		FAMILY GRO	UP	SHEET	Husband's Code	
HUSB	AND'	SNAME JEFFREY	LE	E OLINGHOUSE		
Date of	Birth.	<u> </u>	<u>c </u>	956 📿 Place	HARLINGEN H	IDALGO, TX
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D						
His Fat	her 🔟	PAVID HOWARD OLING	Hau	バー (2) His Mother's Mai	iden Name <u>JOAN KAY</u>	ESCHELL
Date of	i Marri	age of HUSBAND and WIFE on the	his sh	neet 12 - Nov 1980) (2) Place <u>ALBERT L</u>	EA, FREEBORN, MN
		there was another marriage: By h			his couple divorced? Yes 🗌	No 🛛 When?
		IDEN NAME LORI JUN				e separate sheet for each marriage)
Date of	f Birth	12 DEC 19	754	/ (2) Place	e ALNERTLEA, FRE	EBORN, MN
Date of	F Death	·		Place	e	
		ess (or) Place of Burial				
Her Fat	ther	LEO MATTSON		Her Mother's M	aiden Name <u><i>PRYLLIS</i></u>	
L 0	= F F R OR I J	EY M(1) DEBBIE CLOW MIN. JON LICKTEIG,	6-,	, ALBERT LEA, FRE	EBORN, MN; SON OF	f لکارلا 19۶۵ کابلا MAR 1980 Jse reverse side for additional informa
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WIFE'	S MAIC	DEN NAME LORIJ	UNE	Ind By Wife Was th <u>F MATTSON</u> <u>54</u> Place Place	(U se	separate sheet for each marriage)	
Date of	Birth	12 DEC	:19	54 Place	ALBERT LEA, FRE	EBORN, MN	
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Her Fat	her	LEO MATTSO	\sim	2 Her Mother's M	aiden Name <u>PHYLLIS</u>		
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No Fashan	DAVID HALLED OLI	NG H	$\frac{1}{2}$ His Mother's Maide	n Name JOAN KAY	ESCHELL
Date of Marr	iage of HUSBAND and WIFE on t	his she	eet (2) JUL 1979	D Place WESTFIE	LD, ENAUFAUQUA, NY
	Calculation and the monitores. Duck	wahar	ad 1⊄1 Du Wifa 1⊄1 Westhin	couple divorced? Yes R	No When? /70
WIFE'S MA	AIDEN NAME KATKLEE	NL	PENISE HARSEN	(Use	HJABARD, TRUMBU separate sheet for each marriage)
Date of Birth	n20,	JUL	<u>. 1957 (Z)</u> Place_		·
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	ress (or) Place of Burial		Her Mother's Maio	0	A 0
Her Father _	LEO HARSEN		Her Mother's Maio	den Name <u>ISARBARA</u>	ARCHADI PAINE
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					Husband's Code Wife's Code	· · · · · · · · · · · · · · · · · · ·
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		th		Place		
		ress (or) Place of Burial DAVID LOWELL OLING	//~	CE (2) His Matharia Mai	TOAN KAY	ESCNELL
	iner_	rings of HUSBAND and WIEE on th	nis sh	(3) 9 Nov 1984	2) Place GIRARD,	TRUMBULL OK
heck	here i	if there was another marriage: By h	usba	Z D nd 1∑ By Wife □ Was th	his couple divorced? Yes	No U When?
	'S M	riage of HUSBAND and WIFE on the first state of HUSBAND and WIFE on the first state of the state	ENI	ANN OCONNELL	(Use	separate sheet for each marr
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		FAMILY GRO	UP	SHEET	Husband's Code Wife's Code	· · · · · · · · · · · · · · · · · · ·	•••
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Date of	Deat	h		Place)		
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His Fatł	her	EDWARD WULF		His Mother's Mai	den Name <u>Kose MAR</u>		
		iage of HUSBAND and WIFE on t					• .
		f there was another marriage: By I			his couple divorced? Yes 🗔	,	
WIFE'	S MA	AIDEN NAME <u>JENNIF</u> E	n (UE (LINGHOUSE	(Use	separate sheet for each marriage)	
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Date of	Deat	h		Place	9		
Present	Addr	ress (or) Place of Burial			T.K.	V very	
		DAVID HOWARD OL				es; physical descriptions-include ph	
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		JUSTIN DAVID		ON 29 APR 1990 2		UN	
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		JOEL MICHAEL	_	TOLEDO, LUCAS,		ON	
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		FAMILY GROU	JP	SHEET		· · · · · · · · · · · · · · · · · · ·	
HUSB		SNAME_DANIEL R	AY	MOND FIGLIGLA			
Date of	Birth	SNAME DANIEL IC	5 1	<u>25C 1962 (2)</u> Place	AKRONI, SUMMI	Г, ОН	Z
		n		()			
Present	Addr	ess (or) Place of Burial Daniez Fachiel			-		6
His Fath	ner	DANIEL FAGLIOL	. <u>A</u>	His Mother's Mai	den Name <u>ANE</u>	<u>с</u> Он	E
		age of HUSBAND and WIFE on th			÷		$\overline{}$
		there was another marriage: By h			nis couple divorced? Yes 🗍	No When?	
		IDEN NAME <u>Amy Ly</u>				•	2
		n					\Box
Her Fat	her	ess (or) Place of Burial DAVID HOWARD ()_,	NĢ	<u>الا المعاملة المعام</u>	aiden Name <u>JOAW KA</u>	I ESCINELL	Z
Have				r		Use reverse side for additional inform	natior
family sheet		CHILDREN (Arrange in order of birth)	Code	Birth Information	Death Information	Marriage Information	
311001		(2)		ON 1 A 1/2 1999 2	ON	ON	
	1			29 Nov 1989		то	\sim
		DANIELLE MARIE		BOULDER, BOULDER	0N		$-\frac{\circ}{\circ}$
	2	\bigcirc				· UN	\cdots
	-					то	C
		0		ON	0N	ON	\overline{C}
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	5			АТ		то	C
	1			Check here if there are addit	ional children 🗋	L	
provided next to Use ("the sour (1) Na	d next which 1) rce which rce which rce ar	t to each answer on the questionnair n it has been placed as your footno only if you have filled in the blank herever you looked it up. If you as nd address of person filling in this s	e. If te nu fror ked l heet	you got the information from a umber. n personal knowledge (such as nım, qive his name as the source	a source not listed, place that s the name of your brother). If y e. E	ese numbers should be placed in the ource on a vacant line and use the r rou must look up his marriage date,	umbe
2		NYMOND J. PORTER		·····			
<u> </u>	10,	AN OLINGHOUSE RESP	ON.	IE TO MA BIOGRAPHIC	CAL ENQUINY 4-29-8	I.	-
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<u> </u>						·····	
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Biographical Information for JEFFREX

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Last Name: OLIN BHOUSE	_1st Name: JEFFREY	Middle Name(s): _	LEE	
Nickname: <u>JEFF</u>	_ Prefix (Dr., Capt., Rev., etc.):			
Birth Date: 12 - 7 - 1956	_Place (City, Twp): NARLINGEI	\sim (County:)	(State):	<u>-</u> x
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:	Compl	ications:	<u> </u>
Father: DAVID 41. DLIN	JGHOUSE Mother:	JOAN K.	ESCHELL DI	
Married First:: DEBBIE	ELOW		Please fill in a separate form for this	s person.)
Marriage Date: <u>6 - 14 - 57</u>	_ Place (City, Twp):	<u>0615 (County:)</u>	(State): //	1X
Born to this union:		(Please fill in a separate form for eac	:h child.)
Divorce Date:1985	5 Place (City, Twp): MINNE A Por	<u> _ / S_(County:)</u> _	(State): <u>/</u>	N
Married Second:: LORI JUN	DE MATISON A	ICKTEIG	Please fill in a separate form for this	s person.)
Marriage Date: <u>11 - 12 - 89</u>	Place (City, Twp): <u>ALBERT</u>	LEA (County:) _	(State): _/	<u>UN</u>
Born to this union:			Please fill in a separate form for eac	:h child.)
Divorce Date:	Place (City, Twp):	(County:)	(State):	
Married Third::			Please fill in a separate form for this	s person.)
Maniana Datas				
marnage Date:	Place (City, Twp):	(County:)		
	Place (Uny, 1 wp):		(State): Please fill in a separate form for eac	
Born to this union:			Please fill in a separate form for eac	
Born to this union: Divorce Date:		(County:)	Please fill in a separate form for eac	ch child.)
Born to this union: Divorce Date: Residence(s): M(N NEAPOLIS	Piace (City, Twp):	(County:)	Please fill in a separate form for each \Box (State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>W(NEAPDL)</u> Military Service, Rank, Honors, Decorati	Place (City, Twp): MIN - ALBERT LEA	(County:)	Please fill in a separate form for each $($ State):(State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>W(NEAPDL)</u> Military Service, Rank, Honors, Decorati	Piace (City, Twp): M.VALBERT_LEA ons: heet if necessary):	(County:)	Please fill in a separate form for each $($ State):(State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>M(NEAPDL) S</u> Military Service, Rank, Honors, Decorati Battles, campaigns, etc. (Use separate si Civil/Community Service:	Piace (City, Twp): M.VALBERT_LEA ons: heet if necessary):	(County:)	Please fill in a separate form for each $($ State):(State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>M(N NEAPOLIS</u> Military Service, Rank, Honors, Decorati Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <i>Hurrs</i> Degrees. Honors:	Place (City, Twp): MIN ALBERT LEA ons: heet If necessary): U: OF MINNESO	(County:) _ , M.U., - , 7 ⁻ .A	Please fill in a separate form for each $($ State):(State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>M(N NEAPOLIS</u> Military Service, Rank, Honors, Decorati Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <i>Hurrs</i> Degrees. Honors:	Place (City, Twp): M_IV ALBERT_LEA ons: heet if necessary):	(County:) _ , M.U., - , 7 ⁻ .A	Please fill in a separate form for each $(State):$ DES Mainles \overline{P}	ch child.)
Born to this union: Divorce Date: Residence(s): <u>M(NNEAPOLIS</u> Military Service, Rank, Honors, Decorati Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <i>Hurrs</i> Degrees. Honors:	Place (City, Twp): MIN ALBERT LEA ons: heet If necessary): U: OF MINNESO	(County:) _ , M.U., - , 7 ⁻ .A	Please fill in a separate form for each $(State):$ DES Mainles \overline{P}	ch child.)
Born to this union: Divorce Date: Residence(s): <u>MIN NEAPDLIS</u> Military Service, Rank, Honors, Decorate Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <u></u> <u>Supers</u> Degrees. Honors: <u></u> Occupation(s): <u></u> <u>Supervice</u>	$\underline{Place (City, Twp):}_{MN} = \underline{ALBERT LEA}$ ons: $\underline{-}$ heet if necessary): $\underline{U}_{I} OF MINNESO$ BOR (OASTAL 0)	(County:) _ , M.U., - , 7 ⁻ .A	Please fill in a separate form for each $(State):$ DES Mainles \overline{P}	ch child.)
Born to this union: Divorce Date: Residence(s): <u>MIN NEAPOLIS</u> Military Service, Rank, Honors, Decorati Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <u></u> Education: <u></u> Degrees. Honors: Degrees. Honors: Occupation(s): <u></u> Hobbies, Artistic, Musical Interests:	$\underline{Place (City, Twp):}_{MN} = \underline{ALBERT LEA}$ ons: $\underline{-}$ heet if necessary): $\underline{U}_{I} OF MINNESO$ BOR (OASTAL 0)	(County:) _ , M.U., - , 7 ⁻ .A	Please fill in a separate form for each $(State):$ DES Mainles \overline{P}	ch child.)
Born to this union: Divorce Date: Residence(s): <u>MIN NEAPDLIS</u> Military Service, Rank, Honors, Decorath Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <u></u> Education: <u></u> Degrees. Honors: <u></u> Occupation(s): <u></u> SuPERVIS Hobbies, Artistic, Musical Interests: Career Highlights: Religious Affiliations:	$\underline{Place (City, Twp):}_{MN} = \underline{ALBERT LEA}$ ons: $\underline{-}$ heet if necessary): $\underline{U}_{I} OF MINNESO$ BOR (OASTAL 0)	<u>(County:)</u> , M.U, — 7 А 1L Со,	Please fill in a separate form for each (State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>MIN NEAPDLIS</u> Military Service, Rank, Honors, Decorate Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <u></u> Education: <u></u> Degrees. Honors: <u></u> Degrees. Honors: <u></u> Occupation(s): <u></u> SuPERVIS Hobbies, Artistic, Musical Interests: Career Highlights: Religious Affiliations: <u></u> Political Affiliation <u></u>	Place (City, Twp): MIN - ALBERT LEA, ons: heet If necessary): UI OF MINNESO BOR (DASTAL 0,	<u>(County:)</u> , M.U, — 7 ⁻ А /L Со,	Please fill in a separate form for each (State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>MIN NEAPDLIS</u> Military Service, Rank, Honors, Decorate Battles, campaigns, etc. (Use separate si Civil/Community Service: Education: <u></u> Education: <u></u> Degrees. Honors: Degrees. Honors: Occupation(s): <u></u> SuPERVIS Hobbles, Artistic, Musical Interests: Career Highlights: Religious Affiliations: <u></u> Political Affiliation <u></u> Fraternal. Service, etc. Organization Affili	- Place (City, Twp): - MIN - ALBERT LEA ons: 	(County:) , MIU, - , TA IL CO,	Please fill in a separate form for each (State):	ch child.)
Born to this union: Divorce Date: Residence(s): <u>M(NNEAPDLIS</u> Military Service, Rank, Honors, Decoration Battles, campaigns, etc. (Use separate since in the separate separate since in the separate sepa	- Place (City, Twp): MN - ALBERT LEA ons: heet If necessary): UI OF MINNESO BOR (OASTAL DI BOR (OASTAL DI ENDENT Hatlons:	(County:) _ , MIU, - , TA IL C 0 , IL C 0 , Date:	Please fill in a separate form for each $(State):$	ch child.)
Born to this union: Divorce Date: Residence(s): <u>M(IN NEAPDLIS</u> Military Service, Rank, Honors, Decoration Battles, campaigns, etc. (Use separate since) Civil/Community Service: Education: Bullers Education: Bullers Degrees. Honors: Occupation(s): Supervise Hobbies, Artistic, Musical Interests: Career Highlights: Religious Affiliations: Political Affiliation Deeper Fraternal. Service, etc. Organization Affili Prepared By: Mo M	- Place (City, Twp): 	(County:) _ , MIU, - , TA IL C 0 , IL C 0 , Date:	Please fill in a separate form for each $(State):$	ch child.)

Biographical Information for LORI JUNG MATTSON LICKTEIG

The purpose of this form is to ga fill it out as completely and accu	rately as possible. Also please	e feel free to includ	e any additional inf	
life of this person that you can. Last Name: OLIN'S HIVSE				
Nickname:				
Birth Date: 12-12- 54	- · · · · · -			1
Bap./Christ. Date:				
 Death Date:	•			
Burial Date:				
Cemetery:				
Father: LEO MAT		-		
Married First:: <u>36 N</u>				
Marriage Date:				
Born to this union: JAMER Z				
Divorce Date: MAR. 1980				
Married Second:: <u>TEFFREY</u>	LEE OLINGHOU	5 <u>2</u>	(Please fill in a separate f	form for this person.)
Marriage Date: 11-12-89	_ Place (City, Twp): <u>ALBERT</u>	<u>LEA</u> (County:)		(State): MAJ
Divorce Date:	_ Place (City, Twp):	(County:)		(State):
Married Third::			_(Please fill in a separate i	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): ALBERT	LEA, MN +	DÉS MO	DINES IA	
Military Service, Rank, Honors, Decoration)ns:			<u> </u>
Battles, campaigns, etc. (Use separate sh	eet if necessary):			
Civil/Community Service:				
Education:				
Degrees. Honors:				
Occupation(s):				
Hobbles, Artistic, Musical Interests:				
Career Highlights:				
Religious Affiliations:				
Political Affiliation				
Political Affiliation Fraternal. Service, etc. Organization Affil	lations:			
Political Affiliation			4-29-93	
Political Affiliation	MOTHER-IN-LAW	Date:	4-29-93	
Political Affiliation Fraternal. Service, etc. Organization Affil Prepared By:のいし	lations: MOTHER - 1 N - LAW	Date:	4-29-93	

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Biographical Information for MARK

Last Name: OLING AOUSE	1st Name: MARK Mid	die Name(s): _	DAVID	
Nickname: <u>MARK</u>	Prefix (Dr., Capt., Rev., etc.):	Sufi	fix (Sr., Jr., M.D., etc.):	
Birth Date: 1 - 18 - 58	Place (City, Twp): INDUNAPOLIS	_(County:) <u>/</u>	MRION	_(State):_IN
	Place (City, Twp):			
Death Date:	Place (City, Twp):	(County:)		_ (State):
Burial Date:	Place (City, Twp):	(County:)		_ (State):
Cemetery:	Cause of Death:	Compl	lications:	
Father: DAVID H. O	LINGHOUSE Mother: JO	ANN	J. OLING	HOUSE
Married First::MARTURIE	E M. JABLONSKI	(Please fill in a separate	form for this person.)
Marriage Date: <u>// - /9 7 7</u>	Place (City, Twp): FRANKLIN	(County:)	VENANGO	_(State): <u>PA</u>
Born to this union:		(Please fill in a separate	form for each child.)
Divorce Date: <u>/977</u>	Place (City, Twp): <u>FRANKLIN</u>	(County:)	VENANGO	_ (State): $\underline{\mathcal{P}A}$
Married Second:: KATHLER	IN HARSEN		Please fill in a separate	form for this person.)
Marriage Date: 1979	Place (City, Twp): WESTFIELD	(County:)		_ (State): <u>// /</u>
Born to this union: \underline{JASON}	DEVON DHINGH	DUSE	Please fill in a separate	form for each child.)
	_ Place (City, Twp):			
Married Third:: <u>KATHY</u>	O'CONNELL_		Please fill in a separate	form for this person.)
Marriage Date: 11- 9- 84	_Place (City, Twp):	(County:) _		_ (State): <u>0 H</u>
Born to this union: $DANIEL$	TOSEPH & DAVID MICHAE	= 6	Please fill in a separate	form for each child.)
Divorce Date:	Place (City, Twp): NASHVILLE	(County:) _		_(State): TN
Residence(s): PENNSYLVA	NIA, TENNESSEE	TOWA	<i>J</i>	·····
Military Service, Rank, Honors, Decoratio	ns:			
Battles, campaigns, etc. (Use separate sh	eet if necessary):			
Civil/Community Service:				·····
Education: _ 1 year K	ENT STATE			
Degrees. Honors:			•	
Occupation(s): SALES				
Hobbles, Artistic, Musical Interests:			· · · · ·	
Career Highlights:				
Religious Affiliations:	· · · · · · · · · · · · · · · · · · ·			
Political Affiliation			<u></u>	·
Fraternal. Service, etc. Organization Affili	ations:			
	JOAN O.	Date:	4-1-9Ŝ	
Sources:				
Remarks:				··

Biographical Information for <u>KATHLEEN</u> DENISE HARSEN

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

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ife of this person that you can.	Use additi	ional pa	ges for biog	raphical	informatio	e any additional inf on.	
ast Name: NARSEN			• •	-		-	
lickname:	Prefix (Dr.,	Capt., Rev	/., etc.):		Su	ffix (Sr., Jr., M.D., etc.): _	
Birth Date: <u>7-20-57</u>	Place (City,	, Twp):			_(County:) _		(State):
ap./Christ. Date:	Place (City,	, Twp):			_(County:) _		(State):
leath Date:	Place (City	, Twp):			_(County:) _		(State):
urial Date:	Place (City	, Twp):			_(County:) _		_ (State):
emetery:	Cause of D	eath:			Comp	lications:	
ather: LEO	HARS	EN	Moth	er: <u>BA</u>	RBARA	ARCHA	DI PAINE
harried First:: <u>MARK</u> D	AVID	OLIN	JGHOUSE	<u>i</u>		Please fill in a separate (form for this person.)
farriage Date: <u>7 - 1979 [/] </u>	Place (City	, Twp):	WESTFIC	ELD	(County:) _		(State): <u>NY</u>
form to this union: <u>JASON</u>	DEUD	<u>م</u>	OLING	HAUS	Ē	(Please fill in a separate f	form for each child.)
Divorce Date: 1983	Place (City	, Twp):	HUBBA	RÞ	(County:) _	·	(State): 200
larried Second:: MARK		OSB	ORNE			(Please fill in a separate f	form for this person.)
arriage Date: <u>7 1986</u>	Place (City	, Twp):	5HAPO	\sim	_(County:) _		(State): PA
forn to this union:						(Please fill in a separate i	form for each child.)
ivorce Date:	Place (City	, Twp):			(County:) _		(State):
farried Third::						(Please fill in a separate i	form for this person.)
larriage Date:	Place (City	, Twp):			(County:) _		(State):
Born to this union:						(Please fill in a separate l	form for each child.)
Divorce Date:	Place (City	r, Twp):					-
Residence(s):							
Allitary Service, Rank, Honors, Decorati	lons:						
lattles, campaigns, etc. (Use separate s	heet if necess	ary):					
Civil/Community Service:							
Education:							
Degrees. Honors:							
Occupation(s):							
lobbies, Artistic, Musical Interests:						•	
Career Highlights:		,					
Religious Affiliations:							
Political Affiliation							
Fraternal. Service, etc. Organization Aff	illations:						
Prepared By: JOAN D.		moti	HER-IN	- LAK	ZDate:	5-4-93	
					-		
Sources:							

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Biographical Information for JASON DEVON

Last Name: OLINGHOUSE	1st Name: JASON	Middle Name(s):	DE VON	
Nickname:	_ Prefix (Dr., Capt., Rev., etc.):	Su	ffix (Sr., Jr., M.D., etc.): _	
Birth Date: 6-3- 1980	Place (City, Twp): <u>BEAVER</u>	<u>FALLS(County:)</u>		(State): TA
Bap./Christ. Date:				
Death Date:	_ Place (City, Twp):	(County:) _		(State):
Burial Date:	_ Place (City, Twp):	(County:) _		(State):
Cemetery:	_ Cause of Death:	Comp	lications:	
Father: MARK DAVID	Moth	er: KATHLE	EN	HARSEN
Married First::			(Please fill in a separate f	
Marriage Date:	_ Place (City, Twp):	(County:) _		(State):
Born to this union:			(Please fill in a separate f	orm for each child.)
Divorce Date:	_ Place (City, Twp):	(County:) _		(State):
Married Second::			(Please fill in a separate f	
Marriage Date:	_ Place (City, Twp):	(County:) _		(State):
Born to this union:			(Please fill in a separate f	form for each child.)
Divorce Date:	_ Place (City, Twp):	(County:) _		(State):
Married Third::			_(Please fill in a separate f	form for this person.)
Marriage Date:	_ Place (City, Twp):	(County:) _		(State):
Born to this union:		<u></u>	(Please fill in a separate l	form for each child.)
Divorce Date:	_ Place (City, Twp):	(County:) _		(State):
Residence(s):				
Military Service, Rank, Honors, Decoratio	ons:			
Battles, campaigns, etc. (Use separate sh	eet if necessary):			
Civil/Community Service:				
Education:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Degrees. Honors:			•	
Occupation(s):				
Hobbies, Artistic, Musical Interests:			•	
Career Highlights:				
Religious Affiliations:				
Political Affiliation				
Fraternal. Service, etc. Organization Affil	lations:			
Prepared By: JOAN OLM	GALLUSE (QRANDINA)	Date:^	1 - 29 - 93	
Sources:				
Remarks:				
	·····	·		

Biographical Information for KATHLEEN ANN O'CONNELL

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.

	Prefix (Dr., Capt., Rev., etc.):		• • • • •
	2 <u>, 5</u> 2 Place (City, Twp): <u>G(R4</u>		
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: <u>ED</u> C	CONNELL	_Mother:_ <u>BETTY</u>	D'CONNEL
			_(Please fill in a separate form for this p
Marriage Date: <u>11 - 10 -</u>	84 Place (City, Twp): G-()	RARD (County:)	(State): <u>D1</u> Y DAVID MLCHA _(Please fill in a separate form for each o
Born to this union: DA	LEL JOSEPH C	LINGHOUSE	Υ DAVID MLCHA (Please fill in a separate form for each o
			(State):
			_(Please fill in a separate form for this p
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:	·		_(Please fill in a separate form for each o
Divorce Date:	Place (City, Twp):	(County:)	(State):
Married Third::			_(Please fill in a separate form for this p
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:			_(Please fill in a separate form for each o
Divorce Date:	Place (City, Twp):	(County:)	(State):
	·		
Military Service, Rank, Honors, I	Decorations:		
Battles, campaigns, etc. (Use se	parate sheet if necessary):		
Civil/Community Service:			
Education:			
Degrees. Honors:			
Occupation(s):			
Hobbles, Artistic, Musical Interes	sts:		
Career Highlights:			
Religious Affiliations:			
Political Affiliation			
	tion Affiliations:		
	MOTHER - IN-LA		4-5-93
			· · · · · · · · · · · · · · · · · · ·

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Biographical Information for DANIEL JOSEAN

Last Name: <u>OLINAS HOUSE</u>		_Middle Name(s):	_toseph
Nickname:	Prefix (Dr., Capt., Rev., etc.):	Si	iffix (Sr., Jr., M.D., etc.):
Birth Date: 7-25-85	_Place (City, Twp): <u>MulPHXBUR</u>	2(County:)	(State): <u></u>
Bap./Christ. Date:	Place (City, Twp):	(County:) _	(State):
Death Date:	Place (City, Twp):	(County:)	(Stzte):
Burial Date:	Place (City, Twp):	(County:) _	(State):
	Cause of Death:		
Father: MARK DAVID	Mother:	KATHLEE	N O'CONNELL
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::		<u> </u>	_(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):			
Military Service, Rank, Honors, Decorati	ons:	<u></u>	·····
Battles, campaigns, etc. (Use separate s	heet if necessary):		
Civil/Community Service:			
Education:			·
Degrees. Honors:			•
Occupation(s):			
Hobbies, Artistic, Musical Interests:			·
Career Highlights:			
Religious Affiliations:	·····		
Political Affiliation			
Fraternal. Service, etc. Organization Aff	iliations:		
Prepared By: 3041) 0,	(GRANDOMA)	Date:	4-29-93
Sources:	·		
Remarks:	· · · · · · · · · · · · · · · · · · ·		

Biographical Information for DAu	ID MICHAEL
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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: <u>OLINGHOUS</u>	E1st Name: _	DAVID	Middle Name(s):	MICHAEL
Nickname:	_ Prefix (Dr.,	Capt., Rev., etc.):	Si	uffix (Sr., Jr., M.D., etc.):
Birth Date: <u>4-26-87</u>	_ Place (City,	TWO ALLENTOL	いん (County:)	(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 D	eath:	Com	plications:
Father: MARK DAND	DLI	NG HOUSE Mothe	r. <u>KATHL</u>	EEN O'CONNEL
Married First::				_(Please fill in a separate form for this person.)
Marriage Date:	_ Place (City,	Twp):	(County:)	(State):
Born to this union:		,		_(Picase 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::				_(Flease 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):	<u>+</u> ,			
Military Service, Rank, Honors, Decoration	ons:			
Battles, campaigns, etc. (Use separate sl	neet if necess:	ary):		
Civil/Community Service:				
Education:				
Degrees. Honors:		•		
Occupation(s):				
Hobbles, Artistic, Musical Interests:				
Career Highlights:				
Religious Affiliations:				<u> </u>
Political Affiliation				
Fraternal. Service, etc. Organization Affil	lations:	· · · · · · · · · · · · · · · · · · ·		
Prepared By: JOAN O.	- ORA	NDMA	Date:	5-5-93
Sources:				·
Remarks:			· · · · · · · · · · · · · · · · · · ·	

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Biographical Information for JAMES

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: WULF	1st Name: JAMES Mide	dle Name(s):	
Nickname: <u> </u>	_ Prefix (Dr., Capt., Rev., etc.):	Su	ffix (Sr., Jr., M.D., etc.):
Birth Date: <u>6 - 19 - 60</u>	Place (City, Twp): TOLEDO	_(County:) _	(State):/
Bap./Christ. Date:	_ Place (City, Twp):	_(County:) _	(State):
Death Date:	_ Place (City, Twp):	_(County:) _	(State):
Buriai Date:	_ Place (City, Twp):	_(County:) _	(State):
Cemetery:	_ Cause of Death:	Com	lications:
Father: <u>ED</u>	WULF Mother: Ro:	SEMAR	ε γ
Married First:: JENNITER	SUE OLINGHOUSE		(Please fill in a separate form for this person.)
Marriage Date: <u>4 - 5 - 86</u>	_ Place (City, Twp):	(County:) _	(State): OH
Born to this union: JUSTIN D.	AVID & JOEL MICHAEL	144 A	(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):
Residence(s): TULEDO, 0	H + GRAND RAPIDS	M	I
Military Service, Rank, Honors, Decoratio	ns: NOVY		
Battles, campaigns, etc. (Use separate sh	eet if necessary):		
Civil/Community Service:			
Education:			
Degrees. Honors:			
Degrees. Honors			
•	CONTROL	·····	
Occupation(s): QUALIT	CONTROL		· · · · · · · · · · · · · · · · · · ·
Occupation(s): QUALIT			· · · · · · · · · · · · · · · · · · ·
Occupation(s): QUALIT Hobbies, Artistic, Musical Interests: Career Highlights:			
Occupation(s): QUALIT Hobbies, Artistic, Musical Interests: Career Highlights:			
Occupation(s): QUALIT Hobbles, Artistic, Musical Interests: Career Highlights: Religious Affiliations: CATHC) L (C		
Occupation(s): QUALIT Hobbles, Artistic, Musical Interests: Career Highlights: Religious Affiliations: CATHC Political Affiliation) L (C		
Occupation(s): QUALIT Hobbles, Artistic, Musical Interests: Career Highlights: Religious Affiliations: CATHC Political Affiliation Fraternal. Service, etc. Organization Affili	Iations: (wordered - IN-LAW)		
Occupation(s): QUALIT Hobbles, Artistic, Musical Interests:	Iations: (wordered - IN-LAW)		

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Biographical Information for JENNIFER

Last Name: WULLE	1st Name: JENNIFE	R_Middle Name(s):	E
Nickname: JENNI	Prefix (Dr., Capt., Rev., etc.):	Suffix (Sr., Jr.,	M.D., etc.):
Birth Date: <u>4-28-62</u>			
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: _	
Father: DAVID H. L	DLINGHOUSE Mot	her: TOAN K.	OLINGHOUSE
Married First:: JAMES			
Marriage Date: <u>APR 12</u> 5, 1984	Place (City, Twp): TOLED		(State): 0 74
Born to this union: \underline{JUSTIN}			
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 Turn)		10 t = t = 1 -
marriage Bater	_ Place (city, 1 wp):	(County:)	(State):
Born to this union:			
Born to this union:		(Please fill	in a separate form for each child.)
Born to this union:		(Please fill	in a separate form for each child.)
Born to this union:	Place (City, Twp): RUENSVILLE MIN A 10 A ND ((Please fill (County:) FRAND RAPIDS,	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): $To \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Place (City, Twp): Bue NSUTHLE AIN A 10 A ND (ns:	(Please fill (County:) PRAND RAPIDS,	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): $To \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	_ Place (City, Twp): But NSUTHE AIN A (O A ND (ns:	(Please fill (County:) PRAND RAPIDS,	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s):へびビロン、 64 Residence(s):へび Military Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh	_ Place (City, Twp):	(Please fill (County:) FRAND RAPIDS,	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): To L E D O To Military Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service:	$\begin{array}{c} Place (City, Twp): \\ \hline \\ $	(Please fill (County:) FRAND RAPIDS, PAND RAPIDS, IV, OHID	in a separate form for each child.) (State): M M
Born to this union: Divorce Date: Residence(s): A (Eico N , 64 Residence(s): TO LEPO, T Millitary Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service: Education: B & L / N C Degrees. Honors: F N TE P	$\begin{array}{c} Place (City, Twp): \\ \hline \\ $	(Please fill RAND RAPIDS, IV, OHID	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): A (Eico N , 64 Residence(s): TO LEPO, T Millitary Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service: Education: B & L / N C Degrees. Honors: F N TE P	Place (City, Twp): A B = ENSUTATE ATN $A D A D (ns:eet if necessary):E GREEN UN LOR DESIGNER - CommER$	(Please fill RAND RAPIDS, IV, OHID N CIGL	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): TOLEPO, C Military Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service: Education: $B\partial W L_1 N C$ Degrees. Honors: $FNTER$ Occupation(s): $DESIC$	Place (City, Twp): A Place	(Please fill (County) FRAND RAPIDS, IV, OHID N CML	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): TO LEPO Military Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service: Education: BOWLING Degrees. Honors: FN TE R Occupation(s): DE SI G Hobbles, Artistic, Musical Interests:	Place (City, Twp): $\overrightarrow{B} \neq ENSUTFLE MINT \overrightarrow{A} \overrightarrow{IO} \overrightarrow{A} \overrightarrow{ND} (ns:eet if necessary):\overrightarrow{F} \overrightarrow{CREEN} \overrightarrow{UN}\overrightarrow{LOR} \overrightarrow{DESIG}\overrightarrow{NER} \overrightarrow{CommER}$	(Please fill RAND RAPIDS, IV, OHID N apple	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): TOLEPO, C Military Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service: Education: $BOWLINC$ Degrees. Honors: $FNTER$ Occupation(s): $DESIC$ Hobbles, Artistic, Musical Interests: Career Highlights:	Place (City, Twp): A Place (City, Twp): A Place (City, Twp): $A Place (City, Twp):A Place (City, Twp): A Place (City, Twp):A Place (City, Twp): A Place (City, Twp):A Place (City, Twp): A Place (City, Twp):A Place (City, Twp)$	(Please fill (County) FRAND RAPIDS, PAND RAPIDS, N U, OH(D N CIGL	in a separate form for each child.)
Born to this union: Divorce Date:	Place (City, Twp): A IO A ND (ns: eet if necessary): E GREEN UN LOR DESIG NER - CommER	(Please fill (County:) FRAND RAPIDS, PAND RAPIDS, IV, OHID N ame	in a separate form for each child.)
Born to this union: Divorce Date:	Place (City, Twp): $\overrightarrow{R} \in \overrightarrow{NS}$ $\overrightarrow{P} = \overrightarrow{MN}$ $\overrightarrow{R} \in \overrightarrow{NS}$ eet if necessary): $\overrightarrow{F} = \overrightarrow{SREEN} \overrightarrow{UN}$ $\overrightarrow{LOR} \overrightarrow{DES/G}$ $\overrightarrow{NER} = \overrightarrow{CommER}$ attons:	(Please fill (County) FRAND RAPIDS, FRAND RAPIDS, N U, OHID N CIGL	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): Military Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service: Education: B & L / N & C Degrees. Honors: N & T & E & R Occupation(s): D & S & C Hobbles, Artistic, Musical Interests: Career Highlights: Religious Affiliations: Political Affiliation Fraternal. Service, etc. Organization Affili	Place (City, Twp): $\overrightarrow{R} = \overrightarrow{R} = \overrightarrow{N} \overrightarrow{D}$ $\overrightarrow{D} \overrightarrow{A} (\overrightarrow{D} A \overrightarrow{N} \overrightarrow{D}) (\overrightarrow{D} \overrightarrow{A} (\overrightarrow{D} A \overrightarrow{N} \overrightarrow{D})) (\overrightarrow{D} \overrightarrow{A} (\overrightarrow{A} (\overrightarrow{D} \overrightarrow{A} (\overrightarrow{A} ($	Please fill (County:) FRAND RAPIDS, IV, OHID N are: 4-1-	in a separate form for each child.)
Born to this union: Divorce Date: Residence(s): TOLEPO, C Military Service, Rank, Honors, Decoratio Battles, campaigns, etc. (Use separate sh Civil/Community Service: Education:BOWLING Degrees. Honors:RONC Degrees. Honors:RONC Occupation(s):DESIG Hobbles, Artistic, Musical Interests: Career Highlights: Religious Affiliations: Political Affiliation Fraternal. Service, etc. Organization Affili Prepared By:	Place (City, Twp): $\overrightarrow{R} \in \overrightarrow{R} \in \overrightarrow{R} \in \overrightarrow{M} \cap \overrightarrow{A}$ $\overrightarrow{R} \in \overrightarrow{R} \in \overrightarrow{M} \cap \overrightarrow{A}$ eet if necessary): $\overrightarrow{F} \overrightarrow{SR} \in \overrightarrow{R} \overrightarrow{M} \cap \overrightarrow{M}$ $\overrightarrow{L} \cap \overrightarrow{R} \overrightarrow{C} \cap \overrightarrow{M} \in \overrightarrow{R}$ $\overrightarrow{L} \cap \overrightarrow{R} \overrightarrow{C} \cap \overrightarrow{M} \in \overrightarrow{R}$ \overrightarrow{A}	Please fill (County:) FRAND RAPIDS, IV, OHID N are: 4-1-	in a separate form for each child.)

Biographical Information for Justin DAVID WULF

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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.

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ast Name: WULF	1st Name: <u>Justin</u>	Middle Name(s): \underline{DAU}	10
Nickname:	Prefix (Dr., Capt., Rev., etc.):	Suffix (Sr., Jr.	., M.D., etc.):
Birth Date: <u>7 - 25 - 81</u>	Place (City, Twp): TOLEDO	(County:)	(State): 0 4
Bap/Christ. Date: <u>8 8</u> 0	Place (City, Twp):	(County:)	(State):
Death Date:	Place (City, Twp):		(State):
Burial Date:	Place (City, Twp):	(County:)	(State):
Cemetery:	Cause of Death:	Complications:	
Father: JAMES	WULF Mother	JENNIFER	SUE OLINGHOUS
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	l in a separate form for this person.)
Marriage Date:	Place (City, Twp):	(County:)	(State):
Born to this union:	· · · · · · · · · · · · · · · · · · ·	(Please fill	l in a separate form for each child.)
	Place (City, Twp):		
Residence(s): YOLEDO,	04 + GRAND	RAPIDS, MI	
Military Service, Rank, Honors, Decora	ations:		
Battles, campaigns, etc. (Use separate	e 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 A	Affiliations:		
		Date:	9-93
Fraternal. Service, etc. Organization A	(GRANDMA)	Date: 4 - 2	9-93

Biographical Information for JOEL MICHAEL

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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: WULF	1st Name:	Middle Name(s):	MICHAEL	
lickname:	Prefix (Dr., Capt., Rev., etc.):	Su	ffix (Sr., Jr., M.D., etc.):	
Birth Date: <u>4 - 29 - 90</u>	Place (City, Twp): TOLEDO	(County:) _		_(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: JAMES	WULF Mother:_	JENNIE	ER Sue	OLINGHOU
larried First::			_(Please fill in a separate	form for this person.)
farriage Date:	Place (City, Twp):	(County:) _		_ (State):
Born to this union:	•		_(Please fill in a separate	form for each child.)
)ivorce Date:	Place (City, Twp):	(County:) _		_ (State):
arried Second::			_(Please fill in a separate	form for this person.)
larriage 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):
farried Third::			_(Please fill in a separate	form for this person.)
larriage Date:	Place (City, Twp):	(County:)		_ (State):
lorn to this union:			_(Please fill in a separate	form for each child.)
Divorce Date:	Place (City, Twp):	(County:)		_ (State):
Residence(s): Torova		RAPIDS	Mt	
dilitary Service, Rank, Honors, Decor	ations:			
Battles, campaigns, etc. (Use separate	sheet if necessary):		- <u> </u>	
Civil/Community Service:				
Education:				
)egrees. Honors:		<u> </u>		
Occupation(s):			······	
lobbies, Artistic, Musical Interests: _				·
Career Highlights:				
Religious Affiliations:				
Political Affiliation				
Fraternal. Service, etc. Organization A	fillations:			
Prepared By: $\underline{Jh} A N O$	GRANDMA)	Date:	4-29-9.	5
Sources:	v			
Remarks:	·····			·
	·····			

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Biographic	cal Information for	4my 2	(YN OLINGHOUSE
The purpose of this form is to g	ather information that will be us trately as possible. Also please b Use additional pages for biogra	sed in writing a bo feel free to include aphical information	ook on our family history. Please any additional information on the n.
			fix (Sr., Jr., M.D., etc.):
			(State): <u>I</u>
,			(State):
			(State):
			(State):
Cemetery:	Cause of Death:	Compl	ications:
Father: DAVID NOW PI	D LING HOUSE Mother	JOAN 6	KAY OLINGHOUSE
Married First .: DANIEL RX	IVMOND FIGLIOLA		Please fill in a separate form for this person.)
Marriage Date: Auc. 25 1984	Place (City, Twp): <u>AKRON</u>	(County:)	(State): 0 H
Born to this union: DANIELLE	MARIE FIGLIOL	-A(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.)
			(State):
Residence(s): BOULDER,	O AKRON, OH	BURNSVII	LE, MIL' INDIANAPOLIS I
Military Service, Rank, Honors, Decoration	ons:		
Battles, campaigns, etc. (Use separate si	neet if necessary):		
Civil/Community Service:		<u></u>	
Education: ARRON U	Im. + BOULING G	REEN 144	· · · · · · · · · · · · · · · · · · ·
Degrees. Honors:			·
Occupation(s): MGR -	RETAIL		·····
Hobbies, Artistic, Musical Interests:			
Career Highlights:			
Religious Affiliations:			
Political Affiliation			
Fraternal. Service, etc. Organization Affi			
Prepared By: $\int \delta A_{1} \delta O_{1}$ (mom)	Date:	4-29-93
Sources:			
Remarks:			

Biographical Information for DANIEL RAYMOND FIG410CA

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: FIGLIDLA	1st Name: DANIEL Mi	ddle Name(s):	RAY MOND
Nickname: $\underline{DA} \underline{\mathcal{N}}$	Prefix (Dr., Capt., Rev., etc.):	Su	ffix (Sr., Jr., M.D., etc.):
Birth Date: 12 - 16 - 62			SUMMIT (State): 014
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: DANIEL	FIGLIDLA Mother: J	ANE	·
Married First:: <u>AMY</u> <u>b</u>	YN OLINGHOUSE		(Please fill in a separate form for this person.)
Marriage Date: <u>8 - 25 - 25</u>	Place (City, Twp): <u>AKRAN</u>	(County:)	(State): 0 H
Born to this union: $\underline{DANIELL}$	in the second second		(Please fill in a separate form for each child.)
Divorce Date:	_ Place (City, Twp):	(County:)	(State):
•			
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):
	ON + BOULDER		
Military Service, Rank, Honors, Decoratio	ns:		
Battles, campaigns, etc. (Use separate sh	eet if necessary):		
Civil/Community Service:			
Education: <u>AKRON</u>	U BACHELORS		
Degrees. Honors: FINANO	E =		
Occupation(s):	BROKER		
			•
Career Highlights:			
Religious Affiliations:			·····
Political Affiliation			
Fraternal. Service, etc. Organization Affili	ations:	·· <u> </u>	
Prepared By: JOAN D	MOTHER-IN - LAW	Date:	4.29.93
Sources:			
Remarks:			

Please return to: Raymond J. Porter 13662 Loretta Dr. Tustin, CA 92680 714-544-0665

. . .

Biographical Information for DANIELLE MARIE

fill it out as completely and accu	ather information that will be use trately as possible. Also please fee Use additional pages for biograp	el free to includ	le any additional in	history. Please formation on the
	1st Name: DANIELLE			
Nickname:	_ Prefix (Dr., Capt., Rev., etc.):	Si	ıffix (Sr., Jr., M.D., etc.):	
Birth Date: 11 - 29 - 89	Place (City, Twp): BOULDER	(County:) _		(State): <u>CO</u>
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: DANIEL PAYMONI	TIGLIOLA Mother:_	Amy LYA) OLINGI	IDUSE
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:)	<u> </u>	_ (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): BOULDER	_, <u>Co</u>			
Military Service, Rank, Honors, Decorati	ons:			
Battles, campaigns, etc. (Use separate s	heet if necessary):			
Civil/Community Service:	······································			
Education:				
Degrees. Honors:				
Occupation(s):				
Hobbies, Artistic, Musical Interests:			•	
Career Highlights:				
Religious Affiliations:		•		
Political Affiliation				
Fraternal. Service, etc. Organization Affi	liations:			
Prepared By: TOAN DI	(GRANOMA)	Date:	4-29-93	
Sources:	· · · · · · · · · · · · · · · · · · ·			
Remarks:				

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January 11, 1940 I figure this little table was bought by Grandpa and Grandma Sutton not later than 1848 when Grandma Sutton was about 20 years old. It was the only piece of furniture left from the fire of their first furniture. This table was given about 1894 by Grandma Sutton to her third daughter and youngest child, Mrs. May Lovisa Sutton Porter. About 1903 Mrs. Porter gave the table to her third child, a daughter, Mrs. Jennie Katherine Porter Carver. In 1943 I gave the table to my older of my two daughters, Mrs. Thelma Carver Olinghouse. Mrs. Jennie Katherine Porter Carver Birthday of Mrs. May Lovisa Sutton Porter -Jan.11,1861 Mrs. Jennie Katherine Porter Carver Jan. 7, 1884 Mrs. Thelma Marie Carver Olinghouse Aug.29, 1906

This little hexagenel pitcher (white with aprays of blue flowers and tiny green leaves) belonged to my grandmother, Mrs. Van Renselear Forter's mother Rodsars, New York State

Jennie Portes Corres

Tertember 24, 1948

Winniet Pay Porter 13662 Forette Dr Tustin CA 92680 arts United are languest

about 1783.

		FAMILY GRO	UP	SHEET			
HUSB	AND	'S NAME DAVID 1/0	wĸ	IRD QLINGHOUS	E		_
Date of	Birth	<u> </u>		Place	STURGIS, ST. J	OSEPH, MI	\rightarrow
Date of	Deat	h		Place		cult	
Present	Add	ress (or) Place of Burial Lowell Dyal Olin	<u> </u>	UARTREERD FO	RT WAYNE IN 46	1 AD OF CADVER	(;
His Fat	her_	iage of HUSBAND and WIFE on t	<u> </u>	His Mother's Main	Place <u>INDIANAP</u>		Č.
		f there was another marriage: By 1			is couple divorced? Yes	No 🖾 When?	
		AIDEN NAME JOAN K				separate sheet for each marriage)	
		23JUL		33 (2) Place	VALPORAISO, P		;
		h		Place	,	·	_(
Present	Add	ress (or) Place of Burial <u>Same</u>	[- 6
		HENRY ESCHELL		Her Mother's Ma		EARL FERGUIDA/ es; physical descriptions-include ph	(2
Have	<u> </u>	CHILDREN	8	Birth	Leath	Use reverse side for additional inform	mati
family sheet		(Arrange in order of birth)	Code	Information	Information	Information	
	_	2		^{DN} 7 DEC 1956 2		ON (1) (2) 12 Nov 1989	(
	1	JEFFREYLEE		HARLINGEN, TX	ат О	(2) 12 Nov 19,69 TO (1) DEBBIE CLOW	
		C FFREYNEE C	1	NARLINGEN TX		(2) LORI JUNE MATTEO.	
	2		1	AT (3) AN 1958			
		MARK DAVID	_	INDIAN APOLIS IN		3 Mairizges, 30 Werces	
	3	2	1	28 APR 1942 2	on	°N 5 Apr 1986	
	3	JENNIFER		INDIAN APOLIS TAL	AT O	"JAMES WULF	
		(Z	X	ON CO		01	(2
	4			12 Nov 1964	AT		
		AMYLYN		HARVEY IL G	ÓN (ON ON	-4-
	5	C	1	X	\sim	то	>
	-				AT C		
	_	•		Check here if there are additi	onal children 🔲		
provide	d nex	To substantiate the information rec t to each answer on the questionna h it has been placed as your footn	ire. If	you got the information from a	tnotes listed below. One of th source not listed, place that s	ese numbers should be placed in th source on a vacant line and use the r	e cir num
	1	only if you have filled in the blan	k fro	m personal knowledge (such as t	he name of your brother). If y	you must look up his marriage date,	give
<u> </u>		herever you looked it up. If you a nd address of norson filling in this				Date 5-14-93	
-		nd address of person filling in this					
	K	NUMOND J. PORTER			<u> </u>		
②	Jo.	AN OLINGHOUSE RE	ES P	ONIE TO MY BIOGRA	PHILAL ELQUINY.		
3							
4							
5							
6							
0							

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Biographical Information for DAUID HOWARD DLINGHOUSE

Last Name: OLINGHOUSE	1st Name: DAVID	Middle Name(s):	HOWARD
			uffix (Sr., Jr., M.D., etc.):
			[State]: M I
			(State):
Death Date:	Place (City, Twp):	(County:)	(State):
Burial Date:	Place (City, Twp):	(County:)	(State):
Cemetery:	Cause of Death:	Com	plications:
Father: LOWELL DYAL	OLINGHOUSE	Mother: THELM	A WARIE CARVER
Married First:: <u>JOAN K</u>	AV ESCHELL	EDGAR	_(Please fill in a separate form for this person.)
Marriage Date: <u>9 - 4 - 55</u>	Place (City, Twp): <u>IND IA</u> A	IAPOLIS (County:)	MARION (State): IN
Born to this union: $\underline{JEFFPEV}$,	MARK, JENNIFO	ER, AMY	_{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 unlon:	····		_(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): FNDIANA, F	LLINOIS, OHIO, PEI	UNSYLVANIA, M	INNESOTA, GERMANY, (ANAS)
Military Service, Rank, Honors, Decorat	Hons: USAIR FORCE		,
Battles, campaigns, etc. (Use separate s	sheet if necessary):		
Civil/Community Service:			4
Education: BACHELOR	5 DEGREE -	usiness	
Degrees. Honors: BUSIN	ESS-MARKET	11/5	
Occupation(s): GEN, n	nGR		
Hobbies, Artistic, Musical Interests:			
Career Highilghts:	<u> </u>		·····
Religious Affiliations:			
Political Affiliation	BLICAN		· · · · · · · · · · · · · · · · · · ·
Fraternal. Service, etc. Organization Af	filiations: <u>JIGM4</u> CH	1	
Prepared By: JOAN		Date:	4/29/93
Sources:			1
Remarks:			

Biographical Information for JOAN ESCHELL EDGAR OLINGHOUSE

Last Name: OLINGHOUSE			<u>γ</u>	
Nickname: <u>JOAK)IE</u>				
Birth Date: <u>7 - 23 - 34</u>	Place (City, Twp): VALPARAISO			
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		7
Father: HENRY ESC	HELLMother:	HELEN PE	ARL FERGUSONESCH	ELLE
Married First:: DAVID Ho	WARD DLINGHOUSE	(Piease f	ill in a separate form for this person.)	
Marriage Date: $9 - 4 - 55$	Place (City, Twp): <i>ΓΛΙΔΙΑΝΑΡο</i>	<u>45 (County:) MAR</u>	CION (State): IN	
Born to this union: JEFFRES	, MARK, JENNIFER, AM	(Please f	ill in a separate form for each child.)	
Divorce Date:	Piace (City, Twp):	(County:)	(State):	
Married Second::	·	(Please f	ill in a separate form for this person.)	
Marriage Date:	Place (City, Twp):	(County:)	(State):	
Born to this union:		(Please f	ll in a separate form for each child.)	
Divorce Date:	Place (City, Twp):	(County:)	(State):	
Married Third::		(Please f	ill in a separate form for this person.)	
Marriage Date:	Place (City, Twp):	(County:)	(State):	
Born to this union:		(Please f	ill in a separate form for each child.)	
Divorce Date:	Place (City, Twp):	(County:)	(State):	
Residence(s): INDIANA, ILL	NOIS, OHIO, PENNEYLVANIA,	MINNESOTA GER	MANY CANADA	
Military Service, Rank, Honors, Decora	itions: NONE	·····	·	
Battles, campaigns, etc. (Use separate	sheet if necessary):			
Civil/Community Service:	······································			
Education: <u>3 years</u> B	WTLER U., INDIANAP	145		
Degrees. Honors:			•	
Occupation(s): HOUSEWIT	ГЕ — — — — — — — — — — — — — — — — — — —			
Hobbies, Artistic, Musical Interests: _	MUSIC, QUILTING			
Career Highlights:				
	TIAN SCIENCE			
Religious Affiliations: CARIS	STIAN SELECTE			
Religious Affiliations: <u>CARIS</u> Political Affiliation <u>REPL</u>	ABLICAN			
Political Affiliation REPL	MBLICAN fillations: DELTA DELTA	DELTA		
Political Affiliation REPL	MBLICAN fillations: DELTA DELTA	DELTA Date: <u>APRIL</u>	- 1 ; 1993	