Need big de dates of proceduit

white orms of Marjoine

Genelline Benjamin

### **FAMILY GROUP SHEET** Rezlestate brokery developer WALTER WILLIAM KLUS Date of Death VALLEY Present Address (or) Place of Burial\_\_\_ His Mother's Maiden Name Place\_ Date of Marriage of HUSBAND and WIFE on this sheet \_\_\_\_ Check here if there was another marriage: By husband ☐ By Wife ☐ Was this couple divorced? Yes □ WIFE'S MAIDEN NAME (Use separate sheet for each marriage) Date of Birth.\_\_ Date of Death\_ Present Address (or) Place of Burial Her Father JOHN C. Her Mother's Maiden Name \_ Items of interest about the above couple (occupations, hobbies, achievements; social, civil, and political activities; physical descriptions-include photos if possible; military service; cause of death): Use reverse side for additional information Have Birth Death Marriage CHILDREN family Information Information Information (Arrange in order of birth) sheet 2 3 4 5 Check here if there are additional children Footnoting. To substantiate the information recorded on this page, please use the footnotes listed below. One of these numbers should be placed in the circle provided next to each answer on the questionnaire. If you got the information from a source not listed, place that source on a vacant line and use the number next to which it has been placed as your footnote number. only if you have filled in the blank from personal knowledge (such as the name of your brother). If you must look up his marriage date, give as the source wherever you looked it up. If you asked him, give his name as the source. 1 Name and address of person filling in this sheet. @ 3 **4 ⑤** Steve Benjamin 3-28-93

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⑥⑦⑧

# Biographical Information for WALTER W. KLUS

fill it out as completely and	s to gather information that will I accurately as possible. Also ple can. Use additional pages for b	ase feel free to include any add	ur family history. Please ditional information on the
Last Name: KLUS	1st Name:1st Name:	Middle Name(s): <u> </u>	UAM
Nickname: "WALLY	// Prefix (Dr., Capt., Rev., etc.):	Suffix (Sr., Jr.,	M.D., etc.):
Birth Date: 3/29/32	Place (City, Twp): ANGER	County:) MAG	158W (State): IM DIANK
Bap / Christ. Date:	Place (City, Twp):	(County:)	(State):
Death Date:	Place (City, Twp):	(County:)	(State):
Burial Date:	Place (City, Twp):	(County:)	(State):
Cemetery:	Cause of Death:	Complications: _	<del></del>
Father: WILLS £.	Klus,	Nother: 2/4 R. 614 Koo	us KLUS
Married First:: CARI	DLYN ULMER KL	1.0	in a separate form for this person.)
Marriage Date: 6/1/5	Place (City, Twp): Chec A	(County:) (3 & A	(State): Illinio U
	CGe, DIAWA, John	A.2	in a separate form for each child.)
Divorce Date:	Place (City, Twp):		
Married Second::		(Please fill	in a separate form for this person.)
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:		(Please fill	in a separate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)	(State):
Married Third::		(Please fill	in a separate form for this person.)
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:		(Please fill	in a separate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)	(State):
Residence(s): 7017 U	Alley Men Rd, Eo	UNA, MN 55439	<u> </u>
Military Service, Rank, Honors, De	ecorations:	,	
Battles, campaigns, etc. (Use sepa			
Civil/Community Service:	10P, ICSC, MSC-	SUNDAY SCASSL TO	enchel
Education: BA-ECO	NUMICS - MBA	Studies	
Degrees. Honors:			·
Occupation(s): Kepl to	StAte BRIKER + K	Developer	
Hobbies, Artistic, Musical Interest	<b>;</b>	Rendina.	
Career Highlights:	INATOR ACQUISITION,	Men 6eus, y Divæstme	at- GULFOIL COM
Religious Affiliations:	Aptist		
Political Affiliation	rubLICAN		
Fraternal. Service, etc. Organization	on Affiliations: 5 A.E. Fran	ferrity	
Prepared By:	tolla		25/93
Sources:		/	/ -
Remarks:			

## Biographical Information for <u>Carolyn Ulmer Rlus</u>

The purpose of this form is to gather information that will be used in writing a book on our family history. Please

fill it out as completely and accurately as possible. Also please feel free to include any additional information on the life of this person that you can. Use additional pages for biographical information. 1st Name: <u>Carolun</u> Last Name: Prefix (Dr., Capt., Rev., etc.): Suffix (Sr., Jr., M.D., etc.): Nickname: Place (City, Twp): (County:) Birth Date: Hua Bap./Christ. Date: Place (City, Twp): (County:) (State): Death Date: Place (City, Twp): (County:) (State): **Burial Date:** Place (City, Twp):\_ (County:) (State): Cause of Death: Complications: Ulmer Ellen Smith Ulmer Mother: Walter (Please fill in a separate form for this person.) (County:) John (Please fill in a separate form for each child.) **Divorce Date:** Place (City, Twp): (County:) Married Second:: (Please fill in a separate form for this person.) Marriage Date: Place (City, Twp): (County:) (State): Born to this union: \_ (Please fill in a separate form for each child.) Divorce Date: Place (City, Twp):\_ (County:) (State):\_ Married Third:: (Please fill in a separate form for this person.) Place (City, Twp): (County:) (State):\_ Born to this union: (Please fill in a separate form for each child.) Divorce Date: Place (City, Twp): (County:) (State):\_ Military Service, Rank, Honors, Decorations: Battles, campaigns, etc. (Use separate sheet if necessary):\_ e Pauw University Degrees. Honors: Homemaker Gardening Hobbies, Artistic, Musical Interests: 13,614 Career Highlights: Religious Affiliations: **Political Affiliation** Omicron ALpha Fraternal, Service, etc. Organization Affiliations: 3/24/93 Klus Prepared By: Sources: Remarks:

### **FAMILY GROUP SHEET** HUSBAND'S NAME GEORGE W. KLUS Date of Death\_ 5233 LOCKLEY DR Present Address (or) Place of Burial\_\_\_\_ His Father WALTER WILLIAM KLUS (2) His Mother's Maiden Name 27 JUN 1981 (2) Place EDINA, HENNEPIN, Date of Marriage of HUSBAND and WIFE on this sheet \_\_\_\_ Was this couple divorced? Yes □ Check here if there was another marriage: By husband ☐ By Wife ☐ WIFE'S MAIDEN NAME ANNE LORRAINE MOLLISON (Use separate sheet for each marriage) Date of Birth\_ Date of Death\_ Present Address (or) Place of Burial\_ (3) Her Mother's Maiden Name NORMA TNEKLA BEER Items of interest about the above couple (occupations, hobbies, achievements; social, civil, and political activities; physical descriptions-include photos if possible; military service; cause of death): Use reverse side for additional information Have Marriage CHILDREN Birth Death family Information Information (Arrange in order of birth) Information sheet (Adopted) 1 1 Aug 199 ORTONVILL ANDREW WILLIAM 2 3 4 ΑТ ΩN 5 Check here if there are additional children Footnoting. To substantiate the information recorded on this page, please use the footnotes listed below. One of these numbers should be placed in the circle provided next to each answer on the questionnaire. If you got the information from a source not listed, place that source on a vacant line and use the number next to which it has been placed as your footnote number. only if you have filled in the blank from personal knowledge (such as the name of your brother). If you must look up his marriage date, give as the source wherever you looked it up. If you asked him, give his name as the source. 1) Name and address of person filling in this sheet. Klus response to my biographical enquiry 3-25 ② ③

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(4) Czrulyn Klus (5) (6) (7)

# Biographical Information for George W KLUS

The purpose of this form is to gather information that will be used in writing a book on our family history. Please fill it out as completely and accurately as possible. Also please feel free to include any additional information on the life of this person that you can. Use additional pages for biographical information.

Nickname:	1st Name: <u>Ceorse</u> Mi	ddle Name(s):	Willian	21
Contractive Contraction Contra	Prefix (Dr., Capt., Rev., etc.):	s	uffix (Sr., Jr., M.D., etc.):	
Birth Date: 8/20/56	Place (City, Twp): Chicago	(County:)	Cook	(State):
Bap/Christ. Date: 1967	Place (City, Twp): Denver	(County:)	Denver	(State):(
Death Date:	Place (City, Twp):	(County:)		_(State):
Burial Date:	Place (City, Twp):	(County:)		_(State):
Cemetery:	_ Cause of Death:	Com	plications:	
Father: Walter W	<u> </u>	Carel	ra Ulmer	Leus
Married First:: Anne Lo	orreine Mollison		_(Please fill in a separate	form for this person.)
Marriage Date: 6/27/8/	Place (City, Twp): Edina	(County:)	Hanepin	(State): 110 N
Born to this union: Hadre	w William Kou	5 Adas	(Please fill in a separate	form for each child.)
Divorce Date:	Place (City, Twp):	(County:)		_ (State):
Married Second::			_(Please fill in a separate	form for this person.)
Marriage Date:	Place (City, Twp):	(County:)		_(State):
Born to this union:			_(Please fill in a separate	form for each child.)
Divorce Date:	_ Place (City, Twp):	(County:)		(State):
Married Third::	- V 0. W	2000	_(Please fill in a separate	form for this person.)
Marriage Date:	_ Place (City, Twp):	(County:)		_(State):
Born to this union:			_(Please fill in a separate	form for each child.)
Divorce Date:	Place (City, Twp):	(County:)		_(State):
Residence(s): # 52	33 Lockley Drive	Edi	a MW55	436
Military Service, Rank, Honors, Decoratio	ns: <i>NH</i>			
Battles, campaigns, etc. (Use separate sh	eet if necessary):			
Civil/Community Service:	CASA PROTOCO PER COMPANY			
Education: BA + Heal	the Hospital Ada	1. 5-	BUSINCESI	Adm .
Degrees, Honors:	Augustana Colle	ze 5	O Greelos	to Studie
Occupation(s): Commerci	cal Real Estate &	Piesu	Jest/KEO 7	cinity Media
Hobbies, Artistic, Musical Interests:	Swining Cempin	15 Co	noeine De	1 DOORS
Hobbies, Artistic, Musical Interests:	Swirming Cempin	is, Co	neering De	1 DOORS
and the same of th	Swinning Cempin	15, Co	neering Do	17 Dears
Career Highlights:	by.	is, Co	neeung Do	UT DOORS
Career Highlights: F	by.	15, Co	neeung De	J DOORS
Career Highlights: FREIIglous Affiliations: Religious Affiliation Rep	by.		3/25/93	J Deers
Career Highlights:  Religious Affiliations:  Political Affiliation  Fraternal. Service, etc. Organization Affiliation	by.	Date;	3/25/93	J Deers
Career Highlights:	by.	Date:	3/25/93	J DOORS

Biographical Information for ANNE MOLLISON KLUS

The purpose of this form is to gather information that will be used in writing a book on our family history. Please

Last Name: Mocci So	u can. Use additional pages for biog		RRAINE
Nickname: <u>ANNIE</u>	Prefix (Dr., Capt., Rev., etc.):	Suffix (Sr., Jr.,	M.D., etc.):
Birth Date: 8-3-195	3 Place (City, Twp): No blesuill	e (County:) Ham	iltrustate): Indian
Bap/Christ, Date: <u>Sept.</u> /	953 Place (City, Twp): Carmel	(County:) Lane	SHow (State): Inpian
Death Date:	Place (City, Twp):	(County:)	(State):
Burial Date:	Place (City, Twp):	(County:)	(State):
Cemetery:	Cause of Death:	Complications:	
Father: JAMES W	ATT MOLLISON Moth	er: NORMA THEKL	A (BEER) MOLLISO
Married First:: to Gec	rge William Klus	(Please fill	in a separate form for this person.)
Marriage Date: 6-21-/	981 Place (City, Twp): EDINA	Adopted (County:) Her	WERIN (State): MN
Born to this union: AND	DREW WILLIAM KLO	Adopted (Please fill	in a separate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)	(State):
		79 5608	in a separate form for this person.)
Marriage Date:	Place (City, Twp):		(State):
		DEAV. VARIANCE	in a separate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)	(State):
Married Third::			
	Place (City, Twp):		(State):
Born to this union:	======================================	- 14 54	in a separate form for each child.)
Divorce Date:	Place (City, Twp):		(State):
Residence(s): 5233	LOCHLOY DRIVE 1	EDINA MN 5	5436
Military Service, Rank, Honors,	Decorations:		
Battles, campaigns, etc. (Use se	parate sheet if necessary):		
Civil/Community Service:			
Education: B.A. M	usic Enclosation -	Augsburg Cou	Lice 1976
Degrees, Honors:		0	0
Occupation(s): CHOR	OU DIRECTOR - H	ah School	
Hobbies, Artistic, Musical Intere	sts: Voice Prano Anti	aus FloRAL	Avrangina Cost
Career Highlights: - also	direct Major Mi	usicals in Con	mnounite + H.S.
Religious Affiliations: 0/2	rist Presbutinan C	hurch - Edin	a MN o Thea
Political Affiliation	publican		7
	tion Affiliations: Executive S	Decretary Ameri	can Chivae Divocti
2.0	1/1	1, 10 7	harch 1993
Prepared By: _ / / / /	ie Klus	Date*	1000000
Prepared By:	u rus	Date: /8 //	acen 1993

Adarted
Biographical Information for <u>Hndrew William</u> Klus

The purpose of this form is to gather information that will be used in writing a book on our family history. Please

	accurately as possible. Also please an.  Use additional pages for biogr			nformation on the
ast Name: Klus	1st Name: Andrew	Middle Name(s): _	Willia	m
lickname:	Prefix (Dr., Capt., Rev., etc.):	Suff	ix (Sr., Jr., M.D., etc.	):
Birth Date: <u>Aug. 1, 199</u> 1	Place (City, Twp): Or ton vill		Dig STON	E (State): MN
ap/Christ. Date: 10-13-0	91 Place (City, Twp): Edina	(County:)	Dennepin	(State): <i>HN</i>
eath Date:	Place (City, Twp):	(County:)	<u> </u>	(State):
urial Date:	Place (City, Twp):	(County:)	· · · · · · · · · · · · · · · · · · ·	(State):
emetery:	Cause of Death:	Compl	ications:	
ather: George U	<u> Jilliam Klus Moth</u>	er: Anne	Lorraine	(Mollison)
arried First::		[	Please fill in a separa	te form for this person.)
arriage Date:	Place (City, Twp):	(County:)		(State):
orn to this union:		(	Please fill in a separa	te form for each child.)
ivorce Date:	Place (City, Twp):	(County:)		(State):
arried Second::		(	Please fill in a separa	te form for this person.)
arriage Date:	Place (City, Twp):	(County:)		(State):
orn to this union:		(	Please fili in a separa	te form for each child.)
lvorce Date:	Place (City, Twp):	(County:)		(State):
larried Third::	<del></del>	(	Please fill in a separa	te form for this person.)
larriage Date:	Place (City, Twp):	(County:)		(State):
orn to this union:		(	Please fiil in a separa	te form for each child.)
ivorce Date:		(County:)	<del></del>	(State):
esidence(s): 5233	Lochlon Drive	9 dinas, 1	1N 554	-36
liltary Service, Rank, Honors, Dec	orations:			· · · · · · · · · · · · · · · · · · ·
attles, campaigns, etc. (Use separa	ate sheet if necessary):			
ivil/Community Service:				
ducation:				
Degrees. Honors:				
Occupation(s):			<del></del>	
lobbies, Artistic, Musical Interests:	:		· 	
Career Highlights:				
Religious Affiliations: Chris	st Presbyterian	· Church	<u> </u>	
Political Affiliation				···
Fraternal. Service, etc. Organization	n Affiliations:			
Prepared By: Anne	Klus (mother)	Date:	3-25-	93
Sources:	<u> </u>			,
Remarks:	7/77-1974			
		-		

## **FAMILY GROUP SHEET** HUSBAND'S NAME STEVEN PRESCOTT BENJAMIN Date of Death\_ Present Address (or) Place of Burial 5705 WOODBRINGE RD. His Father WALTER WILLIAM BENJAMIN (2) His Mother's Maiden Name ... Date of Marriage of HUSBAND and WIFE on this sheet \_\_\_\_ Check here if there was another marriage: By husband ☐ By Wife ☐ Was this couple divorced? Yes □ WIFE'S MAIDEN NAME DIANA LYNN KLUS (Use separate sheet for each marriage) Date of Birth\_ Date of Death\_ Present Address (or) Place of Burial\_ Her Father WALTER MILLIAM KLUS Her Mother's Maiden Name \_ Items of interest about the above couple (occupations, hobbies, achievements; social, civil, and political activities; physical descriptions-include photos if possible; military service; cause of death): Use reverse side for additional information Have CHILDREN Birth Death Marriage family Information (Arrange in order of birth) Information Information sheet 2 2 3 4 ΑТ 5 Check here if there are additional children [ Footnoting. To substantiate the information recorded on this page, please use the footnotes listed below. One of these numbers should be placed in the circle provided next to each answer on the questionnaire. If you got the information from a source not listed, place that source on a vacant line and use the number next to which it has been placed as your footnote number. only if you have filled in the blank from personal knowledge (such as the name of your brother). If you must look up his marriage date, give as the source wherever you looked it up. If you asked him, give his name as the source. 1) Name and address of person filling in this sheet. ② ③

22150 Springfield, Virginia

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Biographical Information for Steven Present Benjamus

The purpose of this form is to gather information that will be used in writing a book on our family history. Please

fill it out as completely and accurately as possible. Also please feel free to include any additional information on the

ife of this person that you ca ast Name: below common	n. Use additional pages for biograph1st Name:Stlub.		Pregentt
lickname:	Prefix (Dr., Capt., Rev., etc.):	ALEXONO DO MADIMANE.	
Sirth Date: 4-22-14			(State): \(\sum_{\omega}\omega A
Bap./Christ. Date:	Place (City, Twp):	-Realisto Makes	(State):
Death Date:	Construct Manufacture and Manu		(State):
Burial Date:			(State):
Cemetery:	Cause of Death:		ons:
Father: Walter Willi	am Benjamin Mother:	The second second	Geraldine Benjania
Married First:: DIANA	LYNN KLUS	9	se fill in a separate form for this person.)
Marriage Date: 9-30 - 89	Place (City, Twp): ROSEVILLE	0	terited and a service of the properties and the properties of the properties and the properties of the properties and the prope
Born to this union: Loke	WALTER, JOEL PRES		
	Place (City, Twp):		(State):
Married Second::		(Pleas	se fill in a separate form for this person.)
Marriage Date:	Place (City, Twp):		(State):
Born to this union:		- MANAGERINE STATE	se fill in a separate form for each child.)
	Place (City, Twp):		(State):
Married Third::			se fill in a separate form for this person.)
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:		(Pleas	se fill in a separate form for each child.)
Divorce Date:	Place (City, Twp):		
Residence(s): 5105	WOODRIDGE ZD	MINNE	TONKA MA SS34
Military Service, Rank, Honors, Deco	rations:		
Battles, campaigns, etc. (Use separat	te sheet if necessary):		
Civil/Community Service:			
Education: B.A. W	AMLINE UNIVERSITY	(ST. PAUL	MN) 5/86
Degrees, Honors:	ITICAL SCIENCE		
Occupation(s): BANKIN	16 (TRAINER)		
Hobbies, Artistic, Musical Interests:			
Career Highlights:			
Religious Affiliations: 5 A.C	TIST		
Political Affiliation 72 E P	BLICAN		
	Affiliations:		· · · · · · · · · · · · · · · · · · ·
8_ 321-3700	MUNATURG		-23-93
		12/3/04/	
AND PROPERTY AND P			

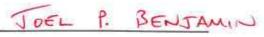
originally Dinna Lynn Klus

Biographical Information for DIANA LYNN BENTALINE

The purpose of this form is to gather information that will be used in writing a book on our family history. Please fill it out as completely and accurately as possible. Also please feel free to include any additional information on the life of this person that you can. Use additional pages for biographical information.

Last Name:	1st Name: DIANA	Middle Name(s):	トインで	
Nickname:	_ Prefix (Dr., Capt., Rev., etc.):	S	uffix (Sr., Jr., M.D., et	c.):
Birth Date: 12-20-59	_ Place (City, Twp): _ Chucaeyo	(County:)	Cook	(State):
Bap./Christ. Date:	Place (City, Twp):	(County:)		(State):
Death Date:	Place (City, Twp):	(County:)		(State):
Burial Date:	Place (City, Twp):	(County:)		(State):
Cemetery:	Cause of Death:	Com	plications:	
Father: WACTER WILL	Mother:	CHROLY	N MAN WLM	ER KLUS
Married First::	PRETIDET BENDAMIN		_(Please fill in a separ	rate form for this person.)
Marriage Data: 9-30-89	Place (City, Twp): Place (City, Twp):	(County:)	RAMSET	(State):
Born to this union: LUKE w	ALTER JOEL PRES	170	_(Please fill in a separ	rate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)		(State):
Married Second::			_(Please fill in a separ	rate form for this person.)
Marriage Date:	Place (City, Twp):	(County:)	FR. 34	(State):
Born to this union:	10, 00, 1777		_(Please fill in a sepa	rate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)	25	(State):
Married Third::			_(Please fill in a sepa	rate form for this person.)
Marriage Date:	Place (City, Twp);	(County:)		(Stafe):
Born to this union:			_(Please fill in a sepa	rate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)		(State):
Residence(s): 5005	400725E 20.	MINNET	DNKA M	W 55345
Military Service, Rank, Honors, Decorat	ions:			
Battles, campaigns, etc. (Use separate s	heet if necessary):			
Civil/Community Service:				
Education: BA BLOWN	ess Education 1981	Augus	etana College	Sionefalls S
Degrees, Honors:		U	0	
Occupation(s): PRE-Sale	IOL TEACHER			
Career Highlights:				
Religious Affiliations: 3 APT	IST			
	LICAN			
	Illations:			
Prepared By: STEVE 3		_Date:	3-23-9	3
		774,000		
77 HE WAT 1278 CO.				

## Biographical Information for



The purpose of this form is to gather information that will be used in writing a book on our family history. Please fill it out as completely and accurately as possible. Also please feel free to include any additional information on the life of this person that you can. Use additional pages for biographical information.

ast Name: 1860 2 AMIN	1st Name:	Middle Name(s):	PRESCOLL
Nickname:	Prefix (Dr., Capt., Rev., etc.):	Su	ıffix (Sr., Jr., M.D., etc.):
Birth Date: 3-18-93	Place (City, Twp): MaddeAPoLL	(County:)	(State): MA
Bap./Christ. Date:	Place (City, Twp):	(County:)	(State):
Death Date:	Place (City, Twp):	(County:)	(State):
Burial Date:	Place (City, Twp):	(County:)	(State):
Cemetery:	Cause of Death:	Comp	plications: KIUS was he
Father: STEVEN 77	ESCOTT BENTAM Mother:	DIANA	LYNN BENJAMIN
Married First::			(Please fill in a separate form for this perso
Marriage Date: 430 89	Place (City, Twp):	(County:)	ZAVSET (State): LL
Born to this union:	WALTER, FORE PLA	The I	(Please fill in a separate form for each child
Divorce Date:	Place (City, Twp):	(County:)	(State):
Married Second::			(Please fill in a separate form for this person
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:			(Please fill in a separate form for each child
Divorce Date:	Place (City, Twp):	(County:)	(State):
Married Third::	2 2 66-		(Please fill in a separate form for this perso
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:			(Please fill in a separate form for each child
Divorce Date:	Place (City, Twp):	(County:)	(State):
Residence(s):			
Military Service, Rank, Honors, Decor	atlons:		
Battles, campaigns, etc. (Use separate	sheet if necessary):		
Civil/Community Service:			
Education:			
Degrees. Honors:			
Occupation(s):			
Career Highlights:			
Fraternal. Service, etc. Organization A	iffiliations:		
Prepared By:	P. BOUTALIN	Date: 3	-18-93
Prepared by:	1. 6907/60/10	Date	
NAMES ASSESSED ASSESSED.	1- 15037000110		A 11

Biographical Information for LUKE WALTER BENTAMIN

The purpose of this form is to gather information that will be used in writing a book on our family history. Please fill it out as completely and accurately as possible. Also please feel free to include any additional information on the life of this person that you can. Use additional pages for biographical information.

ast Name:	1st Name:	_Middle Name(s): _	WACTER
Nickname:	Prefix (Dr., Capt., Rev., etc.):	Suff	fix (Sr., Jr., M.D., etc.):
Birth Date: 9-8-91	Place (City, Twp): MACO	(County:)	HEUNEPIN (State): MA
Bap./Christ. Date:	Place (City, Twp):		(State):
Death Date:	Place (City, Twp):	(County:)	(State):
Burial Date:	Place (City, Twp):	(County:)	(State):
Cemetery:	Cause of Death:	Compl	lications: Kirs was her a
Father: STEUEN PTE	SCUTT BENDAMIN Mother:	DIEVA (	HUNTENST MAY
Married First::		(	(Please fill in a separate form for this person.)
Marriage Date:	Place (City, Twp):	(County:) _	(State):
Born to this union:		(	(Please fill in a separate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)	(State):
Married Second::			(Please fill in a separate form for this person.)
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:			(Please fill in a separate form for each child.)
Divorce Date:	Place (City, Twp):	(County:)	(State):
Married Third::			(Please fill in a separate form for this person.)
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:			(Please fill in a separate form for each child.)
Divorce Date:	Place (City, Twp):	(County:) _	(State):
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Battles, campaigns, etc. (Use separ	ate sheet if necessary):		
Civil/Community Service:	**		
Education:			
Degrees. Honors:			
Occupation(s):			
Hobbies, Artistic, Musical Interests			
Career Highlights:			
Religious Affiliations:			
Political Affiliation			
Fraternal. Service, etc. Organization	n Affiliations:		
Prepared By: _ STEVEN	J. P. Bentamin	Date: 3	18-93
Sources:			
Remarks:			

HUSBAND JOHN WAZ	FAMILY GR	OUP SHEET Fa	mily
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WIFE LESKIE ANN C	a reposit.	Ö	
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BUT/ResWIFE'S FATHER TAMES WILLIAM CO	Place WIFE'S	TS ELGANIN TRANCHODA	
WIFE'S	PPINI, UMOTHER DOLLOYI	O	
OTHER HUSBANDS Use other side for items of interest about	it the above couple: occupations, hobb	pies, achievments, military service, etc	).
SEX CHILDREN In order of birth	BIRTH INFORMATION	DEATH INFORMATION	MARRIAGE INFORMATION
[¹ ]	11 SEP 1992	12 JUN 1993	[NA
F DEBORAH NAN	DAY TON, MONTGONERY, OH	CINCINNATI, KAMILTIN, OH	
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Unless otherwise cited, all information is  ① Personal knowledge of Raymond J. I ② Les /ie // /us wspense ③	Porter, 13662 Loretta Dr., Tustin, CA, 9		Date 12-11-94
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## Biographical Information for

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fill it out as completely and accu	ather information that will be use urately as possible. Also please fe Use additional pages for biograp	el free to include an	on our family y additional in	history. Please formation on the	
Last Name: ()5	_ 1st Name:	Middle Name(s):	valter		
Nickname: GOOSE	_ Prefix (Dr., Capt., Rev., etc.):	Suffix (S	r., Jr., M.D., etc.):		
Birth Date: 3-24-62	Place (City, Twp): Den Uer	(County:)	?	(State): CO	
Bap./Christ. Date: 1962	_ Place (City, Twp):	(County:)		_(State):	
Death Date:	_ Place (City, Twp):	(County:)		_(State):	
Burial Date:	_ Place (City, Twp):	(County:)		_ (State):	
The Section of the Control of the Co	_ Cause of Death:		The second secon	200119	
Father: Walter William	an KIUS Mother:	Cardyn N	an KI	us (Ulm	er)
Married First::		(Pleas	se fill in a separate	form for this person.)	
Marriage Date: June 11/95	Place (City, Twp): chicago	(County:)	P	(State): TC	
Born to this union: George D	iano, ophn	(Pleas	se fill in a separate	form for each child.)	
Divorce Date:	_ Place (City, Twp):	(County:)		_ (State):	
Married Second::		(Pleas	se fill in a separate	form for this person.)	
Marriage Date:	_ Place (City, Twp):	(County:)		_ (State):	
Born to this union:		(Pleas	se fill in a separate	form for each child.)	
Divorce Date:	_ Place (City, Twp):	(County:)		_ (State):	
Married Third::	- III 9231 7835	(Pleas	se fill in a separate	form for this person.)	
Marriage Date:	_ Place (City, Twp):	(County:)		_ (State):	
Born to this union:		(Pleas	se fill in a separate	form for each child.)	
Divorce Date:	Place (City, Twp):	(County:)		_(State):	
Residence(s):		E1 70% E		900 Ma	
Military Service, Rank, Honors, Decoration	ons:				
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Political Affiliation Republ	iran				
Fraternal. Service, etc/Organization Affi	liations:				
Prepared By: Xulu	Klus	Date: /C	1-20-94	4	
Sources:					
Remarks:					
X-					

at the University of Dayton and earned a Bach. in Electrical Engineering in exchange for working at his Present job for 3 years.

# Biographical Information for Leslie Ann Klus

The purpose of this form is to gather information that will be used in writing a book on our family history. Please fill it out as completely and accurately as possible. Also please feel free to include any additional information on the life of this person that you can. Use additional pages for biographical information. Last Name: 1st Name: Nickname: Prefix (Dr., Capt., Rev., etc.): / Suffix (Sr., Jr., M.D., etc.): (State): A Birth Date: (County:) Bap J Christ. Date: (State): Place (City, Twp): (County:) Death Date: Place (City, Twp): (County:) (State): **Burial Date:** Place (City, Twp): (County:) (State): Cause of Death: Complications: Father: ~ Porto in Married First:: (Please fill in a separate form for this person.) Place (City, Twp): CEA Marriage Date: (County:) (State): MI Please fill in a separate form for each child.) Born to this union: Divorce Date: Place (City, Twp): (County:) (State): Married Second: (Please fill in a separate form for this person.) Marriage Date: Place (City, Twp): (County:) (State): Born to this union: (Please fill in a separate form for each child.) Divorce Date: Place (City, Twp): (County:) (State): Married Third:: (Please fill in a separate form for this person.) Marriage Date: Place (City, Twp): (County:) (State): Born to this union: (Please fill in a separate form for each child.) Place (City, Twp): Divorce Date: (County:) Residence(s): Military Service, Rank, Honors, Decorations: Battles, campaigns, etc. (Use separate sheet if necessary): eslie) niami Degrees, Honors: Hobbies, Artistic, Musical Interests: Career Highlights: Religious Affiliations: Political Affiliation nusic traterni Fraternal, Service, etc. Organization Affiliations: Prepared By: / Date: Sources: KLUS 13662 Loretta Dr. DOEN CA 92680 Please return to: Raymond J. Porter June 17

Biographical Information for Debolah No

The purpose of this form is to gather information that will be used in writing a book on our family history. Please 0 fill it out as completely and accurately as possible. Also please feel free to include any additional information on the life of this person that you can. Use additional pages for biographical information. Middle Name(s): \_ 1st Name: Last Name: Nickname: Prefix (Dr., Capt., Rev., etc.): Suffix (Sr., Jr., M.D., etc.): Birth Date: Place (City, Twp): (County:) Bap./Christ. Date Place (City, Twp): (County:) Death Date: Place (City, Twp): (County:) **Burial Date:** (County:) MONT Place (City, Twp) (UL)//C Cause of Death: Slie Father: Mother: Married First: (Please fill in a separate form for this person.) Marriage Date: (County:) Born to this union: (Please fill in a separate form for each child.) Divorce Date: Place (City, Twp): (County:) (State): Married Second:: (Please fill in a separate form for this person.) Marriage Date: Place (City, Twp):\_ (County:) (State): Born to this union: (Please fill in a separate form for each child.) Place (City, Twp):\_ Divorce Date: (County:) (State): (Please fill in a separate form for this person.) Married Third:: Place (City, Twp):\_\_\_\_ Marriage Date: (County:) (State): Born to this union: (Please fill in a separate form for each child.) Place (City, Twp):\_\_\_\_ Divorce Date:\_ (County:) (State): Residence(s): Military Service, Rank, Honors, Decorations:\_ Battles, campaigns, etc. (Use separate sheet if necessary):\_\_\_ Civil/Community Service: Education: Degrees. Honors: Occupation(s): Hobbies, Artistic, Musical Interests: Career Highlights: Religious Affiliations: Political Affiliation Fraternal. Service, etc. Organization Affiliations: Prepared By: Sources: Tustin, CA 92680

christian James Klus
born-June 17,1994
Dayton, Othio, Montgomery County
Porents: John + Leslie Klus
other children - Deborah Non (See Front)
christian 15 very healthy + doing fine

\* we have now moved from Dayton to Lebonon, OH OUR New address is:

1591 tollgate CT Lebanon, OH 45036 513-932-3698

+ I'm sorry that it took so long for me to get these to you. I hope it's not too late.

thanks, Leslie klus