SEPT 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept., 19 87, authorizing the joining together as husband and wife MICHAEL DAVID DRAKE and KAREN LYNNE MILLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H. THOMAS PITCHER hereby certify that on the 3rd day of OCT., one thousand nine hundred and 87 at AVON, County of HENDRICKS, State of Indiana, Groom MICHAEL DAVID DRAKE of JOHNSON County, State of IN, and, Bride KAREN LYNNE MILLER of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87. Signed /s/ H. THOMAS PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCT., 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-5-2
Effective July 1, 1971

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 450

File

9-17-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-10-87

Name of Physician Gary H. Wright

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-5-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Patrick Last Donovan Jr.

Date of Birth: Month 10 Day 29 Year 63

Place of Birth (State or foreign country) Montana

Residence Address: Street or R. R. 9015 E. 600 N. 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 Frank Patrick Donovan Sr.
   Residence of father (if deceased so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Montana
9. Full maiden name of mother Joan Patricia Donovan
   Residence of mother (if deceased so state) Brownsburg, IN
   Birthplace of mother (State or foreign country) Montana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Frank Patrick Donovan Jr.

New Address 9652 E 600 N

Subscribed and sworn to before me this 17 day of Sept. 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 Sue Last Croley

Date of Birth: Month 8 Day 9 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 432 Charles Dr. 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 Arnold Croley
   Residence of father (if deceased so state) - unknown
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jackie Mayron 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 Kimberly S. Croley

New Address 9652 E 600 North

Subscribed and sworn to before me this 17th day of September, 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 22 day of Sept, 1987, authorizing the joining together as husband and wife FRANK P. DONOVAN JR. and KIMBERLY S. CROLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARTIN A. PETER hereby certify that on the 26th day of SEPT. one thousand nine hundred and 87, at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom FRANK P. DONOVAN, JR. of HENDRICKS County, State of IN, and, Bride KIMBERLY S. CROLEY of HENDRICKS County, State of IN, were by me united 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 SEPT., 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 29th day of SEPT., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 451

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Sept. 17, 1987
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-3-87

Name of Physician G. B. McDougal

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Patrick Middle Jay Last Hedrick

Date of Birth: Month April Day 8, Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Hedrick
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jean Shockency
   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 Patrick J Hedrick

New Address 159 N Kentucky St. Danville

Subscribed and sworn to before me this 19th day of Sept., 1987

Mary Jean Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 ann Last Dinkel

Date of Birth: Month Dec Day 17 Year 1968

Place of Birth (State or foreign country) Danville In.

Residence Address: 691 Mackey Rd Street or R. R. Danville City Hendricks County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Fredrich Dinkel
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Washington
9. Full maiden name of mother Ruth Ann Huffman
   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 Debbie Dinkel

New Address Same as above

Subscribed and sworn to before me this 17 day of Sept, 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 19th day of Sept., 1987, authorizing the joining together as husband and wife PATRICK JAY HEDRICK and DEBRA ANN DINKEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN STRIFLER hereby certify that on the 17th day of OCT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom PATRICK JAY HEDRICK of HENDRICKS County, State of IN, and, Bride DEBRA ANN DINKEL of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ JOHN STRIFLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of OCT., 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. 452

File

9-17-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated No date

Name of Physician James Black 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 Lee Last Mitchell

Date of Birth: Month 11 Day 8 Year 60

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. RR 1 Box 9-M City Pittsboro 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 Myron Greg Mitchell
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Dallas, Tx.
9. Full maiden name of mother Marilyn Jane Bailey
   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 Dennis L. Mitchell

☒ New Address 135-B CEDAR RUN DR.

Subscribed and sworn to before me this 17th day of Sept., 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 ~~Rhond~~ Ronda Middle Diane Last Starr

Date of Birth: Month 3 Day 3 Year 56

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 135-B Cedar Run Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Wallis Laverne Starr
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Bedford, In.
9. Full maiden name of mother Marjorie Loretta Hinton
   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 Ronda D. Starr

☒ New Address same

Subscribed and sworn to before me this 17th day of Sept., 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* 22 *day of* Sept., 19 87., *authorizing the joining together as husband and wife* DENNIS LEE MITCHELL *and* RONDA DIANE STARR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MELVIN E. MABREY *hereby certify that on the* 26th *day of* SEPT., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DENNIS L. MITCHELL *of* HENDRICKS *County, State of* IN, *and, Bride* RONDA DIANE STARR *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 19 87. *Signed* /s/ MELVIN E. MABREY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* oct., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 453

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

9-17-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-10-87

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 Daniel Middle Wayne Last Schutte

Date of Birth: Month 10 Day 16 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 513 South Green 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 William L. Schutte
   Residence of father (if deceased so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma J. Dilbone
   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 Danny W Schutte

New Address 513 South GREEN ST

Subscribed and sworn to before me this 17th day of Sept, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Michelle Middle Rene' Last Vickrey

Date of Birth: Month 5 Day 27 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4585 N. 1000 E. City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael W. Vickrey
   Residence of father (if deceased so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Judith E. Armstrong
   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 Michelle Rene' Vickrey

New Address 513 South Green

Subscribed and sworn to before me this 17th day of Sept, 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 Sole Custody of daughter

State of Indiana, County of HENDRICKS } ss:

Signed Michael W Vickrey Father

Signed ..... Mother

Subscribed and sworn to before me this 17th day of September, 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* 21 *day of* September, 19 87, *authorizing the joining together as husband and wife* DANIEL WAYNE SCHUTTE *and* MICHELLE RENE VICKREY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THOMAS W. RAKOEZY *hereby certify that on the* 3rd *day of* OCT., *one thousand nine hundred and* 87, *State of Indiana, Groom* DANIEL WAYNE SCHUTTE *at* BROWNSBURG, *County of* HENDRICKS, *and, Bride* MICHELLE RENE VICKREY *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, State of* IN, *County.*

Dated this 21st *day of* SEPT., 19 87.

Signed /s/ THOMAS W. RAKOEZY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* OCT., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *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. 454

File

9-18-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-17-87

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 Jeffrey Middle W. Last Dixon

Date of Birth: Month 9 Day 23 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Theron Dixon
   Residence of father (if deceased so state) Kokomo Florida
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Esther Louise Hogan
   Residence of mother (if deceased so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Iowa? or 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 W. Dixon

New Address same as above

Subscribed and sworn to before me this 18 day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Roberta Middle J. Last Dixon

Date of Birth: Month 10 Day 3 Year 58

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.R. 4 Box 272 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. 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. Jeffrey Andrew Dixon

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby Gene Hauk
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sydney Marie Lisa
   Residence of mother (if deceased so state) Clayton 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 Roberta J Dixon

New Address Same as above

Subscribed and sworn to before me this 18 day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... 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 ..... on the 18 day of Sept., 87, authorizing the joining together as husband and wife of Indiana dated the ..... JEFFREY W. DIXON and ROBERTA J. DIXON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON hereby certify that on the 18th day of SEPT., one thousand nine hundred and 87 at CLAYTON, County of HENDRICKS, State of IN, State of Indiana, Groom JEFFREY W. DIXON of HENDRICKS County, State of IN, and, Bride ROBERTA J. DIXON of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of SEPT., 19 87. Signed /s/ STEVAN W. RANSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of SEPT., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 455

File

9-18-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-16-87

Name of Physician Darnit 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 Robert Middle Franklin Last Lewis Jr.

Date of Birth: Month 9 Day 4 Year 1966

Place of Birth (State or foreign country) Milwaukie, Oregon

Residence Address: Street or R. R. 3500 Oak Grove Blvd, Apt #9 City Milwaukie County Clackamas State Oregon

Previous 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 Franklin Lewis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) North Carolina
9. Full maiden name of mother Barbara J. Lindsey
   Residence of mother (if deceased so state) Milwaukie, Oregon
   Birthplace of mother (State or foreign country) Idaho

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Lewis Jr

New Address #194 5800 SOUTH BANKS RD JACKSONVILLE FL

Subscribed and sworn to before me this 18th day of September, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Michele Middle Kae Last Simons

Date of Birth: Month 11 Day 28 Year 1967

Place of Birth (State or foreign country) Bay City, Michigan

Residence Address: Street or R. R. R.R. #1, Box 160 City Clayton County Ha. 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dene Simons
   Residence of father (if deceased so state) Clayton, In. 46118
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Sharon Eileen Long
   Residence of mother (if deceased so state) Clayton, In. 46118
   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 Michele K Simons

New Address #194 5800 S. Jacksonville, FL

Subscribed and sworn to before me this 18th day of September, 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* 22 *day of* Sept., 19 87, *authorizing the joining together as husband and wife* ROBERT F. LEWIS, JR. *and* MICHELE K. SIMONS

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* SEPT., *one thousand nine hundred and* 87 *at* AVON, *County of* HEDNRICKS, *State of Indiana, Groom* ROBERT F. LEWIS, JR. *of* CLACKMAS *County, State of* OREGON *and, Bride* MICHELE K. SIMONS *of* HENDRICKS *County, State of* IN., *were by me united 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* SEPT., 19 87.

Signed /s/ H. THOMAS PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* SEPT., 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. 456

File

9-18-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-2-87

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 Michael Middle Dennis Last Pierle

Date of Birth: Month 6 Day 13 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 333 South Green 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) 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 Edward L. Pierle
   Residence of father (if deceased so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Patrick
   Residence of mother (if deceased so state) Brownsburg, IN
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael D. Pierle

New Address SAME AS ABOVE

Subscribed and sworn to before me this 19th day of September, 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 Diane Last Hosier

Date of Birth: Month 3 Day 3 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 333 South Green 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Scott H. Hosier III
   Residence of father (if deceased so state) Noblesville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra K. Spoor
   Residence of mother (if deceased so state) Zionsville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca Diane Hosier

New Address Same as above

Subscribed and sworn to before me this 19th day of September, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 22nd day of Sept., 19 87, authorizing the joining together as husband and wife MICHAEL DENNIS PIERLE and REBECCA DIANE HOSIER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALEX R. VOILS, JR. hereby certify that on the 9th day of OCT., at ZIONSVILLE, County of BOONE, one thousand nine hundred and 87 at ZIONSVILLE County, State of IN State of Indiana, Groom MICHAEL DENNIS PIERLE of HENDRICKS County, State of IN, and, Bride REBECCA DIANE HOSIER of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of OCT., 19 87. Signed /s/ ALEX R. VOILS, JR.

Official Designation JUDGE PRO-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of OCT., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 457

File

Date of Application 9-18-87

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-18-87

Name of Physician R. 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 Elmer; Middle Owens; Last Owens Jr.

Date of Birth: Month 1; Day 3; Year 52

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1145 Raymond St.; City Plfd.; County; State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. Jason Tyler Owens; Joshua Travis Owens
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Owens Sr.
   Residence of father (if deceased so state) Columbus Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Edna Ponder
   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 Elmer Owens Jr.

New Address 1145 Raymond St Plfd Ind

Subscribed and sworn to before me this 5 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Ann; Last Budd

Date of Birth: Month 8; Day 31; Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 160-A; City Stilesville; 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 Ronald Lee Budd
   Residence of father (if deceased so state) Stilesville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Karen Sue Price
   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 Wendy A Budd

New Address Same

Subscribed and sworn to before me this 18 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept, 19 87, *authorizing the joining together as husband and wife* ELMER OWENS JR. *and* WENDY ANN BUDD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JACK ALLEN MYERS *hereby certify that on the* 4th *day of* OCT., *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* ELMER OWENS JR. *of* HENDRICKS *County, State of* IN, *and, Bride* WENDY ANN BUDD *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 19 87.

Signed /s/ JACK ALLEN MYERS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* OCT., 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. 458

File

9-18-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-10-87

Name of Physician Paul 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 William Middle Dale Last Romer

Date of Birth: Month 5 Day 15 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R#1 Box 89 Ela 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 Michael Romer
   Residence of father (if deceased so state) Clayton, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rita Holden
   Residence of mother (if deceased so state) Monrovia, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William D. Romer

New Address R 1 Box 89 Clayton IN. 46118

Subscribed and sworn to before me this 18th day of Sept, 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 Shanon Middle Marie Last Cohernour

Date of Birth: Month 7 Day 13 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5808 E. Rd. 150 N. 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 Franklin C. Cohernour
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Nona B. Taylor
   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 Shanon M. Cohernour

New Address 5808 East Rd 150 N.

Subscribed and sworn to before me this 18th day of Sept, 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 Franklin Cohernour. Father

Signed Nona Cohernour Mother

Subscribed and sworn to before me this 18th day of September, 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 ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Sept, 1987, *authorizing the joining together as husband and wife* ROMER, WILLIAM DALE *and* COHERNOUR, SHANON M. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, ROBERT F. GANMAN *hereby certify that on the* 26th *day of* SEPT., *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM D. ROMER *of* HENDRICKS *County, State of* IN, *and, Bride* SHANON C. COHERNOUR *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 1987. *Signed* /s/ ROBERT F. GANMAN

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* OCT., 1987

Signed Mary Jane Russell Clerk HENDRICKS *Circuit Court*

No. 459

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-21-87 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 N/A
Name of Physician

FEMALE
Medical Examination Report Dated 9/18/87
Name of Physician Linda L. Wells, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Scott Last York
Date of Birth: Month 4 Day 04 Year 1963
Place of Birth (State or foreign country) Danville Hendricks Co. In.
Residence Address: Street or R. R. 365 S. 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) 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 Raymond York, Jr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Patricia Ann Shake
   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 Steven S. York
New Address Same

Subscribed and sworn to before me this 21 day of Sept., 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 Tammie Middle Sue Last Willoughby
Date of Birth: Month 2 Day 22 Year 1967
Place of Birth (State or foreign country) Danville Hendricks Co. Ind.
Residence Address: Street or R. R. P.O. Box 155, City Ames, 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 Sheridan Lee Willoughby
   Residence of father (if deceased so state) Ames, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Singleton
   Residence of mother (if deceased so state) Ames 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 Tammie Willoughby
New Address 365 S. St. Rd. 75 Danville

Subscribed and sworn to before me this 21 day of Sept., 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* 25 *day of* September, 19 87, *authorizing the joining together as husband and wife* STEVEN SCOTT YORK *and* TAMMIE SUE WILLOUGHBY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, SHELDON L. GEORGE *hereby certify that on the* 26th *day of* SEPT., *one thousand nine hundred and* 87 *at* NEW WINCHESTER, *County of* HENDRICKS, *State of Indiana, Groom* STEVEN SCOTT YORK *of* HENDRICKS *County, State of* IN, *and, Bride* TAMMIE SUE WILLOUGHBY *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 19 87.

Signed /s/ SHELDON L. GEORGE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* OCT., 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. 460

File

9/21/87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9/6/87

Name of Physician David M. Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle Allen Last Rivers

Date of Birth: Month 12 Day 30 Year 1960

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 131 N. Center St., City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Rivers
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn S. Jennings
   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 Dale A Rivers

New Address 131 N. CENTER ST.

Subscribed and sworn to before me this 21st day of September 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Kolleen Middle Beth Last Schoen

Date of Birth: Month 7 Day 29 Year 1966

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 131 N. Center St., City Plfd. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kenneth Schoen
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jacqueline Sue Noonan
   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 Kolleen B. Schoen

New Address 131 N. Center St

Subscribed and sworn to before me this 21st day of September, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 21st day of September, 1987, authorizing the joining together as husband and wife DALE ALLEN RIVERS and KOLLEEN BETH SCHOEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TIMOTHY M. HARDING hereby certify that on the 26th day of SEPT., one thousand nine hundred and 87 at CAMBY, County of HENDRICKS, State of IN

State of Indiana, Groom DALE ALLEN RIVERS of HENDRICKS County, State of IN,

and, Bride KOLLEEN BETH SCHOEN of HENDRICKS County, State of IN,

were by me united 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 SEPT., 19 87. Signed /s/ TIMOTHY M. HARDING

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of SEPT., 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

212

No. 461

File

9/14/87 Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 N/A

Name of Physician

FEMALE
Medical Examination Report Dated 9/14/87

Name of Physician Ward E. Poulos, 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 Smith

Date of Birth: Month 11 Day 30 Year 1967

Place of Birth (State or foreign country): Indianapolis, Marion Co., Indiana

Residence Address: Street or R. R. P.O. Box 192 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 Floyd A. Smith
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geraldine Jones
   Residence of mother (if deceased so state) Clayton, 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 William Edward Smith

New Address 7303 Back Bay Court Apt #2D

Subscribed and sworn to before me this 21 day of Sept., 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 Kelly Middle Ann Last Carlisle

Date of Birth: Month 9 Day 23 Year 1967

Place of Birth (State or foreign country): Indianapolis, Marion Co., In.

Residence Address: Street or R. R. 9746 Andrea Ct. 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 Daniel Ernest Carlisle
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Ganote
   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 Kelly Ann Carlisle

New Address 7303 Back Bay Court Apt 2D

Subscribed and sworn to before me this 21 day of Sept., 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* Sept., 1987, *authorizing the joining together as husband and wife* WILLIAM EDWARD SMITH *and* KELLY ANN CARLISLE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL M. HAZEL *hereby certify that on the* 17th *day of* OCT., *one thousand nine hundred and* 87 *at* RAINBOW ACRES CHURCH OF GOD, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM EDWARD SMITH *of* HENDRICKS *County, State of* IN *and, Bride* KELLY ANN CARLISLE *of* HENDRICKS *County, State of* IN *were by me united 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* OCT., 1987.

Signed /s/ CARL M. HAZEL

Official Designation SR. PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* OCT., 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. 462

File

9-21-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-14-87

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 Patrick Middle Eugene Last Conlisk

Date of Birth: Month 11 Day 28 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9306 W. 56th St. 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) Voters Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Arthur Conlisk
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Moore
   Residence of mother (if deceased so state) Indiana
   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 Patrick E Conlisk

New Address 9306 W. 56TH ST.

Subscribed and sworn to before me this 21 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Gail Middle Kramer Last Williams

Date of Birth: Month 11 Day 23 Year 61

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. 9306 W. 56th St. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Emily Marie Williams
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Morgan Williams
   Residence of father (if deceased so state) Washington
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Roberta Kramer
   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 Gail K. Williams

New Address 9306 W. 56TH ST

Subscribed and sworn to before me this 21 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 25 *day of* Sept, 19 87, *authorizing the joining together as husband and wife* PATRICK E. CONLISK *and* GAIL K. WILLIAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, SCOTT WILLIAM DOUGLAS *hereby certify that on the* 17th *day of* OCT., *one thousand nine hundred and* 87 *at* ARBUCKLE ACRES PARK, *County of* HENDRICKS, *State of Indiana, Groom* PATRICK E. CONLISK *of* HENDRICKS *County, State of* IN, *and, Bride* GAIL K. WILLIAMS *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17th *day of* OCT., 19 87. *Signed* /s/ SCOTT W. DOUGLAS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* OCT., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS Circuit Court

No. 463

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

9-21-87
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

Name of Physician

FEMALE
Medical Examination Report Dated 9-5-87

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 Donald; Middle Wayne; Last Duncan

Date of Birth: Month 7; Day 20; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 513 Masten St.; 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Earl Duncan
   Residence of father (if deceased so state) Brownsburg, IN.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Maglen Worth
   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 Donald W. Duncan

New Address 513 MASTEN St.

Subscribed and sworn to before me this 21 day of Sept., 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kimberly; Middle Lee; Last Heald

Date of Birth: Month 4; Day 18; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 513 Masten St.; 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.
   Mathhew Robert Heald
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Means
   Residence of father (if deceased so state) Plainfield, IN.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Virgie Lee Sadler
   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 Kimberly L. Heald

New Address 513 Masten St. Plainfield

Subscribed and sworn to before me this 21 day of Sept., 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* 29 *day of* Sept. *,* 1987 *, authorizing the joining together as husband and wife* DONALD WAYNE DUNCAN *and* KIMBERLY LEE HEALD *Be it further remembered, the following marriage certificate was filed in my office, to-wit: I,* DONALD ENDSLEY *hereby certify that on the* 10th *day of* OCT. *, one thousand nine hundred and* 87 *at* MOORESVILLE *, County of* HENDRICKS *, State of Indiana, Groom* DONALD WAYNE DUNCAN *of* HENDRICKS *County, State of* IN *, and, Bride* KIMBERLY LEE HEALD *of* HENDRICKS *County, State of* IN *, were by me united 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* OCT. *,* 19 87 .

Signed /s/ DONALD ENDSLEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* OCT. *,* 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. 464

File

9/21/87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9/18/87

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 Russell Middle Wayne Last Bewley

Date of Birth: Month 11 Day 6 Year 1962

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 406 W. Wall St. Pike 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 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.
   Steven Russell Crawley - age 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 Harvey Russell Bewley
   Residence of father (if deceased so state) Plfd. In.
   Birthplace of father (State or foreign country) ~~Indiana~~ Ky.
9. Full maiden name of mother Joyce A. Gerdts
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Russell Bewley

New Address same as above

Subscribed and sworn to before me this 21 day of Sept., 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kimberly Middle L. Last Crawley

Date of Birth: Month 8 Day 13 Year 1965

Place of Birth (State or foreign country) Indpls. Marion Co. In.

Residence Address: Street or R. R. 406 W. Wall St. Pike 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) I.D. card - 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.
   Steven Russell Crawley - age 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 Steven Owen Crawley
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Ludean Mary
   Residence of mother (if deceased so state) Santa Barbara, Calif.
   Birthplace of mother (State or foreign 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 Crawley

New Address Same as Above

Subscribed and sworn to before me this 21 day of Sept, 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 HENDRICKS Circuit Court of Indiana dated the 25 day of September, 1987, authorizing the joining together as husband and wife RUSSELL WAYNE BEWLEY and KIMBERLY L. CRAWLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH N. EASLEY hereby certify that on the 26th day of SPET., at INDPLS., County of MARION, one thousand nine hundred and 87 State of Indiana, Groom RUSSELL WAYNE BEWLEY of HENDRICKS County, State of IN and, Bride KIMBERLY L. CRAWLEY of HENDRICKS County, State of IN were by me united 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 SEPT., 19 87 Signed /s/ JOSEPH N. EASLEY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of SEPT., 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 465

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

9-22-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-14-87

Name of Physician R. 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: Ronald Middle: O. Last: Coleman

Date of Birth — Month: 3 Day: 18 Year: 49

Place of Birth (State or foreign country): Iowa

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. 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 Orville Wade Coleman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Irene E. Wyatt
   Residence of mother (if deceased so state) Marshalltown Iowa
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ronald O Coleman

New Address Same

Subscribed and sworn to before me this 22 day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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: Kennedy

Date of Birth — Month: [illegible] Day: 10 Year: 58

Place of Birth (State or foreign country) Ind

Residence Address — Street or R. R.: 1620 Willard Ct. City: Pitt. 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. 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 Lawrence Eugene Kennedy
   Residence of father (if deceased so state) Warsaw Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Jo Alyce Osler
   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 Debbie Kennedy

New Address Same

Subscribed and sworn to before me this 22 day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept., 19 87, authorizing the joining together as husband and wife RONALD O. COLEMAN and DEBRA J. KENNEDY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD E. POYSER hereby certify that on the 3rd day of OCT., one thousand nine hundred and 87 at PLEASANT GROVE R. R. 3 WARSAW, County of KOSCIUSKO, State of Indiana, Groom RONALD O. COLEMAN of HENDRICKS County, State of IN, and, Bride DEBRA J. KENNEDY of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ DONALD E. POYSER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCT., 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. 466

File

9-22-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-21-87

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 Douglas Middle Wayne Last Wilkerson

Date of Birth: Month 9 Day 16 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1059 Clifford Rd. 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 Arvil Wayne Wilkerson
   Residence of father (if deceased so state) Brownsburg, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Kay Gentry
   Residence of mother (if deceased so state) Brownsburg 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 Doug Wilkerson Apt 210
New Address 3005 Coast Dr. Indpls IN 46214

Subscribed and sworn to before me this 22 day of Sept. 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 Cara Middle Lynn Last Aldrich

Date of Birth: Month 12 Day 8 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 8110 E. 400 N. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lawrence Aldrich
   Residence of father (if deceased so state) Brownsburg, IN.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Sondra Sue Clanin
   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 Cara L Aldrich
New Address 3005 Coast Dr, Indpls 46214

Subscribed and sworn to before me this 22 day of Sept. 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 September, 1987, authorizing the joining together as husband and wife DOUGLAS WAYNE WILKERSON and CARA LYNN ALDRICH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD D. PETERSON hereby certify that on the 3rd day of OCT., at BROWNSBURG, County of HENDRICKS, one thousand nine hundred and 87 of HENDRICKS County, State of IN, State of Indiana, Groom DOUGLAS WAYNE WILKERSON of HENDRICKS County, State of IN, and, Bride CARA LYNN ALDRICH 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 3rd day of OCT., 1987. Signed /s/ RICHARD D. PETERSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of OCT., 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. 467

File

9-22-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-14-87

Name of Physician Thomas C. 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 Mark; Middle Matthew; Last Halloran

Date of Birth: Month 1; Day 30; Year 62

Place of Birth (State or foreign country): Indiana

Residence Address: 7 Richfield Lane; 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) 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 Matthew Jerry Halloran
   Residence of father (if deceased so state) South Bend, IN.
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Delphine Stella Ronkey
   Residence of mother (if deceased so state) South Bend, 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 Mark Matthew Halloran

New Address 7 Richfield Lane Danville, In. 46122

Subscribed and sworn to before me this 22 day of Sept., 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 Mary; Middle Jane; Last Ayers

Date of Birth: Month 10; Day 9; Year 56

Place of Birth (State or foreign country) Ohio

Residence Address: 7 Richfield Lane; 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) 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.
   Lindsay Erin DeLong - 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 Forest Lace Ayers
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Della Katherine Shuttleworth
   Residence of mother (if deceased so state) Ohio
   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 Mary Jane Ayers

New Address 7 Richfield Lane, Danville, In. 46122

Subscribed and sworn to before me this 22 day of Sept., 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 September, 1987, authorizing the joining together as husband and wife MARK MATTHEW HALLORAN and MARY JANE AYERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID M. BYRUM hereby certify that on the 3rd day of OCT., one thousand nine hundred and 87 at SOUTH BEND, County of ST. JOSEPH, State of Indiana, Groom MARK MATTHEW HALLORAN of HENDRICKS County, State of IN, and, Bride MARY JANE AYERS of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ DAVID M. BYRUM

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of OCT., 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. 468

File

9-22-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-21-87

Name of Physician J. R. Pringle

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Mark Last Walls

Date of Birth: Month 4 Day 20 Year 1960

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 53 Sutherland Dr 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 William Maurice Walls
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary J. Featheringill
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x William Walls

New Address Same

Subscribed and sworn to before me this 22 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Debra Middle Leigh Last Cloncs

Date of Birth: Month 10 Day 26 Year 56

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 53 Sutherland 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. 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 Rolland Carey
   Residence of father (if deceased so state) Rockdale Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Celeste Jeane Collins
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Florida

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Debra Leigh Cloncs

New Address

Subscribed and sworn to before me this 22 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* SEPT., 19 87, *authorizing the joining together as husband and wife* WILLIAM MARK WALLS *and* DEBRA LEIGH CLONCS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF *hereby certify that on the* 26th *day of* SPET., *at* DANVILLE, *County of* HENDRICKS, *one thousand nine hundred and* 87, *State of Indiana, Groom* WILLIAM MARK WALLS *of* HENDRICKS *County, State of* IN, *and, Bride* DEBRA LEIGH CLONCS *of* HENDRICKS *County, State of* IN, *were by me united 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* SEPT., 1987. *Signed* /s/ JOHN P. ROOF

Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* SEPT., 19 87

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 469

File

9-22-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-15-87

Name of Physician T. Dasanki

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Fred Last Christensen

Date of Birth: Month November Day 18 Year 1959

Place of Birth (State or foreign country): Indpls In.

Residence Address: Street or R. R. RR #1 Bx 112 City Lyten County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernest Paul Christensen
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) N.D.
9. Full maiden name of mother Flora Thelma Creech
   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 David F. Christensen

New Address RR Box 112C Lyton

Subscribed and sworn to before me this 22 day of Sept, 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 Mary Middle Beth Last Gergel

Date of Birth: Month July Day 17 Year 1956

Place of Birth (State or foreign country): Indpls In.

Residence Address: Street or R. R. RR #18 Bx 359 City Indpls County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr 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 Judius Joseph Gergel
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Czech.
9. Full maiden name of mother Susan Elizabeth Monnett
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) B. Burg Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Beth Gergel

New Address RR #1 Box 112C Clayton Ind

Subscribed and sworn to before me this 22 day of Sept, 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* 29th *day of* OCT., 19 87, *authorizing the joining together as husband and wife* DAVID FRED CHRISTENSEN *and* MARY BETH GERGEL.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD A. COALEY *hereby certify that on the* 3rd *day of* OCT., *one thousand nine hundred and* 87, *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DAVID F. CHRISTENSEN *of* HENDRICKS *County, State of* IN, *and, Bride* MARY BETH GERGEL *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 19 87.

Signed /s/ RICHARD A. COALEY

Official Designation STATE POLICE CHAPLAIN

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* OCT., 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. 470

File

9-22-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-17-87

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 Stephen Middle Jon Last Marks

Date of Birth: Month 5 Day 25 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11501 Lochwood Drive Apt. 1015 City Yukon County State Oklahoma

Previous 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 Lavon M. Marks
   Residence of father (if deceased so state) Wakarusa, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Shirley Weldy
   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 Stephen J. Marks

New Address 11501 Lochwood DR #1015 Yukon OK

Subscribed and sworn to before me this 9 day of Oct, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Marilie Middle Ann Last Black

Date of Birth: Month 11 Day 22 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7325 E. 800 N. Box 40 City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dr M. James Black
   Residence of father (if deceased so state) Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary V. Bauman
   Residence of mother (if deceased so state) Brownsburg
   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 Marilie A. Black

New Address 11501 Lochwood Drive #1015

Subscribed and sworn to before me this 22 day of September, 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* Oct, 19 87, *authorizing the joining together as husband and wife* STEPHEN JON MARKS *and* MARILIE ANN BLACK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL R. BAUMAN *hereby certify that on the* 10th *day of* OCT., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* STEPHEN JON MARKS *of* CANADIAN *County, State of* OKLAHOMA, *and, Bride* MARILIE ANN BLACK *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 19 87. *Signed* /s/ PAUL R. BAUMAN

Official Designation REVERAND DOCTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* OCT., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 471

File

9-22-87 Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-17-87

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 Robert; Middle Martin; Last Kindig

Date of Birth: Month 6; Day 2; Year 64

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 16220 Bellflower Blvd.; City Bellflower; County; State California

Previous 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 Harold Lee Kindig
   Residence of father (if deceased so state) Bakersfield, Ca.
   Birthplace of father (State or foreign country) Ca.
9. Full maiden name of mother Betty Lou Mitchell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ca.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Robert Martin Kindig

New Address

Subscribed and sworn to before me this day of Oct. 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Melodie; Middle Alaine; Last Black

Date of Birth: Month 6; Day 4; Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7325 E. 800 N.; City Brownsburg; County Hendricks; State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dr. M. James Black
   Residence of father (if deceased so state) Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary V. Bauman
   Residence of mother (if deceased so state) Brownsburg
   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 Melodie A. Black

New Address 16220 Bellflower Blvd. Apt. #214 Bellflower, CA

Subscribed and sworn to before me this 22 day of Sept 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 OCT., 19 87, authorizing the joining together as husband and wife ROBERT MARTIN KINDIG and MELODIE ALAINE BLACK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL R. BAUMAN hereby certify that on the 10th day of OCT., one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ROBERT MARTIN KINDIG of LOS ANGELES County, State of CA, and, Bride MELODIE ALAINE BLACK of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87

Signed /s/ PAUL R. BAUMAN

Official Designation REVERAND DOCTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of NOV., 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. 472

File

9-23-87
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 Terry Middle Lynn Last Travelstead

Date of Birth: Month 5 Day 19 Year 56

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2, Box 7A City Coatesville 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. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Nathan
   Hattie Noreen 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 Roy B. Travelstead
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Irene Hazle Cassidy
   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 Terry Lynn Travelstead

New Address

Subscribed and sworn to before me this 23 day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Ann Last Wymer

Date of Birth: Month Day Year

Place of Birth (State or foreign country)

Residence Address: Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....

New Address .....

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *, 19....., authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and .....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ....., County of ....., one thousand nine hundred and ..... at ..... County, State of ..... State of Indiana, Groom ..... of ..... County, State of ....., and, Bride ..... 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. 473

File

9-23-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-25-87

Name of Physician William Duncan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Harold Last Smith

Date of Birth: Month 8 Day 2 Year 42

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 180 City Stilesville 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.
   Christopher Earl Smith - 17
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Earl Smith
   Residence of father (if deceased so state) Greenwood Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sylvia May Bowling
   Residence of mother (if deceased so state) Greenwood, 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 H. Smith

New Address RR 1 Box 180 Stilesville, IN. 46180

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dorothy Middle Jean Last Wright

Date of Birth: Month 9 Day 2 Year 45

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR1 Box 382 City Coatesville 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) 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.
   Deanna Day Wright - 15
   Jennifer Gay Wright - 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 Thomas Claude Scruggs
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Charlene Agnes Lafolette
   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 Dorothy J. Wright

New Address RR1 Box 180 Stilesville In. 46180

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 30th day of Sept, 19 87, authorizing the joining together as husband and wife ROBERT HAROLD SMITH and DOROTHY JEAN WRIGHT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT M. SHERMAN hereby certify that on the 11th day of OCT., one thousand nine hundred and 87 at STILESVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT HAROLD SMITH of HENDRICKS County, State of IN, and, Bride DOROTHY JEAN WRIGHT 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 11th day of OCT., 19 87.

Signed /s/ ROBERT M. SHERMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of OCT., 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. 474

File

9-24-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-16-87

Name of Physician R. R. Danner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Howard Middle Lee Last Reynolds

Date of Birth: Month 2 Day 16 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 99 D City Coatesville County Hend. State Hendricks

Previous 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 Benny H. Reynolds Jr.
   Residence of father (if deceased so state) Ind. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jane A. Smart
   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 X Howard L. Reynolds

New Address RR 1 Box 99D Coatesville 46121 IN

Subscribed and sworn to before me this 24 day of Sept., 19 87

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Dee Last Nave

Date of Birth: Month 9 Day 7 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5629 W. Henry 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. 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 [redacted] H. Nave
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Julia A. McKinney
   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 Tammy D. Nave

New Address.....

Subscribed and sworn to before me this 24 day of Sept., 19 87

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 19 87, authorizing the joining together as husband and wife HOWARD LEE REYNOLDS and TAMMY DEE NAVE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL L. FRENCH hereby certify that on the 3rd day of OCT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of IN

State of Indiana, Groom HOWARD LEE REYNOLDS of HENDRICKS County, State of IN

and, Bride TAMMY DEE NAVE of MARION County, State of IN

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of OCT., 19 87. Signed /s/ DANIEL L. FRENCH

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCT., 19 87

Signed Mary Jane Pinnell Clerk HENDRICKS Circuit Court

No. 475

File

Date of Application 9-25-87

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-21-87

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 Michael Middle J. Last Stevens

Date of Birth: Month 7 Day 22 Year 53

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. 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 Dean A. Stevens
   Residence of father (if deceased so state) Danville IN
   Birthplace of father (State or foreign country) IN
9. Full maiden name of mother Barbara L. Hon
   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 Michael J Stevens

New Address

Subscribed and sworn to before me this 25 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diana Middle L. Last Wegner

Date of Birth: Month 12 Day 19 Year 44

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 1633 E. 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. 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 Fred V. Boester
   Residence of father (if deceased so state) Fort Wayne IN
   Birthplace of father (State or foreign country) IN
9. Full maiden name of mother Alta A. Lawson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) KY

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Diana L. Wegner

New Address

Subscribed and sworn to before me this 25 day of Sept., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 30 day of Sept, 19 87, authorizing the joining together as husband and wife MICHAEL J. STEVENS and DIANA L. WEGNER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARK A. OPGRAND hereby certify that on the 3rd day of OCT. one thousand nine hundred and 87 at FORT OUIATENON, County of TIPPECANOE, State of Indiana, Groom MICHAEL J. STEVENS of HENDRICKS County, State of IN, and, Bride DIANA L. WEGNER of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ MARK A. OPGRAND

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of OCT., 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. 476

File

9-25-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-8-75

Name of Physician Tom 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 Dale Middle Allen Last Bruce

Date of Birth: Month 3 Day 16 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 412 W. Jessup Road 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ransom Bruce
   Residence of father (if deceased so state) Indpls., IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Marie Johnson
   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 Dale Allen Bruce

New Address 412 Jessup Rd. Plainfield

Subscribed and sworn to before me this 25 day of Sept., 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Kathleen Last Phillips

Date of Birth: Month 9 Day 27 Year 1949

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 412 W. Jessup Road 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.
   Erin Kathleen Lovall - 11

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Gerald Phillips
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth Ethel Serrick
   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 Mary K. Phillips

New Address 412 W. Jessup Rd., Plfd., IN

Subscribed and sworn to before me this 25 day of Sept, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of Sept., 19 87, authorizing the joining together as husband and wife DALE A. BRUCE and MARY K. PHILLIPS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD hereby certify that on the 2nd day of OCT., one thousand nine hundred and 87 at INDPLS., County of MAIRON, State of Indiana, Groom DALE ALLEN BRUCE of HENDRICKS County, State of IN, and, Bride MARY KATHLEEN 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 2nd day of OCT., 19 87. Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of OCT., 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. 477

File

9-25-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-14-87

Name of Physician Garret 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 Kevin Middle Wayne Last McNabb

Date of Birth: Month 4 Day 30 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6428 Whitehaven Drive Apt. 1102 City Indianapolis 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. McNabb
   Residence of father (if deceased so state) Pittsboro, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet D. Johnson
   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 Kevin McNabb

New Address 6428 Whitehaven Apt 1102 Indianapolis IN 46254

Subscribed and sworn to before me this 25th day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Rae Last Roberts

Date of Birth: Month 5 Day 14 Year 66

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 7160 N. 550 E. City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Roberts
   Residence of father (if deceased so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna R. Holloway
   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 Karen Rae Roberts

New Address 6428 Whitehaven Apt 1102 Indianapolis IN 46254

Subscribed and sworn to before me this 25th day of Sept, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 19 87, authorizing the joining together as husband and wife KEVIN WAYNE McNABB and KAREN RAE ROBERTS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD L. HOUK hereby certify that on the 10th day of OCT., one thousand nine hundred and 87 at CORNERSTONE CHRISTIAN CHURCH, County of HENDRICKS, State of Indiana, Groom KEVIN WAYNE McNABB of MARION County, State of IN, and, Bride KAREN RAE ROBERTS of HENDRICKS County, State of IN, were by me united 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 SEPT., 19 87.

Signed /s/ RICHARD L. HOUK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of OCT., 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. 478

File

9-28-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 9-21-87

Name of Physician Stephen Yeager/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 Jeffrey Middle D. Last Johnson

Date of Birth: Month 11 Day 9 Year 60

Place of Birth (State or foreign country) Richmond, In.

Residence Address: Street or R. R. 1340 Glendale Rd. City Richmond 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 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 Obe Johnson
   Residence of father (if deceased so state) Richmond, In.
   Birthplace of father (State or foreign country) McKey, Ky.
9. Full maiden name of mother Marilyn Sue Schneider
   Residence of mother (if deceased so state) Richmond, 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.

☒ Signed Jeffrey D. Johnson

☒ New Address 1804 Hemlock Ln Greenfield IN

Subscribed and sworn to before me this 28th day of Sept, 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 Jane Middle E. Last Alexander

Date of Birth: Month 3 Day 17 Year 55

Place of Birth (State or foreign country) Greenstle, In.

Residence Address: Street or R. R. 1804 Hemlock Ln City Greenfield 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.

Karen	15 yrs
Brian	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 James Russell Alexander
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Frances Masten
   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 Jane E. Alexander

☒ New Address Same as above

Subscribed and sworn to before me this 28th day of Sept, 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, 19*87*, authorizing the joining together as husband and wife of Indiana dated the* 2 *day of* Oct *and* JANE E. ALEXANDER JEFFREY D. JOHNSON *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, F. JAMES BARNES *hereby certify that on the* 9th *day of* OCT. *at* INDPLS, *County of* MARION, *one thousand nine hundred and* 87 *of* WAYNE *County, State of* INDIANA, *State of Indiana, Groom* JEFFREY D. JOHNSON *of* HENDRICKS *County, State of* INDIANA, *and, Bride* JANE E. ALEXANDER *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 9th *day of* OCT., 19.87. *Signed* /s/ F. JAMES BARNES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* OCT., 19.87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 479

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

9-28-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-28-87

Name of Physician C. R. Thomas

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 A. Last Lathrop

Date of Birth: Month 2 Day 11 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 317 A N. Jefferson 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) D. 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.
   Karen A.
   Abby Kay
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Keith E. Lathrop
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Phyllis JoAnn Caudell
   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 X John A Lathrop

New Address 5448 W Ralston Rd Indy In

Subscribed and sworn to before me this 29 day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carolyn Middle S. Last Bishop

Date of Birth: Month 9 Day 26 Year 45

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5448 W. Ralston Rd. City Indpls County Marion State 46241

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. 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 H. Jenkins
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Elsie Ruth Hire
   Residence of mother (if deceased so state) Mooresville 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 Carolyn S. Bishop

New Address 5448 W. Ralston Rd Indpls In

Subscribed and sworn to before me this 29 day of Sept., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 October, 19 87, authorizing the joining together as husband and wife JOHN A. LATHROP and CAROLYN S. BISHOP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES E. WOODS hereby certify that on the 10th day of OCT., one thousand nine hundred and 87 at 5448 W. RALSTON RD., County of MARION, State of Indiana, Groom JOHN A. LATHROP of HENDRICKS County, State of IN, and, Bride CAROLYN S. BISHOP of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of OCT., 1987.

Signed /s/ JAMES E. WOODS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of OCT., 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. 480

File

9-29-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician James A. Salvers

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 F. Last Friday

Date of Birth: Month 3 Day 19 Year 40

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. 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.
   John Paul
   Mark Anthony
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Ray Friday
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anita M. McNatty
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James F. Friday

New Address 761 Cross

Subscribed and sworn to before me this 29 day of Sept., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Wanda Middle L. Last Hood

Date of Birth: Month 5 Day 28 Year 43

Place of Birth (State or foreign country) Ind.

Residence Address: 761 Cross St. Plfd. Ind.
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. 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.
   Mark Eugene
   Martin Edward
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Everet E. Hasslar
   Residence of father (if deceased so state) Lapels, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Kathryn 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 Wanda L Hood

New Address Same

Subscribed and sworn to before me this 29 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* October, 19 87, *authorizing the joining together as husband and wife* JAMES F. FRIDAY *and* WANDA L. HOOD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON *hereby certify that on the* 9th *day of* OCT., *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of* IN, *State of Indiana, Groom* JAMES F. FRIDAY *of* HENDRICKS *County, State of* IN, *and, Bride* WANDA L. HOOD *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 1987. *Signed* /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* OCT., 1987.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

No. 481

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

9-30-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-16-87

Name of Physician Wm. D. Fisher, 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 Timothy Middle E. Last Basford

Date of Birth: Month 7 Day 4 Year 1954

Place of Birth (State or foreign country) Richmond, Indiana

Residence Address: Street or R.R. 6085 Gate Rd. City Centerville County Wayne State In.

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 Herbert L. Basford
   Residence of father (if deceased so state) Centerville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Janice L. Tolin
   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 Timothy E. Basford

New Address 20 FOREST PLACE RICHMOND, IN. 47374

Subscribed and sworn to before me this 30 day of Sept, 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 Sally Middle J. Last Osborn

Date of Birth: Month 3 Day 9 Year 1962

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. R#1 Box 233A 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 John T. Osborn
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley J. Walter
   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 Sally J. Osborn

New Address 20 Forest Place Richmond, In. 47374

Subscribed and sworn to before me this 30 day of Sept, 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* 27th *day of* October, 19 87, *authorizing the joining together as husband and wife* TIMOTHY E. BASFORD *and* SALLY J. OSBORN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG *hereby certify that on the* 24th *day of* OCT., *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* TIMOTHY E. BASFORD *of* WAYNE *County, State of* IN, *and, Bride* SALLY J. OSBORN *of* WAYNE *County, State of* IN, *were by me united 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* OCT., 1987.

Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* OCT., 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. 482

File

10-1-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-1-87

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 Lawrence Middle L. Last Searles

Date of Birth: Month 8 Day 29 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 4 Box 140 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) 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 Lawrence LeClare Searles
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Mabel Rita Sherman
   Residence of mother (if deceased so state) Indianapolis In
   Birthplace of mother (State or foreign country) Maryland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lawrence LeClare Searles

New Address

Subscribed and sworn to before me this 1st day of October, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 J. Last Human

Date of Birth: Month 12 Day 29 Year 59

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. RR 4 Box 140 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) 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 Kenneth Earl Human
   Residence of father (if deceased so state) Monrovia In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Donna Jean Butler
   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 L J Human

New Address

Subscribed and sworn to before me this 1st day of October, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct., 19 87, *authorizing the joining together as husband and wife* LAWRENCE L. SEARLES *and* LINDA J. HUMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JACQUELINE MEANS *hereby certify that on the* 10th *day of* OCT., *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of* IN

State of Indiana, Groom LAWRENCE L. SEARLES *of* HENDRICKS *County, State of* IN

and, Bride LINDA J. HUMAN *of* HENDRICKS *County, State of* IN

were by me united 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* OCT., 19 87. *Signed* /s/ JACQUILINE MEANS

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* OCT., 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. 483

File

10-1-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-28-87

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 Marvin Middle G. Last Rice

Date of Birth: Month 11 Day 9 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9090 N. 500 E. City Bainbridge 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 Marvin G. Rice
   Residence of father (if deceased so state) Bainbridge Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jane E. Hensley
   Residence of mother (if deceased so state) Jane
   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 G Rice

New Address 502 Harlan St.

Subscribed and sworn to before me this 1 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Katrina Middle Last Prether

Date of Birth: Month 5 Day 31 Year 57

Place of Birth (State or foreign country) Colorado

Residence Address: Street or R. R. 502 Harlan 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald M. Prether
   Residence of father (if deceased so state) Ft. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy J. Gray
   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 Katrina Prether

New Address 502 Harlan St.

Subscribed and sworn to before me this 1 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* OCT., 19 87, *authorizing the joining together as husband and wife* Marvin Gregory Rice *and* Katrina Prether *Be it further remembered, the following marriage certificate was filed in my office, to-wit: I,* Douglas R. Jones *hereby certify that on the* 9th *day of* OCT., *one thousand nine hundred and* 87, *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* MARVIN GREGORY RICE *of* HENDRICKS *County, State of* IN, *and, Bride* KATRINA PRETHER *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 19 87.

Signed /s/ DOUGLAS R. JONES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* OCT., 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. 484

File

10-2-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-18-87

Name of Physician S. Heeger

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Francis Middle Arnold Last Mahan

Date of Birth: Month 10 Day 14 Year 50

Place of Birth (State or foreign country) (Oklahoma)

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.
   Kristie

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bradley Mahan
   Residence of father (if deceased so state) Ply. Ind.
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Elizabeth Lucy Latimer
   Residence of mother (if deceased so state) Same
   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 X Francis A. Mahan

New Address Same as above

Subscribed and sworn to before me this 2 day of Oct., 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Deborah Middle Last Evert

Date of Birth: Month 5 Day 18 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: 2260 W. Main 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) 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.
   Amy
   Walker
   Corey

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Paul (?) Latshaw
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Dora Lena Hyder
   Residence of mother (if deceased so state) Same Brentwood Md
   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 Deborah J. Evert

New Address Same as above

Subscribed and sworn to before me this 2 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct., 1987, authorizing the joining together as husband and wife FRANCIS A. MAHAN and DEBORAH EVERT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 9th day of OCT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom FRANCIS A. MAHAN of HENDRICKS County, State of IN, and, Bride DEBORAH EVERT of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of OCT., 1987

Clerk

Signed Mary Jane Russell HENDRICKS Circuit Court

No. 485

File

10-2-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated Richard D. Floyd
10-2-87
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 Larry Middle Drew Last Cooper

Date of Birth: Month 10 Day 21 Year 1940

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 1646 E. Bradbury 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) 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.
   Daniel P. Cooper 17
   Doug Gregory Cooper 10
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilbur P. Cooper
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen Grayson
   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 Larry D Cooper

New Address ~~Ha~~ / Same

Subscribed and sworn to before me this 2nd day of Oct, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle E. Last Esquerdo

Date of Birth: Month 2 Day 15 Year 1946

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 316 Lawndale Dr. City Plfd. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Everett L. Rains
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Okla.
9. Full maiden name of mother Mrs. Winifred Moon
   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 Mary L. Esquerdo

New Address 316 Lawndale Dr. Plfd In 46168

Subscribed and sworn to before me this 2nd day of Oct, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 6 *day of* October, 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* ..... *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. 486

File

10-2-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-25-87

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 Larry Middle D. Last Bechtel

Date of Birth: Month 8 Day 7 Year 46

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 701 W. main. 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) 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.
   Kimberly A. Bechtel -15
   David F. Bechtel -14
   Deena L. Bechtel - 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 Herman A. Bechtel
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Avis I. Gilbreath
   Residence of mother (if deceased so state) Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed L.D. Bechtel

New Address 701 West Main DANville

Subscribed and sworn to before me this 2 day of October, 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 Gayle Last Huser

Date of Birth: Month 12 Day 12 Year 50

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 358 S. Wayne St. 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) 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.
   Christopher Bradley Huser -17
   Dawn Michelle Huser -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 Arthur Horrar
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Heaverin, Loraine
   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 Deborah G. Huser

New Address 701 W. Main DANville

Subscribed and sworn to before me this 2 day of October, 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 6th day of Oct., 1987, authorizing the joining together as husband and wife LARRY D. BECHTEL and DEBORAH GALE HUSER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BARNEY E. HOUSER hereby certify that on the 10th day of OCT., County of MARION, one thousand nine hundred and 87 at 5:00 a.m., State of Indiana, Groom LARRY D. BECHTEL of HENDRICKS County, State of IN, and, Bride DEBORAH GALE HUSER of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87. Signed /s/ BARNEY E. HOUSER

Official Designation REVEREND

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of OCT., 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. 487

File

10-6-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-24-87

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 Randall Middle L. Last Gowan

Date of Birth: Month 4 Day 1 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R. R. 2071 East 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry P. Gowan
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind (?)
9. Full maiden name of mother Virginia Pruitt
   Residence of mother (if deceased so state) Morgan 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 Randall L Gowan

New Address 108 E. Lincoln Brownsburg In

Subscribed and sworn to before me this 6 day of Oct., 19 87

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Bramble

Date of Birth: Month 9 Day 23 Year 64

Place of Birth (State or foreign country) IN.

Residence Address: Street or R. R. 4920 N. 575 E - City B'burg, 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 Robert A. Bramble
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Nancy M. Kleiper
   Residence of mother (if deceased so state) Dead
   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 Linda S Bramble

New Address 108 E. Lincoln Brownsburg

Subscribed and sworn to before me this 6 day of Oct., 19 87

Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 19 87, authorizing the joining together as husband and wife RANDALL L. GOWAN and LINDA S. BRAMBLE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL B. DONHO (?) hereby certify that on the 17th day of OCT., one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RANDALL L. GOWAN of MARION County, State of IN, and, Bride LINDA S. BRAMBLE of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ DANIEL B. DONHO (?)

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of OCT., 19 87.

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. 488

File

10-6-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

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 Daniel Middle L. Last Huber

Date of Birth: Month 3 Day 24 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R. R. 442 S. Kentuck 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) 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 Fred Huber
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sandra K. Springer
   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 Dan Huber

New Address RR1 Box 155 Bainbridge IN

Subscribed and sworn to before me this 6 day of Oct. 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Gail Last Turpin

Date of Birth: Month 7 Day 11 Year 68

Place of Birth (State or foreign country) IN.

Residence Address: Street or R. R. R.R. 1 Box 155 City Bainbridge, County IN State 46105

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Lee Turpin

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil K. Turpin
   Residence of father (if deceased so state) Bainbridge Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Ruth Spurgeon
   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 X Susan Turpin

New Address RR1 Box 155 Bainbridge IN.

Subscribed and sworn to before me this 6 day of Oct 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....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* 7 *day of* Oct. 87, *authorizing the joining together as husband and wife* DANIEL LEE HUBER *and* SUSAN GAIL TURPIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FREDDIE DEAN LEWIS *hereby certify that on the* 10th *day of* OCT., *one thousand nine hundred and* 87 *at* BAINBRIDGE, *County of* PUTNAM, *State of Indiana, Groom* DANIEL LEE HUBER *of* HENDRICKS *County, State of* IN *and, Bride* SUSAN GAIL TURPIN *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 10th *day of* OCT., 19 87. *Signed* /s/ FREDDIE DEAN LEWIS

Official Designation BISHOP-CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS, 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* OCT. 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. 489

File

10-6-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-28-87

Name of Physician Stephen C. Heeger

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rickie Middle Lee Last Cartwright Jr.

Date of Birth: Month Day Year

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 167 N. 200 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rickie Lee Cartwright Sr.
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sharon E. Stetler
   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 Rick Cartwright

New Address 481 S. St. Rd. 39 Danville

Subscribed and sworn to before me this 6 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Erika Middle Elaine Last Simmons

Date of Birth: Month Day Year

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 481 S. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Simmons
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nellie V. (Cagle?)
   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 Erika Simmons

New Address 481 South St Road 39

Subscribed and sworn to before me this 6 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... day of ....., 19....., authorizing the joining together as husband and wife*

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. 490

File

10-6-87 Date of Application

MALE
Medical Examination Report Dated 10-1-87
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 5-14-87
Name of Physician Paul 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 Stephen Middle Michael Last Chappell

Date of Birth: Month 7 Day 30 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 63 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) 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 Jerry L. Chappell
   Residence of father (if deceased so state) Pittsboro, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Leanna Ebaugh
   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 Stephen M. Chappell

New Address P.O. Box 63 Pittsboro

Subscribed and sworn to before me this 6th day of Oct, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Faye Middle Ann Last Sobotka

Date of Birth: Month 8 Day 26 Year 57

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. 404 W. Main St. 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) 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 Floyd R. Anderson
   Residence of father (if deceased so state) Rolfard, Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Alice H. Ritland
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Faye Ann Sobotka

New Address same

Subscribed and sworn to before me this 6th day of October, 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* October, 19 87, *authorizing the joining together as husband and wife* STEPHEN MICHAEL CHAPPELL *and* FAYE ANN SOBOTKA

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JACK L. McINTOSH *hereby certify that on the* 10th *day of* OCT., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* STEPHEN MICHAEL CHAPPELL *of* HENDRICKS *County, State of* IN, *and, Bride* FAYE ANN SOBOTKA *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 19 87. *Signed* /s/ JACK L. McINTOSH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* OCT., 1987

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

No. 491

File

10-6-87 Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 N/A
Name of Physician

FEMALE
Medical Examination Report Dated 9-18-87
Name of Physician Phil 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 Barry Middle P. Last Newsom

Date of Birth: Month Dec Day 15 Year 1950

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 164 Hillcrest 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Newsom
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Florence Pauline Steward
   Residence of mother (if deceased so state) Worthington Dr.
   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 Barry P. Newsom

New Address 164 Hillcrest Dr.

Subscribed and sworn to before me this 6 day of Oct, 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 Marjorie Middle K. Last Maurer

Date of Birth: Month Jan. Day 5 Year 1954

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 164 Hillcrest Dr. City Hendricks County Mooresville State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Maurer
   Residence of father (if deceased so state) Greenfield Dr.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Katherine L. Harper
   Residence of mother (if deceased so state) Same.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marjorie K Maurer

New Address 164 Hillcrest Dr.

Subscribed and sworn to before me this 6 day of Oct, 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 Oct, 1987, authorizing the joining together as husband and wife BARRY P. NEWSOM and MARJORIE K. MAURER

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 OCT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom BARRY P. NEWSOM of HENDRICKS County, State of IN, and, Bride MARJORIE K. MAURER of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of OCT., 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. 492

File

10-6-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-25-87

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 Charles | Middle Russell | Last Roush

Date of Birth: Month 1 | Day 23 | Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10983 N. 1000 E. | 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 Fred F. Wiese
   Residence of father (if deceased so state) Mooresville, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharlene Pointer
   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 Charles Russell Roush

New Address 10983 N. 1000 E

Subscribed and sworn to before me this 6 day of October, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dawn | Middle marie | Last Wade

Date of Birth: Month 10 | Day 1 | Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10983 N. 1000 E. | 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 Ralph Edward Gurley
   Residence of father (if deceased so state) Indpls., IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta Willis King
   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 Dawn Marie Wade

New Address 10983 N. 1000 E

Subscribed and sworn to before me this 6 day of October, 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 16th day of Oct., 19 87 authorizing the joining together as husband and wife CHARLES RUSSELL ROUSH and DAWN MARIE WADE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WENDELL W. MAYER hereby certify that on the 23rd day of OCT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of IN, State of Indiana, Groom CHARLES RUSSELL ROUSH of HENDRICKS County, State of IN, and, Bride DAWN MARIE WADE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of OCT., 19 87. Signed /s/ WENDELL W. MAYER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of OCT., 1987

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 493

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

10-7-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-30-87

Name of Physician B. Benedict

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Avery Last Coomer

Date of Birth: Month 11 Day 8 Year 67

Place of Birth (State or foreign country) Connellsville Ky

Residence Address: Street or R. R. RR 1 Box 521 City Clayton County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fred Coomer
   Residence of father (if deceased so state) Clayton, Ind
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley M. Mowry
   Residence of mother (if deceased so state) Clayton, 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 Richard A. Coomer

New Address RR 1 Box 521 Clayton

Subscribed and sworn to before me this ... day of Oct., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Last Hoskins

Date of Birth: Month 7 Day 16 Year 70

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1718 Hawthorn Dr. City Indpls. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donnie Hoskins
   Residence of father (if deceased so state) Leonard
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bonnie Brook
   Residence of mother (if deceased so state) Indpls. 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 Cherie Hoskins

New Address

Subscribed and sworn to before me this ... day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ... Father

Signed X Bonnie Hoskins Mother

Subscribed and sworn to before me this 7 day of Oct., 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 Court by written order issued and filed in ... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 19 87, authorizing the joining together as husband and wife RICHARD A. COOMER and CHERIE HOSKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD M. GIVAN hereby certify that on the 17th day of OCT., one thousand nine hundred and 87 at PLFD., County of HENDRICKS, State of Indiana, Groom RICHARD A. COOMER of HENDRICKS County, State of IN, and, Bride CHERIE HOSKINS of MARION County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of OCT., 1987

Signed /s/ RICHARD M. GIVAN

Official Designation JUSTICE INDIANA SUPREME COURT

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of OCT., 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. 494

File

10-7-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-5-87

Name of Physician Ron 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 Timothy; Middle Scott; Last Perry

Date of Birth: Month 11; Day 29; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2002 High Eagle Trail Apt. 1051; 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 V. Perry
   Residence of father (if deceased so state) Indiana, (Greenwood)
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna J. Jean
   Residence of mother (if deceased so state) Indiana (Greenwood)
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jim S Perry

New Address 2002 Hightagle Trail #1051 Indpls, IN 46214

Subscribed and sworn to before me this 6 day of Oct, 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 Tamara; Middle Richelle; Last Hoffman

Date of Birth: Month 4; Day 24; Year 63

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 101 E. Broadway; 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 Carl K. Hoffman
   Residence of father (if deceased so state) Indiana (Danville)
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Darlene M. Planchon
   Residence of mother (if deceased so state) Indiana (Danville)
   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 Tamara R. Hoffman

New Address 101 East Broadway, Danville, IN 46122

Subscribed and sworn to before me this 6 day of Oct, 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 19th day of Oct, 19 87, authorizing the joining together as husband and wife TIMOTHY SCOTT PERRY and TAMARA RICHELLE HOFFMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THOMAS PAINO, JR. hereby certify that on the 23rd day of OCT., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom TIMOTHY SCOTT PERRY of JOHNSON County, State of IN, and, Bride TAMARA RICHELLE HOFFMAN of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87. Signed /s/ THOMA PAINO, JR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of OCT., 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. 495

File

10-7-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-2-87

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 Norman Middle D Last Raikes

Date of Birth: Month 2 Day 2 Year 31

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R.R. 2 Box 157-GB 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. 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 Hubert W. Raikes
   Residence of father (if deceased so state) Lapel, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Burks
   Residence of mother (if deceased so state) Lapel
   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 Norman D. Raikes

New Address R.R. #2 Box 157 G.B. Coatsville, IN.

Subscribed and sworn to before me this 7 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kaye Middle A Last White

Date of Birth: Month 8 Day 30 Year 40

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 202 Hancock Rd. City Plyd 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. 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 R. Harlan
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Madonna A. Nelson
   Residence of mother (if deceased so state) Lapel
   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 Kaye A. White

New Address X Lapel

Subscribed and sworn to before me this 7 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 13 *day of* Oct., 87, *authorizing the joining together as husband and wife* NORMAN D. RAIKES *and* KAYE A. WHITE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EDWARD DEAN DICKINSON *hereby certify that on the* 17th *day of* OCT. *one thousand nine hundred and* 87, *at* INDPLS., *County of* MARION, *State of Indiana, Groom* NORMAN D. RAIKES *of* MARION *County, State of* IN *and, Bride* KAYE A. WHITE *of* HENDRICKS *County, State of* IN *were by me united 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* OCT., 19 87.

Signed /s/ EDWARD DEAN DICKINSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* OCT., 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. 496

File

10-8-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-18-87

Name of Physician James 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 Danny Middle V. Last English

Date of Birth: Month 3 Day 2 Year 60

Place of Birth (State or foreign country) IN.

Residence Address: Street or R. R. 944 Walton 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. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Danielle N.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. English
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Loretta M. Flacke
   Residence of mother (if deceased so state) Mooresville, 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 Danny V English

New Address

Subscribed and sworn to before me this 14 day of Oct., 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Annie Middle M. Last Richardson

Date of Birth: Month 12 Day 21 Year 61

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 5555 Bluehill Circle 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) 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 Gann
   Residence of father (if deceased so state) Harriman Tenn.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Virginia Grace Phillips
   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 Annie M. Richardson

New Address 944 Walton Dr. Plainfield

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 14 day of Oct. and DANNY V. ENGLISH and ANNIE M. RICHARDSON

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 OCT., at DANVILLE, County of HENDRICKS, one thousand nine hundred and 87 State of Indiana, Groom DANNY V. ENGLISH of HENDRICKS County, State of IN, and, Bride ANNIE M. RICHARDSON of HENDRICKS County, State of IN, were by me united 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 OCT., 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 OCT., 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. 497

File

10-8-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-30-87

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 Donald Middle Paul Last Guckenberger II

Date of Birth: Month Aug Day 15 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Guckenberger
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice L. Givens
   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 Paul Guckenberger II

New Address Brownsburg, IN

Subscribed and sworn to before me this 8th day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Garriott

Date of Birth: Month March Day 18 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Brownsburg, City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Noel Garriott
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Lee Mason
   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 Penny Lee Garriott

New Address Brownsburg, IN

Subscribed and sworn to before me this 8th day of Oct, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 87, authorizing the joining together as husband and wife DONALD PAUL GUCKENBERGER, II and PENNY L. GARRIOTT

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 OCT., one thousand nine hundred and 87 at PFLD., County of HENDRICKS, State of Indiana, Groom DONALD PAUL GUCKENBERGER, II of HENDRICKS County, State of IN, and, Bride PENNY L. GARRIOTT of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of OCT., 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. 498

File

10-8-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-2-87

Name of Physician Robert 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 BRIAN Middle Keith Last Elliott

Date of Birth: Month FEBUARY Day 25 Year 1964

Place of Birth (State or foreign country) INDIANAPOLIS IN

Residence Address: Street or R. R. 43126 30th ST WEST APT 125 City Lancaster County State CA

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Griffin
   Residence of father (if deceased so state) Noblesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Lee Ash
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Brian Elliott

New Address 43126 30th ST. West APT 125 Lancaster CA 93534

Subscribed and sworn to before me this 8th day of October, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Candy Middle M. Last Watson

Date of Birth: Month 6 Day 30 Year 1966

Place of Birth (State or foreign country) Kalamazoo, Michigan

Residence Address: Street or R. R. R # 2, Box 16 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Parisann Watson
   Amber 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 Starling Hicks
   Residence of father (if deceased so state) Kalamazoo, Michigan
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Henrietta Ugeph
   Residence of mother (if deceased so state) Barstow, California
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Candy Watson

New Address 43126 30th ST. West Apt #125

Subscribed and sworn to before me this 8th day of October, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE 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 Judge Wamer 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* OCT., 1987, *authorizing the joining together as husband and wife* BRIAN KEITH ELLIOTT *and* CANDY MICHELLE WATSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED A. ASH *hereby certify that on the* 11th *day of* OCT., *one thousand nine hundred and* 87 *at* TERRE HAUTE, *County of* VIGO, *State of Indiana, Groom* BRIAN KEITH ELLIOTT *of* LOS ANGLES *County, State of* CA, *and, Bride* CANDY MICHELLE 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 11th *day of* OCT., 1987. *Signed* /s/ FRED A. ASH

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* OCT., 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. 499

File

10-9-87
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 Dale Middle A. Last Davis

Date of Birth: Month 9 Day 28 Year 26

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 921 Raynard St. City Ind. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. 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 Harvey A. Davis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Iris Violet Smith
   Residence of mother (if deceased so state) Deceased
   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 Dale A. Davis

New Address

Subscribed and sworn to before me this 9th day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Helen Middle L. Last DeGolyer

Date of Birth: Month 4 Day 11 Year 24

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2633 S. Boone 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. 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 West Charles Smith
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Grace May 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 X Helen Louise De Golyer

New Address

Subscribed and sworn to before me this 9th day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 13 day of October, 19 87, authorizing the joining together as husband and wife DALE A. DAVIS and HELEN A. DE GOLYER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 15th day of OCT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DALE A. DAVIS of HENDRICKS County, State of IN, and, Bride HELEN A. DE GOLYER 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 OCT., 19 87.

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 OCT., 19 87.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 500

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-9-87 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

Name of Physician

FEMALE
Medical Examination Report Dated 10-3-87

Name of Physician Ronald Steigmeller, 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 Floyd Middle L. Last Faulkner

Date of Birth: Month 11 Day 17 Year 1960

Place of Birth (State or foreign country) Marion Co., Indiana (Beech Grove)

Residence Address: Street or R. R. 3520 W. Main 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 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.
   Scott Faulkner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Faulkner
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lucille E. Deyo
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) South Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Floyd L Faulkner

New Address 10047 Lake O'Lantern N. Dr.

Subscribed and sworn to before me this 9 day of October, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Naomi Middle Ruth Last Wood

Date of Birth: Month 11 Day 11 Year 1959

Place of Birth (State or foreign country) Connersville Indiana

Residence Address: Street or R. R. 10047 Lake of Lantern N. 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) 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.
   Rusty Day -
   Steven Wood
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Day
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Jessie Barrett
   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 Naomi Wood

New Address same as above

Subscribed and sworn to before me this 9 day of October, 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 in 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

Be 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* October, 1987, *authorizing the joining together as husband and wife* FLOYD L. FAULKNER *and* NAOMI RUTH WOOD *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, GEORGE MONDAY *hereby certify that on the* 17th *day of* OCT., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MAIRON, *State of Indiana, Groom* FLOYD L. FAULKNER *of* HENDRICKS *County, State of* IN, *and, Bride* NAOMI R. 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 9th *day of* OCT., 19 87.

Signed /s/ GEORGE MONDAY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* OCT., 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. 501

File

10-9-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 8-7-87

Name of Physician Michael L. Boothe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle S. Last Buxton

Date of Birth: Month 8 Day 26 Year 1955

Place of Birth (State or foreign country) Anderson In

Residence Address: Street or R. R. 120 Sheffield Dr. 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 Robert Buxton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joann Malone
   Residence of mother (if deceased so state) deceased
   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 X John S. Buxton

New Address 120 Sheffield Dr.

Subscribed and sworn to before me this 9 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First L. Diane Middle Last Pugh

Date of Birth: Month 7 Day 17 Year 1951

Place of Birth (State or foreign country) Galion Ohio

Residence Address: Street or R. R. 120 Sheffield, 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 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 male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jimmie L. Wolf
   Residence of father (if deceased so state) Galion Ohio
   Birthplace of father (State or foreign country) Galion Ohio
9. Full maiden name of mother Frankie Bell Kleffman
   Residence of mother (if deceased so state) Galion 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 L. Diane Pugh

New Address 120 Sheffield Dr.

Subscribed and sworn to before me this 9th day of Oct, 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* 14 *day of* Oct. *, 19* 87 *, authorizing the joining together as husband and wife* JOHN S. BUXTON *and* L. DIANE PUGH

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* OCT. *, one thousand nine hundred and* 87 *at* DANVILLE *, County of* HENDRICKS *, State of Indiana, Groom* JOHN S. BUXTON *of* HENDRICKS *County, State of* IN *, and, Bride* L. DIANE PUGH *of* HENDRICKS *County, State of* IN *, were by me united 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* OCT. *, 19* 87 *.*

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* OCT. *, 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. 502

File

10-14-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-5-87

Name of Physician Harvey Himelstein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 C. Last Lyons

Date of Birth: Month 3 Day 8 Year 29

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10857 Crawfordsville Rd. 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. 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 James C. Lyon
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mabel M. Braden
   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 James C Lyons

New Address 8480 Crawfordsville Rd

Subscribed and sworn to before me this 13 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Charlotte Middle J. Last Weber

Date of Birth: Month 12 Day 27 Year 42

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 8480 Crawfordsville 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) 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.
   Jason L Weber

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 F. Workman
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruby J. Albertson
   Residence of mother (if deceased so state) Dane
   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 Charlotte J Weber

New Address 8480 Crawfordsville Rd.

Subscribed and sworn to before me this 13 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* Oct., 19 87, *authorizing the joining together as husband and wife* JAMES C. LYONS *and* CHARLOTTE J. WEBER
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DAVID L. JOHNSON *hereby certify that on the* 24th *day of* OCT., *one thousand nine hundred and* 87 *at* CLERMONT, *County of* MARION, *State of Indiana, Groom* JAMES C. LYONS *of* HENDRICKS *County, State of* IN, *and, Bride* CHARLOTTE J. WEBER *of* MARION *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 24th *day of* OCT., 1987.

Signed /s/ DAVID L. JOHNSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* OCT., 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. 503

File

10-14-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 9-24-87

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 Leonard; Middle Dale; Last McGlothlin

Date of Birth: Month 4; Day 1; Year 43

Place of Birth (State or foreign country) Montana

Residence Address: Street or R. R. 5055 Edinborough Lane Apt 716; City Indpls; County Mar.; State IN.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Debra Sue McGlothlin - 19
   Jennifer Lynn McGlothlin - 15
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Morris Thorton McGlothlin
   Residence of father (if deceased so state) Montana
   Birthplace of father (State or foreign country) Montana
9. Full maiden name of mother Myrtle Bernice Omsberg
   Residence of mother (if deceased so state) Montana
   Birthplace of mother (State or foreign country) Montana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leonard McGlothlin

New Address R.R. 3, Box 306, Clayton

Subscribed and sworn to before me this 14 day of Oct., 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 Cynthia; Middle Ann; Last Hutcheson

Date of Birth: Month 8; Day 16; Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 237; City Clayton; 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.
   Angela Louise Hutcheson - 11
   Randall Gene Hutcheson - 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father H. Gene Horner
   Residence of father (if deceased so state) Clayton, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lou Phillips
   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 Cynthia A. Hutcheson

New Address R.R. 3, Box 306, Clayton

Subscribed and sworn to before me this 14 day of Oct., 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 21 day of October, 19 87, authorizing the joining together as husband and wife LEONARD DALE McGLOTHLIN and CYNTHIA ANN HUTCHESON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RONALD E. SEARS hereby certify that on the 14th day of NOV., one thousand nine hundred and 87 at CLAYTON, County of HENDRICKS, State of Indiana, Groom LEONARD DALE McGLOTHLIN of HENDRICKS County, State of IN, and, Bride CYNTHIA ANN HUTCHESON of HENDRICKS County, State of IN, were by me united 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 NOV., 19 87. Signed /s/ RONALD E. SEARS

Official Designation PASTOR CLAYTON CHRISTIAN CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of NOV., 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 504

File

10-14-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-8-87

Name of Physician Larry 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 Scott; Middle Michael; Last O'Brien

Date of Birth: Month 8; Day 25; Year 62

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 206 602 D Lakeside 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) 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. O'Brien
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma Sullivan
   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 Scott M O'Brien

New Address 602 D Lakeside Dr Plainfield

Subscribed and sworn to before me this 14th day of Oct, 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 Kelly; Middle Sue; Last Crowe

Date of Birth: Month 5; Day 29; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 2 Box 235; 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 Robert M. Crowe
   Residence of father (if deceased so state) Clayton, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie J. Simpson
   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 Kelly Sue Crowe

New Address 602 D Lakeside Drive Plainfield

Subscribed and sworn to before me this 14th day of Oct. 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* 19th *day of* OCT., 19 87, *authorizing the joining together as husband and wife* SCOTT MICHAEL O'BRIEN *and* KELLY SUE CROWE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE *hereby certify that on the* 24th *day of* OCT., *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* SCOTT MICHAEL O'BRIEN *of* HENDRICKS *County, State of* IN, *and, Bride* KELLY SUE CROWE *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 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 27th *day of* OCT., 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. 505

File

10-14-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-13-87

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 Alan Middle L. Last Quick

Date of Birth: Month 10 Day 21 Year 42

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.
   David W. Quick
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Quick
   Residence of father (if deceased so state) Noblesville, Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary E. Clark
   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 Alan L. Quick

New Address Same as above

Subscribed and sworn to before me this 14 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Naomi Middle Ruth Last Hughes

Date of Birth: Month 5 Day 21 Year 45

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10029 Bacara 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) 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.
   John E. Hughes
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John W. Hawkington
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Mary V. Crumpton
   Residence of mother (if deceased so state) Deceased
   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 Naomi R. Hughes

New Address Same as above

Subscribed and sworn to before me this 14 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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* 20 *day of* Oct. *and* ~~NAOMI RUTH HUGHES~~ ALAN L. QUICK

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* OCT. *,*

one thousand nine hundred and 87 *at* INDPLS. *, County of* MARION *,*

State of Indiana, Groom ALAN L. QUICK *of* HENDRICKS *County, State of* IN *,*

and, Bride NAOMI RUTH HUGHES *of* HENDRICKS *County, State of* IN *,*

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this 23rd *day of* OCT. *, 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* OCT. *, 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. 506

File

10-15-87
Date of Application

MALE
Medical Examination Report Dated 9-28-87
Name of Physician Fred E. Drosh

FEMALE
Medical Examination Report Dated 9-23-87
Name of Physician Wilbur Drew.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eugene Middle Lawrence Last Reinhard

Date of Birth: Month 12 Day 10 Year 61

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 5700 East Mainsgate City Wichita County Sedgewick State Kansas

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Reinhard
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Edna A. Hint
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Eugene L. Reinhard
New Address 5700 E. Mainsgate, Apt. 2105 Wichita, KS 67220

Subscribed and sworn to before me this 15 day of Oct, 1987.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Darlene Middle — Last Kane

Date of Birth: Month 7 Day 19 Year 63

Place of Birth (State or foreign country) Arkansas

Residence Address: Street or R. R. 165 Palisades 1711 City UC County — State TX 78148

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lyo.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kane
   Residence of father (if deceased so state) Tacoma Wash
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mary Alice Herron
   Residence of mother (if deceased so state) Same
   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 Darlene Kane
New Address 165 Palisades 1711 UC, TX 78148

Subscribed and sworn to before me this 15 day of Oct, 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* 15th *day of* OCT., 19 87, *authorizing the joining together as husband and wife* EUGENE LAWRENCE REINHARD *and* DALRENE MARIE KANE
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RICHARD ZORE *hereby certify that on the* 17th *day of* OCT., *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* EUGENE LAWRENCE REINHARD *of* SEDGEWICK *County, State of* KANSAS, *and, Bride* DARLENE MARIE KANE *of* BEXAR *County, State of* TEXAS, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* OCT., 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 27th *day of* OCT., 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. 507

File

10-15-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-15-87

Name of Physician Diana L. 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 Calvin Middle A. Last Jones

Date of Birth: Month 9 Day 16 Year 1948

Place of Birth (State or foreign country) Winchester Ky.

Residence Address: 4959 E. Main Street or R. R. Danville City Hend. 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) 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.
   Shannon - age 14
   Kasey - age 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin L. Jones
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Virginia Richardson
   Residence of mother (if deceased so state) Danville, 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 Calvin S Jones

New Address 4959 E Main Danville Ind.

Subscribed and sworn to before me this 15 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deva Middle Jean Last Brown

Date of Birth: Month 5 Day 15 Year 1958

Place of Birth (State or foreign country) Indpls, Marion Co. In.

Residence Address: 4959 E. Main St. Street or R. R. Danville 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 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.
   Daniel - age 8
   Robert - age 5
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Porter L. Stumpf
   Residence of father (if deceased so state) Phoenix, Az.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eva Irene Callahan
   Residence of mother (if deceased so state) Phoenix Az.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deva Jean Brown

New Address 4959 E Main Danville Ind

Subscribed and sworn to before me this 15 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 ~~Court~~ 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* Oct., 1987, *authorizing the joining together as husband and wife* CALVIN S. JONES *and* DEVA JEAN BROWN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD *hereby certify that on the* 16th *day of* OCT., *at* INDPSL., *County of* MARION, *one thousand nine hundred and* 87 *County, State of* IN *State of Indiana, Groom* CALVIN S. JONES *of* HENDRICKS *County, State of* IN *and, Bride* DEVA JEAN BROWN *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 16th *day of* OCT., 1987. *Signed* /s/ MYRON BARNARD *Official Designation* JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* OCT., 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. 508

File

10-15-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-12-87

Name of Physician Glen 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 Kenneth Middle Wayne Last Howard

Date of Birth: Month 6 Day 9 Year 58

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 110 E. Franklin Apt. #5 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 Wayne Eugene Gray
   Residence of father (if deceased so state) Jamestown, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Howard
   Residence of mother (if deceased so state) New Ross, 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 W. Howard

New Address 110 E. Franklin Brownsburg 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 Brenda Middle Dee Last Sherman

Date of Birth: Month 1 Day 27 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 110 E. Franklin Apt. #5 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 William Earl Sherman
   Residence of father (if deceased so state) Lizton, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrna Joyce Cowden
   Residence of mother (if deceased so state) Lizton, IN.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda D Sherman

New Address 110 E FRANKlin Brownsburg In 46112

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* October, 19 87., *authorizing the joining together as husband and wife* KENNETH W. HOWARD *and* BRENDA D. SHERMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM J. BROWN *hereby certify that on the* 28th *day of* NOV., *one thousand nine hundred and* 87 *at* PITTSBORO, *County of* HENDRICKS, *State of Indiana, Groom* KENNETH W. HOWARD *of* HENDRICKS *County, State of* IN, *and, Bride* BRENDA D. SHERMAN *of* HENDRICKS *County, State of* IN, *were by me united 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* NOV., 1987.

Signed /s/ WILLIAM J. BROWN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* DEC., 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. 509

File

10-15-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-12-87

Name of Physician L.D. 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 William Middle J. Last Tuttle Jr.

Date of Birth: Month 2 Day 10 Year 56

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. 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 J. Tuttle Sr.
   Residence of father (if deceased so state) Rockville, Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Beverly Jane Short
   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 William J. Tuttle Jr.

New Address Same as above

Subscribed and sworn to before me this 15 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Travelsted

Date of Birth: Month 11 Day 2 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 26 Murphy St. City B'burg. 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. 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.
   Damon Neil
   Joshua Nathan

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 M. Donovan
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Betty D. Allen
   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 Linda S. Travelsted

New Address same as above

Subscribed and sworn to before me this 15 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 20th day of Oct. and LINDA SUE TRAVELSTED WILLIAM J. TUTTLE, JR.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVEN T. REEVES hereby certify that on the 24th day of OCT., one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom WILLIAM J. TUTTLE, JR. of HENDRICKS County, State of IN, and, Bride LINDA SUE 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 20th day of OCT., 19 87. Signed /s/ STEVEN T. REEVES

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of OCT., 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
10-16-87
Date of Application

MALE
Medical Examination Report Dated
Name of Physician

FEMALE
Medical Examination Report Dated 10-13-87
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 Tommy; Middle J.; Last Thomas
Date of Birth: Month 8; Day 27; Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 3390 Raceway Road; City Clermont; County Hendricks; State IN
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
[X] Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No [X] Yes ☐
3. Are you related to the female applicant closer than second cousin? No [X] Yes ☐
4. Are you now under the influence of intoxicating liquor? No [X] Yes ☐
5. Are you now under the influence of a narcotic drug? No [X] Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Galen G. Thomas
   Residence of father (if deceased so state) Advance, IN
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Jean White
   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 Tommy J Thomas
New Address Same As above
Subscribed and sworn to before me this 16th day of October, 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 Jennifer; Middle A.; Last Hurst
Date of Birth: Month 10; Day 31; Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 3390 Raceway Road #5; City Clermont; County Hendricks; State IN
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
[X] Other (Specify) Work Identification

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No [X] Yes ☐
3. Are you related to the male applicant closer than second cousin? No [X] Yes ☐
4. Are you now under the influence of intoxicating liquor? No [X] Yes ☐
5. Are you now under the influence of a narcotic drug? No [X] Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Hurst
   Residence of father (if deceased so state) Speedway, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Julie A. Davis
   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 Jennifer A. Hurst
New Address Same As Above
Subscribed and sworn to before me this 16 day of Oct, 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* 20th *day of* NOV., 1987, *authorizing the joining together as husband and wife* TOMMY J. THOMAS *and* JENNIFER A. HURST
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JERRY L. WILLIAMS *hereby certify that on the* 15th *day of* NOV., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* TOMMY J. THOMAS *of* HENDRICKS *County, State of* IN, *and, Bride* JENNIFER A. HURST *of* HENDRICKS *County, State of* IN, *were by me united 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* NOV., 1987.

Signed /s/ JERRY L. WILLIAMS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* NOV., 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. 511

File

10-16-87
Date of Application

MALE
Medical Examination Report Dated ~~—~~

Name of Physician ~~—~~

FEMALE
Medical Examination Report Dated 10-15-87

Name of Physician M. Rebecca Haak

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Shelton Last Jones

Date of Birth: Month May Day 21 Year 1967

Place of Birth (State or foreign country) Grayson Co. Ky.

Residence Address: Street or R. R. 320 S. Norfolk 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 Calvin Shelton
   Residence of father (if deceased so state) Buck Grove, Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Linda Darnell Wilson
   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 David S. Jones

New Address P.O. Box 116 Amo

Subscribed and sworn to before me this 20 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Ann Last Waggoner

Date of Birth: Month 8 Day 7 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. 16 City Amo 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 Richard Earl Waggoner
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Louise White
   Residence of mother (if deceased so state) Amo, 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 Sheryl A. Waggoner

New Address P.O. Box 16 Amo

Subscribed and sworn to before me this 16 day of Oct., 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 20 day of Oct., 19 87, authorizing the joining together as husband and wife DAVID SHELTON JONES and SHERYL ANN WAGGONER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK W. RODGERS hereby certify that on the 21 day of NOV., one thousand nine hundred and 87 at AMO, County of HENDRICKS, State of Indiana, Groom DAVID SHELTON JONES of MARION County, State of IN, and, Bride SHERYL ANN WAGGONER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of NOV., 19 87. Signed /s/ FRANK W. RODGERS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of NOV., 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. 512

File

10-19-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-19-87

Name of Physician Paul 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 Roger Middle Dale Last La Valley

Date of Birth: Month June Day 29 Year 1954

Place of Birth (State or foreign country): Ridgeville Marion In.

Residence Address: 250 Street or R. R. North East St. City Plfd. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father La Vern L. La Valley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Ruby A. Mans
   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 Roger Dale La Valley

New Address 250 N. East St. #209 Plainfield

Subscribed and sworn to before me this 19 day of Oct., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Sue Last Richhart

Date of Birth: Month June Day 23 Year 1958

Place of Birth (State or foreign country): Indpls. Marion In.

Residence Address: 250 Street or R. R. North East St. 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 Raymond L. Richhart
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris I. Newby
   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 Carol Sue Richhart

New Address 250 N. East St. Apt 209 Plainfield

Subscribed and sworn to before me this 19 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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~~ 29th *day of* October, 19 87, *authorizing the joining together as husband and wife* ROGER DALE LA VALLEY *and* CAROL SUE RICHHART

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY LILLY *hereby certify that on the* 7th *day of* NOV., *one thousand nine hundred and* 87 *at* 2:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* ROGER DALE LA VALLEY *of* HENDRICKS *County, State of* IN, *and, Bride* CAROL SUE RICHHART *of* HENDRICKS *County, State of* IN, *were by me united 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* NOV., 19 87.

Signed /s/ LARRY LILLY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* NOV., 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. 573

File

10-19-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician M. Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle G. Last Henderson

Date of Birth: Month 2 Day 8 Year 32

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1718 Ellen Dr. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Olen John Henderson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Mary Fleetwood
   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 David G. Henderson

New Address 1718 Ellen Dr.

Subscribed and sworn to before me this 19 day of Oct. 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Dolores Middle [illegible] Last Tannam

Date of Birth: Month 6 Day 15 Year 36

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 2112 Ishnala Dr. City Indpls. County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 [illegible] Marco Orsini
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Italy
9. Full maiden name of mother Anna Ellen Cioni
   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 Dolores Tannam

New Address 1718 Ellen Drive

Subscribed and sworn to before me this 19 day of Oct 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 87, *authorizing the joining together as husband and wife* DAVID G. HENDERSON *and* DOLORES TANNAM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 23rd *day of* OCT., *one thousand nine hundred and* 87 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DAVID G. HENDERSON *of* MARION *County, State of* IN, *and, Bride* DOLORES TANNAM *of* HENDRICKS *County, State of* IN, *were by me united 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* OCT., 19 87.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* OCT., 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. 514

File

10-20-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-23-87

Name of Physician Hugh Thatcher

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 E. Last Petree

Date of Birth: Month 6 Day 24 Year 46

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 124 Donnelly 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. Spencer

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☑
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Petree
   Residence of father (if deceased so state) Danville, Ky.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Debel Hufsanger
   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 David E Petree

New Address 8923 South ST. Fishers

Subscribed and sworn to before me this 20 day of Oct., 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 Mary Middle K. Last Murray

Date of Birth: Month 4 Day 27 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 8923 South St. City Fishers County Hamilton State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lucina

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Murray
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Theresa Baltz
   Residence of mother (if deceased so state) Naples, In.
   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 Mary K Murray

New Address 8923 South St., Fishers In

Subscribed and sworn to before me this 20 day of Oct, 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 Oct., 19 87, authorizing the joining together as husband and wife DAVID E. PETREE and MARY K. MURRAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD R. SWANSON hereby certify that on the 31st day of OCT., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID E. PETREE of HENDRICKS County, State of IN, and, Bride MARY K. MURRAY of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ DONALD R. SWANSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of NOV., 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. 515

File

Oct. 20, 1981
Date of Application

MALE
Medical Examination Report Dated
Name of Physician

FEMALE
Medical Examination Report Dated
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 James Middle R. Last Williams

Date of Birth: Month May Day 13 Year 1959

Place of Birth (State or foreign country) Johnson Co. Ky.

Residence Address: Street or R. R. 4690 N. Raceway Rd. 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 (pictures)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Williams
   Residence of father (if deceased so state) Raceway Rd. Indpls. In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lois Esther Pollard
   Residence of mother (if deceased so state) Raceway Rd. 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 James R. Williams
New Address 2809 Finchum Dr. Brownsburg

Subscribed and sworn to before me this 20 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jennifer Middle L. Last Knapp

Date of Birth: Month March Day 15 Year 1964

Place of Birth (State or foreign country) Rapid City S. Dakota

Residence Address: Street or R. R. 7615 N. 650 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) drivers license (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry L. Knapp
   Residence of father (if deceased so state) North Carolina
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Marian Robinson
   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 Jennifer L Knapp
New Address 2809 Finchum Brownsburg

Subscribed and sworn to before me this 20 day of October, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1987, authorizing the joining together as husband and wife JAMES R. WILLIAMS and JENNIFER L. KNAPP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD TYLER hereby certify that on the 7th day of NOV., one thousand nine hundred and 87 at BETHESDA BAPTIST CHURCH, County of HENDRICKS, State of IN

State of Indiana, Groom JAMES R. WILLIAMS of HENDRICKS County, State of IN,

and, Bride JENNIFER L. KNAPP of HENDRICKS County, State of IN,

were by me united 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 NOV., 19 87. Signed /s/ DONALD TYLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of NOV., 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. 516

File

10-22-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-13-87

Name of Physician B.A. Bosnell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Toler

Date of Birth: Month 1 Day 6 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 107 Dawson Dr. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 M. Toler
   Residence of father (if deceased so state) Bourbonnais, Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth A. Marley
   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 David R. Toler

New Address 237 Sheffield Dr. Danville In.

Subscribed and sworn to before me this 22 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beverly Middle K. Last Bray

Date of Birth: Month 1 Day 6 Year 49

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 237 Sheffield 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. Ship

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Noelle
   Katie Lynn

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Russell Wigley
   Residence of father (if deceased so state) Brooks, Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen Fay Warrick
   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 Beverly K. Bray

New Address 237 Sheffield Dr. Danville, Ind.

Subscribed and sworn to before me this 22 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* Oct., 19 87, *authorizing the joining together as husband and wife* DAVID TOLER *and* BEVERLY BRAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GREG MONTAGUE *hereby certify that on the* 7th *day of* NOV., *one thousand nine hundred and* 87 *at* 2:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* DAVID TOLER *and, Bride* BEVERLY BRAY *of* HENDRICKS *County, State of* IN, *of* HENDRICKS *County, State of* IN, *were by me united 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* NOV., 19 87.

Signed /s/ GREG MONTAGUE

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* NOV., 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. 517

File

10-22-87 Date of Application

MALE
Medical Examination Report Dated 10-15-87
Name of Physician Robert Kirtley

FEMALE
Medical Examination Report Dated 10-15-87
Name of Physician Robert 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 Kurt Middle David Last Schoening

Date of Birth: Month 9 Day 5 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1 Box 248 City Lizton 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 Delbert F. Schoening
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Margret M. Lawrie
   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 Kurt D. Schoening
New Address RR 1 Box 248 Lizton IN

Subscribed and sworn to before me this 22nd day of October, 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 Tobbie Middle Rae Last Whitmore

Date of Birth: Month 10 Day 23 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4215 Pennington Court City Indianapolis 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 Dan C. Whitmore
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Carole A. Ward
   Residence of mother (if deceased so state) Cherry Hill, NJ
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tabbie R. Whitmore
New Address R#1 Box 248, Lizton IN

Subscribed and sworn to before me this 22nd day of October, 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 26 day of Oct., 19 87, authorizing the joining together as husband and wife Kurt David Schoening and Tobbie Rae Whitmore

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EDWARD DEAN DICKINSON hereby certify that on the 30th day of OCT., at INDPLS., County of MARION, one thousand nine hundred and 87 County, State of IN

State of Indiana, Groom KURT DAVID SCHOENING of HENDRICKS County, State of IN,

and, Bride TOBBIE RAE WHITMORE of HENDRICKS County, State of IN

were by me united 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 OCT., 19 87. Signed /s/ EDWARD DEAN DICKINSON

Official Designation MINISTER OF GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of NOV., 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. 518

File

10-26-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-7-87

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 Randy Middle W. Last DeGolyer

Date of Birth: Month 2 Day 30 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 611 Alpha Blvd City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Tasha
   Timothy
   Chad
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Marion DeGolyer
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ella Louise Bray
   Residence of mother (if deceased so state) Speedway
   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 Randy DeGolyer

New Address 611 alpha Brownsburg Ind.

Subscribed and sworn to before me this 26 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Misty Middle Lynn Last Evan

Date of Birth: Month 2 Day 6 Year 67

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 1079 E. Wall St. City Pike Twp. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Evan
   Residence of father (if deceased so state) Pike Twp Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda L. Gray
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Misty A. Evan

New Address 611 Alpha Ave Brownsburg, In

Subscribed and sworn to before me this 26 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 87, authorizing the joining together as husband and wife RANDY W. DE GOLYER and MISTY LYNN EVAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LYNN COLEMAN hereby certify that on the 31st day of OCT., one thousand nine hundred and 87, at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RANDY W. DE GOLYER of HENDRICKS County, State of IN, and, Bride MISTY LYNN EVAN of HENDRICKS County, State of IN, were by me united 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 OCT., 19 87.

Signed /s/ LYNN COLEMAN

Official Designation YOUTH PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of ~~OCT.~~ NOV., 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. 519

File

10-26-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated N. Baker 10-14-87

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 Thomas Middle R Last Wininger

Date of Birth: Month 7 Day 6 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 913 Brookside Apt L City Fort Leavenworth County [illegible] State Kans

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 ID

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Newton Wininger
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lillian Doke
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Thomas R Wininger

New Address 913 Brookside Apt L. Leavenworth. Kns.

Subscribed and sworn to before me this 7 day of Dec, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jennifer Middle L Last Freeland

Date of Birth: Month 8 Day 13 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 215 F 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. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Freeland
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Pamela J. Dunlap
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Jennifer L Freeland

New Address.....

Subscribed and sworn to before me this 26 day of Oct, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of Dec., 1987, authorizing the joining together as husband and wife THOMAS ROBERT WININGER and JENNIFER LOUISE FREELAND

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HAROLD L. LEININGER hereby certify that on the 12 day of DECEMBER, one thousand nine hundred and EIGHTY SEVEN at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom THOMAS ROBERT WININGER of MARION County, State of INDIANA, and, Bride JENNIFER LOUISE FREELAND 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 12th day of DECEMBER, 19 87

Signed Harold L Leininger

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of DECEMBER, 19 87

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 520

File

10-26-87 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

Name of Physician

FEMALE
Medical Examination Report Dated 10-26-87

Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Earnest; Middle Earl; Last Keesee

Date of Birth: Month 12; Day 27; Year 28

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R1 Box 51; City Clayton; 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 Herbert Arthur Keesee
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Atlanta M. Kennedy
   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 Earnest E. Keesee

New Address RR#1 BOX 51, CLAYTON, IND.

Subscribed and sworn to before me this 26 day of Oct., 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 Lee; Last Ronk

Date of Birth: Month 7; Day 17; Year 24

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. RR1 Box 51; City Clayton; 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 Oliver Harlan Coryell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Viola German
   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 Betty Lee Ronk

New Address R R 4 Box 51 Clayton Ind

Subscribed and sworn to before me this 26 day of Oct., 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 30 day of Oct., 19 87, authorizing the joining together as husband and wife EARNEST EARL KEESEE and KETTY LEE RONK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANNY VAUGHN hereby certify that on the 2nd day of NOV. one thousand nine hundred and 87 at INDPLS., County of MARION State of Indiana, Groom EARNEST EARL KEESEE of HENDRICKS County, State of IN and, Bride KETTY LEE RONK of HENDRICKS County, State of IN were by me united 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 NOV., 19 87.

Signed /s/ DANNY VAUGHN

Official Designation JDUGE PRO-TEM

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of NOV., 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. 521

File

10-27-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-26-87

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 Bennie Middle Jerome Last Holland

Date of Birth: Month 4 Day 5 Year 39

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 10204 Owasso Drive City Indianapolis 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) Fishing License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Homer R. Holland
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sybil Deboe
   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 Bennie J. Holland

New Address Same As Above

Subscribed and sworn to before me this 27th day of October, 1987

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sylvia Middle Bernadine Last Walker

Date of Birth: Month 8 Day 16 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10204 Owasso Drive City Indianapolis 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.
   Sharon A. Walker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John E. Eisert
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sallie M. Friend
   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 Sylvia B Walker

New Address Same as above

Subscribed and sworn to before me this 27th day of October, 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 31 day of Oct., 1987, authorizing the joining together as husband and wife BENNIE JEROME HOLLAND and SYLVIA BERNADINE WALKER

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 OCT., at INDPLS., County of MARION, one thousand nine hundred and 87 at HENDRICKS County, State of IN State of Indiana, Groom BENNIE JEROME HOLLAND of HENDRICKS County, State of IN and, Bride SYLVIA BERNADINE WALKER 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 31st day of OCT., 19 87 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 NOV., 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. 522

File

10-27-87
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 Don Middle E. Last Chamness

Date of Birth: Month 4 Day 9 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 152 N. Jefferson St. City Danville County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Jessica
   Heather
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Josephus Chamness
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen R. White
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Don E Chamness

New Address 152 N. JEFFERSON ST., DANVILLE IN

Subscribed and sworn to before me this 27 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Jenny Middle A. Last Childress

Date of Birth: Month 1 Day 7 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) 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.
   David Street
   Duncan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Victor Alvin Williams
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Janet Anne Dalton
   Residence of mother (if deceased so state) Stilesville 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 Jenny A Childress.

New Address 152 N. Jefferson St. Danville

Subscribed and sworn to before me this 27 day of Oct., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of October, 19 87, authorizing the joining together as husband and wife DON E. CHAMNESS and JENNY A. CHILDRESS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 1st day of NOV., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DON E. CHAMNESS of HENDRICKS County, State of IN, and, Bride JENNY A. CHILDRESS of HENDRICKS County, State of IN, were by me united 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 NOV., 19 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of NOV., 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. 523

File

10-28-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-21-87

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 Patrick Middle Michael Last Haymaker

Date of Birth: Month 12 Day 7 Year 64

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 8178 Aragon 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) Affidavit

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Max Haymaker
   Residence of father (if deceased so state) Dallas N. C.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Joyce Ann Marshall
   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 Patrick M. Haymaker

New Address Same

Subscribed and sworn to before me this 28 day of Oct., 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 Jennifer Middle Jean Last Brown

Date of Birth: Month 5 Day 17 Year 68

Place of Birth (State or foreign country) Danville IN

Residence Address: Street or R. R. RR 1 Box 184L City Pittsboro County Ind State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) —

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Brown
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna J. Chambers
   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 Jennifer J. Brown

New Address 8178 Aragon Dr. Indpls.

Subscribed and sworn to before me this 28 day of Oct., 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 ..... 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* 2 *day of* November, *19* 87., *authorizing the joining together as husband and wife* PATRICK M. HAYMAKER *and* JENNIFER J. BROWN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM J. BROWN *hereby certify that on the* 14th *day of* NOV., *at* PITTSBORO, *County of* HENDRICKS, *one thousand nine hundred and* 87 *State of Indiana, Groom* PATRICK M. HAYMAKER *of* MARION *County, State of* IN, *and, Bride* JENNIFER J. BROWN *of* HENDRICKS *County, State of* HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* NOV., *19* 87. *Signed* /s/ WILLIAM J. BROWN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* NOV., *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. 524

File

Oct. 29 1987
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-21-87

Name of Physician Wm Kendrick, 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 Scott Middle Gregory Last McPike

Date of Birth: Month April Day 17 Year 1958

Place of Birth (State or foreign country): Indpls. Marion In.

Residence Address: Street or R. R. 301 Ellis 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. McPike
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wallacia K. Stanley
   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 Scott G McPike

New Address 301 ELLIS ST Plainfield

Subscribed and sworn to before me this 29 day of Oct, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Ellen Middle Justus Last

Date of Birth: Month Feb. 11 Day Year 1964

Place of Birth (State or foreign country): Indpls. Marion In.

Residence Address: Street or R. R. 301 Ellis 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Justus
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jennie L Kendrickson
   Residence of mother (if deceased so state) Mineola, 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 Ellen Justus

New Address 301 Ellis St Plainfield

Subscribed and sworn to before me this 29 day of Oct, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct. 87, *authorizing the joining together as husband and wife* SCOTT GREGORY McPIKE *and* JO ELLEN JUSTUS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~JACQUELINE AMEAN~~ *hereby certify that on the* 7th *day of* NOV., *one thousand nine hundred and* 87, *State of Indiana, Groom* SCOTT GREGORY McPIKE *at* PLFD., *County of* HENDRICKS, *and, Bride* JO ELLEN JUSTUS *of* HENDRICKS *County, State of* IN, *were by me united 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* NOV., 19 87.

Signed /s/ JACQUELINE AMEAN

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* NOV., 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. 525

File

Oct 29 1987
Date of Application

MALE
Medical Examination Report Dated ~~—~~

Name of Physician ~~—~~

FEMALE
Medical Examination Report Dated 10-29-87

Name of Physician Thomas H. Black III

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Cody Middle L. Last Eads

Date of Birth: Month Feb. Day 6 Year 1964

Place of Birth (State or foreign country) Bloomington In.

Residence Address: 8616 Street or R. R. N. Penn. 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carson L. Eads
   Residence of father (if deceased so state) Indpls. In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Sparks
   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 Cody L Eads

New Address 4136 W 200S DANVILLE

Subscribed and sworn to before me this 29 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Ellen Last Barfell

Date of Birth: Month March Day 27 Year 1961

Place of Birth (State or foreign country) Los Angeles Ca

Residence Address: 4136 Street or R. R. West 200 City South 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.
   Monica Lynn Barfell
   Ashley Rose
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Aaron G. Bradford
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Rosemyn L. Kardesty
   Residence of mother (if deceased so state) Danville In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed NancyEllen Barfell

New Address 4136 W 200S Danville

Subscribed and sworn to before me this 29 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 2 day of ~~Oct.~~ Nov. 87, authorizing the joining together as husband and wife CODY L. EADS and NANCY ELLEN BARFELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MELVIN HEMPHILL hereby certify that on the 7th day of NOV., one thousand nine hundred and 87 at 8616 Penn. St., County of Marion, State of Indiana, Groom CODY L. EADS of MARION County, State of IN, and, Bride NANCY ELLEN BARFELL of HENDRICKS County, State of IN, were by me united 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 NOV., 1987. Signed /s/ MELVIN HEMPHILL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of NOV., 1987

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

278

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 526

File

10-29-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-15-87

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 Timothy Middle Ryan Last Riley

Date of Birth: Month 7 Day 19 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2358 Norris Dr. 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 Robert Howard Riley Jr.
   Residence of father (if deceased so state) Plainfield, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lora Bernice Moffatt
   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 ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Norma Middle Darlene Last Edwards

Date of Birth: Month Day Year

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 2358 Norris Dr. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders dependent children? Yes ☐
   If answer is "yes", it is required that this App ... you are in compliance with any court order or orders is
8. Full name of father
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country
9. Full maiden name of mother
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign cou

male needs to sign

State of Indiana, County of HENDRICKS } ss: ...ation given ...nd correct.

Signed .....

New Address .....

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the ..... day of ....., 19....., authorizing the joining together as husband and wife*

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. 527

File

10-30-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-17-87

Name of Physician E. D. Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle E. Last Presdorf

Date of Birth: Month 5 Day 27 Year 64

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. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Presdorf
   Residence of father (if deceased so state) Ind Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Ope Watson
   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 ☒ Donald E Presdorf

New Address Same

Subscribed and sworn to before me this 30 day of Oct, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle M. Last Cavallero

Date of Birth: Month 7 Day 1 Year 55

Place of Birth (State or foreign country) Ill

Residence Address: Street or R. R. 150 N. Center St. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Leonard Cavallero
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Marion Jeanett Hawk
   Residence of mother (if deceased so state) Same
   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 ☒ Donna M. Cavallero

New Address

Subscribed and sworn to before me this 30 day of Oct, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-Day Waiver and filed in 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 30 day of Oct, 87, authorizing the joining together as husband and wife DONALD E. PRESDORF and DONNA M. CAVALLERO

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 OCTOBER, one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DONALD E. PRESDORF of HENDRICKS County, State of IN, and, Bride DONNA M. CAVALLERO of HENDRICKS County, State of IN, were by me united 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 OCT., 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 30th day of OCT., 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. 528

File

10-30-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-27-87

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 Matt Middle David Last Newton

Date of Birth: Month 12 Day 18 Year 56

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4901 Bybee 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) D. 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 Kenneth W. Newton
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Esther Ruth Marlan
   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 Matt David Newton

New Address Same →

Subscribed and sworn to before me this 30 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Pamela Middle S. Last Jackson

Date of Birth: Month 5 Day 8 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 618 Jackson St. City Ind. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Allison Christine
   ~~Christine~~

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Murray Bennett Owens
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Mae Marshall
   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 Pamela S. Jackson

New Address Same

Subscribed and sworn to before me this 30 day of Oct., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Nov., 19 87, authorizing the joining together as husband and wife MATT DAVID NEWTON and PAMELA S. JACKSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, B. E. NELSON hereby certify that on the 20th day of November, one thousand nine hundred and 87 at Bloomington, County of Monroe, State of Indiana, Groom MATT DAVID NEWTON of Marion County, State of Indiana, and, Bride PAMELA SUE JACKSON 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 November, 19 87.

Signed /s/ B. E. Nelson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of November, 19 87

Signed Mary Jane Russell Clerk

HENDRICKS 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. 529

File

11-2-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 11-5-87

Name of Physician Stephen Keezer / Gregory Stubbs

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lydick

Date of Birth: Month 9 Day 30 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 393 City Coatesville County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Joshua T.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard Allen Lydick
   Residence of father (if deceased so state) Coatesville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Madonna Madge Wheeler
   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 Dennis A Lydick

New Address

Subscribed and sworn to before me this 2 day of Nov., 19 87

Mary Jane Pruett Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Lydick

Date of Birth: Month 7 Day 22 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3129 Crestview Dr. City Plfd County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. 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 T. Cole B.
   Erin L.
   Clinton 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 John Parker Eggers
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolyn Anne Spangate
   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 Tracy L. Lydick

New Address

Subscribed and sworn to before me this 2 day of Nov., 19 87

Mary Jane Pruett Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 Nov., 19 87, authorizing the joining together as husband and wife DENNIS A. LYDICK and TRACY L. LYDICK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 12th day of NOV., one thousand nine hundred and 87 at DANVILLE, County of HENDRICKS, State of IN, State of Indiana, Groom DENNIS A. LYDICK of HENDRICKS County, State of IN, and, Bride TRACY L. LYDICK of HENDRICKS County, State of IN, were by me united 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 NOV., 19 87. Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of NOV., 19 87.

Signed Mary Jane Pruett Clerk HENDRICKS Circuit Court

No. 530

File

11-4-87
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-27-87

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 Jeffrey Middle H. Last Spannan

Date of Birth: Month 2 Day 9 Year 64

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.
   Jessica Nichole Spannan
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Peter Spannan
   Residence of father (if deceased so state) Spencer Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie Ellen Newby
   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 Jeffrey H Spannan

New Address Same as above

Subscribed and sworn to before me this 4 day of Nov., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Becky Middle L. Last Young

Date of Birth: Month 10 Day 13 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11225 W. Wash. St. Lot 61 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. 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.
   Michael David
   Angela Marie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry McNeil Shaw
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Sandra Lucille Kemp
   Residence of mother (if deceased so state) Terre Haute, 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 Becky L Young

New Address Same as above

Subscribed and sworn to before me this 4 day of Nov., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* Nov *, 19* 87 *, authorizing the joining together as husband and wife* JEFFREY H. SPANNAN *and* BECKY L. YOUNG

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* NOV. *one thousand nine hundred and* 87 *at* INDPLS. *, County of* MARION *,*

State of Indiana, Groom JEFFREY H. SPANNAN *of* HENDRICKS *County, State of* IN *,*

and, Bride BECKY 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 28th *day of* NOV. *, 19* 87 .

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* DEC. *, 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. 531

File

11-4-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-27-87

Name of Physician F. Haggerty

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle G. Last Hubbard III

Date of Birth: Month 4 Day 24 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address: Box 221 Street or R. R. Stilesville City Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. 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 Donald Gene Hubbard, II
   Residence of father (if deceased so state) Stilesville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janice Ann Plummer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana,
County of HENDRICKS

Signed

New Address Box

Subscribed and sworn to before me thi

Mary Jane R

CONSENT OF PARENTS, PARENT C

We, the parents, of this applicant herel

signs, state facts which render the cons

State of Indiana,
County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Elaine Middle Sue Last Butler

Date of Birth: Month 12 Day 10 Year 1971

Place of Birth (State or foreign country)

Residence Address: Box 221 Street or R. R. Stilesville City Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barry L. Butler
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Grace E. (Catherine Hines)
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

I do hereby give my permission for my daughter Elaine Sue Butler, age 15, of Clayton, Indiana 46118 to marry Donald Gene Hubbard III, age 20, of Stilesville, Indiana 46180.

10-23-87

Grace Ellen Butler

Grace Ellen Butler

Ethel M. Hostetler
Notary 1-14-91

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 age waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of Nov., 19 87, authorizing the joining together as husband and wife DONALD G. HUBBARD II and ELAINE S. BUTLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT M. SHERMAN hereby certify that on the 7th day of NOVEMBER, one thousand nine hundred and 87 at STILESVILLE, County of HENDRICKS, State of Indiana, Groom DONALD G. GUBBARD II of HENDRICKS County, State of IN and, Bride ELAINE S. 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 7th day of NOV., 19 87 Signed /s/ ROBERT M. SHERMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of NOV., 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. 532

File

11-4-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-26-87

Name of Physician Charles Kelley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Charles Last Dixon

Date of Birth: Month 8 Day 25 Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3950 N. 1000 E #114 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.
   David Dixon
   Lisa Dixon
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lee Dixon
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Evelyn Long
   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 David C. Dixon

New Address 3950 N. 1000 EAST RD #114

Subscribed and sworn to before me this 9 day of November, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Dora Middle Dene Last Blackston

Date of Birth: Month 7 Day 14 Year 54

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 3950 N. 1000E. Lot 114 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.
   Wanda Elizabeth Mosley -10
   Joseph Dewey Mosley II-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 Warren Graham
   Residence of father (if deceased so state) New Jersey
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Wanda Feltner
   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 Dora Dene Blackston

New Address 3950 N 1000 E RD # 114

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 9th day of Nov., 19 87, authorizing the joining together as husband and wife DAVID CHARLES DIXON and DORA DENE BLACKSTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY R. NASH hereby certify that on the 12th day of NOV., one thousand nine hundred and 87 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DAVID CHARLES of HEDNRICKS County, State of IN, and, Bride DORA DENE BLACKSTON of HENDRICKS County, State of IN, were by me united 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 NOV., 19 87.

Signed /s/ JERRY R. NASH

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of NOV., 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. 533

File

11-4-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician statement from doctor

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alfred Middle Eugene Last Hacker

Date of Birth: Month 6 Day 23 Year 1944

Place of Birth (State or foreign country) Morgan Co. Indiana

Residence Address: Street or R. R. 40 Sunset Manor City Martinsville County Morgan State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's 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.
   Gena Marie - age 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 Orville Roscoe Hacker
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian Dorothy Rike
   Residence of mother (if deceased so state) Martinsville, 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 alfred e Hacker

New Address RR#1 Box 121 Stilesville IN

Subscribed and sworn to before me this 4 day of Nov., 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 Margaret Middle Lenora Last Loposa

Date of Birth: Month 5 Day 13 Year 1951

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. R#1 Box 171 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 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.
   Mark Daniel Wilson - 17
   Patrick James Wilson - 14
   Erika Lynn Loposa - 5
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Murray Newbin
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ethel Mae Adams
   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 Margaret L. Loposa

New Address RR1 Box 171, Stilesville, IN 46180

Subscribed and sworn to before me this 4 day of Nov., 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 Nov., 19 87, authorizing the joining together as husband and wife ALFRED EUGENE HACKER and MARGARET LENORA LOPOSSA

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, SHAN RUTHERFORD hereby certify that on the 14th day of NOV., one thousand nine hundred and 87 at GREENWOOD, County of JOHNSON, State of Indiana, Groom ALFRED EUGENE HACKER of MORGAN County, State of IN, and, Bride MARGARET LENORA LOPOSSA of HENDRICKS County, State of IN, were by me united 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 NOV., 19 87. Signed /s/ SHAN RUTHERFORD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of NOV., 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. 534

File

11-4-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 11/6/87

Name of Physician Patricia Sobczyk

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ramey

Date of Birth: Month 7 Day 9 Year 61

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 1730 N. Cottonwood Court City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles A. Ramey
   Residence of father (if deceased so state) Catlettsburg, KY
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty K. Tubbs
   Residence of mother (if deceased so state) Catlettsburg, KY
   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 John C. Ramey

New Address Same as above

Subscribed and sworn to before me this 4th day of November, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Sue Last Burks

Date of Birth: Month 11 Day 12 Year 1960

Place of Birth (State or foreign country) Hendricks Co. Hospital

Residence Address: Street or R. R. 1730 N. 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'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 Thomas Melvin Burks
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eleanor Louise Adamson
   Residence of mother (if deceased so state) Indpls., 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 Lisa S. Burks

New Address 1730 N. Cottonwood Ct. (Same as above)

Subscribed and sworn to before me this 13 day of November, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* NOV., 19 87, *authorizing the joining together as husband and wife* JOHN CHARLES RAMEY *and* LISA SUE BURKS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL AKARD RILEY *hereby certify that on the* 14th *day of* NOV., *one thousand nine hundred and* 87 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* JOHN CHARLES RAMEY *of* HENDRICKS *County, State of* IN, *and, Bride* LISA SUE BURKS *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* NOV., 19 87.

Signed /s/ CARL AKARD RILEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* NOV., 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. 535

File

11-4-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

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 Michael Middle K. Last Merrill Sr.

Date of Birth: Month 12 Day 10 Year 39

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1060 Woodridge 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. 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 Allen D. Merrill
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Gertrude B. Killroy
   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 Michael K. Merrill Sr.

New Address Same as above

Subscribed and sworn to before me this 4 day of Nov, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rita Middle Last Lovko

Date of Birth: Month 5 Day 11 Year 39

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 233 Krewson, City Plfd. County State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 John J. Lovko
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Julia M. Varga
   Residence of mother (if deceased so state) Tennille Ohio
   Birthplace of mother (State or foreign country) Hungary

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rita Jan Lovko

New Address

Subscribed and sworn to before me this 4 day of Nov, 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... on the 9th day of Nov., 87, authorizing the joining together as husband and wife of Indiana dated the ..... and MICHAEL K. MERRILL, SR. and RITA LOVKO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REV. GEORGE A. PURNELL hereby certify that on the 20th day of November, at Pittsboro, County of Hendricks, one thousand nine hundred and 87 at Pittsboro, County of Hendricks, State of Indiana, State of Indiana, Groom MICHAEL K. MERRILL, SR. of Hendricks County, State of Indiana, and, Bride Rita Lovko of Hendricks County, State of HENDRICKS County, were by me united 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 November, 19 87. Signed /s/ Rov. George A. Purnell

Official Designation Pastor, Pittsboro United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of November, 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. 536

File

11-6-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

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 Christopher Middle A Last Birch

Date of Birth: Month 11 Day 15 Year 66

Place of Birth (State or foreign country) IN

Residence Address: Street or R. R. 104 N. Grant City B'burg, 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. 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 James Michael Birch
   Residence of father (if deceased so state) Danville, Ind
   Birthplace of father (State or foreign country) Ky or Ind
9. Full maiden name of mother Margaret Ann Cline
   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 Christopher A Birch

New Address 104 N. Grant; Brownsburg, IN 46112

Subscribed and sworn to before me this 6 day of Nov., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Julie Middle A. Last Konovsek

Date of Birth: Month 2 Day 24 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R. R. 5305 E. 450 N. 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. 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 Frank Joseph Konovsek
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Marie Birmingham
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Julie A Konovsek

New Address 104 N. Grant; Brownsburg, IN 46112

Subscribed and sworn to before me this 6 day of Nov., 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Nov. *, 19* 87 *, authorizing the joining together as husband and wife* CHRISTOPHER A. BIRCH *and* JULIE A. KONOVSEK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REV. MARTIN A. PETER *hereby certify that on the* 21st *day of* November *, one thousand nine hundred and* 87 *at* Brownsburg *, County of* Hendricks *, State of Indiana, Groom* CHRISTOPHER A. BIRCH *of* HENDRICKS *County, State of* INDIANA *, and, Bride* JULIE A. KONOVSEK *of* HENDRICKS *County, State of* INDIANA *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* November *, 19* 87 .

Signed /s/ Rev. Martin A. Peter

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* November *, 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. 537

File

11-9-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-23-87

Name of Physician Dulce M. Lammers M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle Clifford Last Nichols

Date of Birth: Month 6 Day 4 Year 1967

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R. R. R#2 Box 169B 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) 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.
   Brian Stephen Nichols 6 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 Clifford C. Nichols
   Residence of father (if deceased so state) Fillmore, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Wheeler
   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 Stephen Nichols

New Address R2 Box 169-B CLAYTON

Subscribed and sworn to before me this day of , 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 Kimberly Middle Ann Last Schludecker

Date of Birth: Month Oct Day 28 Year 1968

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R#2 Box 169B 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 James A. Schludecker
   Residence of father (if deceased so state) Shelbyville, In
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Laura C. Stilwell
   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 Kim Schludecker

New Address R.R. 2 BOX 169-B

Subscribed and sworn to before me this 9th day of Nov. , 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 4th day of November and STEPHEN C. NICHOLS KIMBERLY ANN SCHLUDECKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 3rd day of DEC. , one thousand nine hundred and 87 at DANVILLE , County of HENDRICKS , State of IN , of HENDRICKS County, State of IN , and, Bride KIMBERLY ANN SCHLUDECKER of HENDRICKS County, State of IN , were by me united 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 DEC. , 19 87.

Signed /s/ MARY LEE COMER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of DEC. , 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. 538

File

11-9-87
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 3-3-87

Name of Physician James A. Myers, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle R. Last Temple

Date of Birth: Month Jan Day 14 Year 1965

Place of Birth (State or foreign country) W. Va.

Residence Address: Street or R. R. 2306 Lake of Lanterns Dr. City Hend. County Indpls. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Robert L. Temple
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Pa
9. Full maiden name of mother Carol Craig
   Residence of mother (if deceased so state) Marienville, Pa.
   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 ✕ Daniel R. Temple

New Address Same

Subscribed and sworn to before me this 9 day of Nov, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Terrie Middle Lynn Last Wyant

Date of Birth: Month 5 Day 13 Year 65

Place of Birth (State or foreign country) Ft. Campbell Kentucky

Residence Address: Street or R. R. 3047 Olive Ave. 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 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
   Lavon Rickelle Wyant - age 2 mo.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lavon Wyant, Jr.
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Anne Bartlett
   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 Terrie Wyant

New Address 2306 Lake of Lanterns Dr.

Subscribed and sworn to before me this 13 day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 13 *day of* Nov. *, 19* 87 *, authorizing the joining together as husband and wife* DANIEL R. TEMPLE *and* TERRI LYNN WYANT

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* NOV. *, one thousand nine hundred and* 87 *at* INDPLS. *, County of* MARION *, State of Indiana, Groom* DANIEL R. TEMPLE *of* HENDRICKS *County, State of* IN *, and, Bride* TERRI LYNN WYANT *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* NOV. *, 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* NOV. *, 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. 539

File

11-9-87 Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated 11-9-87

Name of Physician O'Brian

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Brown

Date of Birth: Month April Day 7 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 412 Williston Ct. City Indpls. County Marion State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John D. Brown
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary C. Stizgall
   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 Michael D Brown

New Address 412 Williston Ct.

Subscribed and sworn to before me this 9 day of Nov, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kelley Middle Lea Last Adams

Date of Birth: Month July Day 1 Year 1969

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 741 Winters Rd. City Plainfield 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 Robert L. Adams
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Cynthia J. Closey
   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 Kelley Lea Adams

New Address 412 Williston Ct. Indpls. In.

Subscribed and sworn to before me this 9 day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 November, 19 87, authorizing the joining together as husband and wife MICHAEL DAVID BROWN and KELLY LEA ADAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW P. CROWLEY hereby certify that on the 14th day of NOV., one thousand nine hundred and 87 at SPEEDWAY, County of MARION, State of Indiana, Groom MICHAEL DAVID BROWN of HENDRICKS County, State of IN, and, Bride KELLY LEA ADAMS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of NOV., 19 87.

Signed /s/ ANDREW P. CROWLEY

Official Designation SENIOR MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of NOV., 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. 540

File

11-9-87
Date of Application

MALE
Medical Examination Report Dated N/A

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 Harry Middle Bernard Last Greene III

Date of Birth: Month Mar. Day 5 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 10016 Hendricks N. Dr. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Linkous

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry B Greene, Jr.
   Residence of father (if deceased so state) Beech Grove In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Gertrude Richart
   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 B. Greene III

New Address

Subscribed and sworn to before me this 9 day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle Diane Last Linkous

Date of Birth: Month Nov. Day 24 Year 1955

Place of Birth (State or foreign country) In.

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. Linkous

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Barr
   Residence of father (if deceased so state) Indpls
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Carol Kampinsky
   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 Teresa D. Linkous

New Address

Subscribed and sworn to before me this 9 day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 12th day of Nov., 19 87, authorizing the joining together as husband and wife HARRY GREENE and THERESA LINKOUS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOWARD ELY hereby certify that on the 14th day of NOV., one thousand nine hundred and 87 at INDPLS., County of MARION, State of Indiana, Groom HARRY GREENE of HENDRICKS County, State of IN, and, Bride THERESA LINKOUS of HENDRICKS County, State of IN, were by me united 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 NOV., 19 87.

Signed /s/ HOWARD GENE ELY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of NOV., 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. 541

File

11-9-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 11-5-87

Name of Physician S. Hooga

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Paul Last Acker

Date of Birth: Month 5 Day 4 Year 55

Place of Birth (State or foreign country) Iowa

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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jill
   Kara
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard Fred Acker
   Residence of father (if deceased so state) Waverly Ind.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Arvada Porter
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X David Acker

New Address Same as above

Subscribed and sworn to before me this 9 day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Abigail Middle Lawson Last

Date of Birth: Month 5 Day 17 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11315 W. Wash. St. City Indpls. County Hend. Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee,

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Kent
   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 Walter Clifford Harp
   Residence of father (if deceased so state) Ind. Poyd.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary Taylor
   Residence of mother (if deceased so state) Clayton
   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 Abigail Lawson

New Address Same

Subscribed and sworn to before me this 9 day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 13 *day of* November, 19 87, *authorizing the joining together as husband and wife* DAVID PAUL ACKER *and* ABIGAIL LAWSON

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* NOV., *one thousand nine hundred and* 87 *at* INDPLS., *County of* MARION, *State of* IN, *State of Indiana, Groom* DAVID PAUL ACKER *of* HENDRICKS *County, State of* IN, *and, Bride* ABIGAIL 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 14th *day of* NOV., 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* NOV., 19 87

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

No. 542

File

Nov. 10, 1987
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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 Robert Middle L. Last Mc Daniel

Date of Birth: Month October Day 3 Year 1944

Place of Birth (State or foreign country) Sulphur Springs Arkansas

Residence Address: Street or R. R. 861 Ridge Hill Way City Ptfl. 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.
   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 Owen Leslie Mc Daniel
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Glenna Evelyn Dunge
   Residence of mother (if deceased so state) deceased
   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 Robert L Mc Daniel

New Address 861 Ridge Hill Way

Subscribed and sworn to before me this 10th day of Nov., 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 R. Last Horton

Date of Birth: Month July Day 9 Year 1945

Place of Birth (State or foreign country) Adolph Marion In.

Residence Address: Street or R. R. 1935 Country Crossing 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.
   Sheena Suzanne Horton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hoff
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma Mildred Rust
   Residence of mother (if deceased so state) Indpls.
   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 Cynthia R Horton

New Address 861 Ridge Hill Way

Subscribed and sworn to before me this 10th day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Nov. *, 19* 87 *, authorizing the joining together as husband and wife* ROBERT L. MC DANIEL *and* CYNTHIA R. HORTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WENDELL W. MAYER *hereby certify that on the* 20th *day of* November *, one thousand nine hundred and* 87 *at* Indianapolis *, County of* Marion *, State of Indiana, Groom* ROBERT L. MC DANIEL *of* HENDRICKS *County, State of* INDIANA *and, Bride* CYNTHIA R. HORTON *of* MARION *County, State of* INDIANA *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* November *, 19* 87 .

Signed /s/ Wendell W. Mayer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* November *, 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. 543

File

11-10-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 11-12-87

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 Victor Middle Louis Last Pevler

Date of Birth: Month 12 Day 22 Year 1963

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 207 E. Rd 200 S. City Danville, County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edwin Pevler
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Inez Marie Debuger
   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 Victor L Pevler

New Address Same

Subscribed and sworn to before me this 10th day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Laura Middle Ann Last Allen

Date of Birth: Month 6 Day 15 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 34 Cressant Ct. City Camby County Morgan State IN.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wayne Allen
   Residence of father (if deceased so state) Camby, IN.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Joe ann Sapp
   Residence of mother (if deceased so state) Camby, 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 Laura Allen

New Address 207 E. Rd 200 S. Danville

Subscribed and sworn to before me this 12 day of Nov., 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* Nov. *, 19* 87 *, authorizing the joining together as husband and wife* VICTOR LOUIS PEVLER *and* LAURA ANN ALLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HARLAN KINCADE *hereby certify that on the* 5th *day of* DEC. *, one thousand nine hundred and* 87 *at* WHITESTONE CHRISTIAN CHURCH *, County of* HENDRICKS *, State of Indiana, Groom* VICTOR LOUIS PEVLER *of* HENDRICKS *County, State of* IN *and, Bride* LAURA ANN ALLEN *of* ~~HENDRIX~~ 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 5th *day of* DEC. *, 19* 87 *Signed* /s/ HARLAN KINCADE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* DEC. *, 19* 87 *Clerk*

Signed Mary Jane Russell HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 544

File

11-12-87
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 11-13-87

Name of Physician Dr. Harvey Hinebstein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Allen Last Meyer

Date of Birth: Month 5 Day 6 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9937 Medallion Drive City Indianapolis 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 William R. Meyer
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nella D. Phillips
   Residence of mother (if deceased so state) Turpinsprings, 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 Richard A Meyer

New Address Same as above

Subscribed and sworn to before me this 12th day of November, 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Deanna Middle Rae Last Clark

Date of Birth: Month 3 Day 15 Year 1967

Place of Birth (State or foreign country) Indianapolis, Marion Co., In.

Residence Address: Street or R. R. 9937 Medallion Dr. Indpls. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 David Clark
   Residence of father (if deceased so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jackquelyn Kay Rodgers
   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 Deanna Rae Clark

New Address same as above

Subscribed and sworn to before me this 18 day of Nov., 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* November, 1987, *authorizing the joining together as husband and wife* RICHARD ALLEN MEYER *and* DEANNA RAE CLARK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM P. HENDRICKS *hereby certify that on the* 21 *day of* NOV., *one thousand nine hundred and* 87 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD ALLEN MEYER *of* HENDRICKS *County, State of* IN, *and, Bride* DEANNA RAE 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 18th *day of* NOV., 19 87.

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* NOV., 19 87.

Signed /s/ WILLIAM P. HENDRICKS

Official Designation PASTOR

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Re-Marriage

297

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 545

File

11-13-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 11-5-87

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 Kurt Middle Lee Last Deppert

Date of Birth: Month 6 Day 24 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 762 Dan Jones Rd. 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Chester Eugene Deppert Sr.
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Lee Hatfield
   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 Kurt Lee Deppert

New Address 762 Dan Jones Rd.

Subscribed and sworn to before me this 13 day of Nov., 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 Regina Middle Kay Last Deppert

Date of Birth: Month 9 Day 22 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 762 Dan Jones Rd. 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.
   Kurt Aron Deppert-6
   Matthew Michael Deppert-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 Michael Dewayne Richardson
   Residence of father (if deceased so state) Plainfield, IN.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Kay Glover
   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 Regina Kay Deppert

New Address 762 Dan Jones Rd.

Subscribed and sworn to before me this 13 day of Nov., 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* 18 *day of* Nov., 1987, *authorizing the joining together as husband and wife* KURT LEE DEPPERT *and* REGINA KAY DEPPERT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD *hereby certify that on the* 27th *day of* NOV., *at* INDPLS., *County of* MARION, *State of* IN, *one thousand nine hundred and* 87, *State of Indiana, Groom* KURT LEE DEPPTER *of* HENDRICKS *County, State of* IN, *and, Bride* REGINA KAY DEPPERT *of* HENDRICKS *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27th *day of* NOV., 19 87. *Signed* /s/ MYRON BARNARD *Official Designation* JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* DEC., 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. 546

File

11-13-87 Date of Application

MALE
Medical Examination Report Dated N/A
Name of Physician

FEMALE
Medical Examination Report Dated 11-9-87
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Michael Last Palmer

Date of Birth: Month July Day 6 Year 1944

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. P.O. Box 119 City Noblesville County Hamilton State

Previous 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.
   Angela Palmer - 18
   Gregory " - 17
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lucian Palmer
   Residence of father (if deceased so state) Noblesville In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Ardella Cox
   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 Joseph M Palmer
New Address 105 E. COLLEGE Brownsburg IN

Subscribed and sworn to before me this 13 day of Nov, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle Dae Last Hawtin

Date of Birth: Month Feb. Day 5 Year 1951

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 105 E. College 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. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christina Hawtin - 17
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Stafford
   Residence of father (if deceased so state) Greenwood In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Lozzelle Pennington
   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 Donna D. Hawtin
New Address 105 E. College Ave. Brownsburg, IN 46112

Subscribed and sworn to before me this 13 day of Nov, 19 87.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 7 *day of* December, 19 87, *authorizing the joining together as husband and wife* JOSEPH PALMER *and* DONNA HAWTIN *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, LARRY A. STAFFORD *hereby certify that on the* 27th *day of* DEC., *one thousand nine hundred and* 87 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JOSEPH PALMER *of* HAMILTON *County, State of* IN, *and, Bride* DONNA HAWTIN *of* HENDRICKS *County, State of* IN, *were by me united 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 87.

Signed /s/ LARRY A. STAFFORD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* DEC., 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. 547

File

11-13-87 Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 10-29-87

Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Frank Middle Edgar Last Guthrie III

Date of Birth: Month 1 Day 17 Year 49

Place of Birth (State or foreign country) Indianapolis Marion Co. In.

Residence Address: Street or R.R. 1639 N. Washington, 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.
   Tricia - age 16
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Guthrie, Jr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gwendolyn Goodwin
   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 ☒ Frank E. Guthrie III

New Address 1639 N. Washington St.

Subscribed and sworn to before me this 13 day of Nov. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Ann Last Geiger

Date of Birth: Month 3 Day 23 Year 1957

Place of Birth (State or foreign country) Anderson, Madison Co., In.

Residence Address: Street or R.R. 3631 St. Thomas Blvd. Apt G, City Ingle. 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 - Picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Eugene Geiger
   Residence of father (if deceased so state) Anderson, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Breese
   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 Lisa A. Geiger

New Address 1639 N. Washington St.

Subscribed and sworn to before me this 13 day of Nov. 19 87

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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* 17 *day of* November, 19 87, *authorizing the joining together as husband and wife* FRANK E. GUTHRIE III *and* LISA A. GEIGER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT E. PEBLEY *hereby certify that on the* 21st *day of* NOV., 19 87, *at* ANDERSON, *County of* MADISON, *one thousand nine hundred and* 87, *State of Indiana, Groom* FRANK E. GUTHRIE III *of* HENDRICKS *County, State of* IN, *and, Bride* LISA A. GEIGER *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* NOV., 19 87. *Signed* /s/ ROBERT E. PEBLEY

Official Designation SENIOR MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* DEC., 19 87.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*