

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME JEFFREY LEE OLINGHOUSE

Date of Birth 7 DEC 1956 (2) Place HARLINGEN, HIDALGO, TX (2)

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

His Father DAVID HOWARD OLINGHOUSE (2) His Mother's Maiden Name JOAN KAY ESCHELL (2)

Date of Marriage of HUSBAND and WIFE on this sheet 12 - Nov 1980 (2) Place ALBERT LEA, FREEBORN, MN (2)

Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? _____ ()

WIFE'S MAIDEN NAME LORI JUNE MATTSO (Use separate sheet for each marriage)

Date of Birth 17 DEC 1954 (2) Place ALBERT LEA, FREEBORN, MN (2)

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

Her Father LEO MATTSO (2) Her Mother's Maiden Name PHYLLIS (2)

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):

JEFFREY M(I) DEBBIE CLOW, 6-14-?, MINNEAPOLIS, HENNEPIN, MN; DAU. OF DIV 1985
LORI M(I) JON LICKTEIG, ALBERT LEA, FREEBORN, MN; SON OF DIV MAR 1980

Use reverse side for additional information

| Have family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|-------------------|---|------|-------------------|-------------------|----------------------|
| 1 | None 4-1-95 | ○ | ON ○ AT ○ | ON ○ AT ○ | ON ○ TO ○ |
| 2 | | ○ | ON ○ AT ○ | ON ○ AT ○ | ON ○ TO ○ |
| 3 | | ○ | ON ○ AT ○ | ON ○ AT ○ | ON ○ TO ○ |
| 4 | | ○ | ON ○ AT ○ | ON ○ AT ○ | ON ○ TO ○ |
| 5 | | ○ | ON ○ AT ○ | ON ○ AT ○ | ON ○ TO ○ |

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.

Use (1) 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. Date 5-15-93
RAYMOND J. PORTER

- (2) JOAN OLINGHOUSE RESPONSE TO MY BIOGRAPHICAL ENQUIRY 4-1-93
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME JON LICKTEIG

Date of Birth _____ Place _____

Date of Death _____ Place _____

Present Address (or) Place of Burial _____

His Father _____ His Mother's Maiden Name _____

Date of Marriage of HUSBAND and WIFE on this sheet _____ Place _____

Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? MAR 1980

WIFE'S MAIDEN NAME LORI JUNE MATSON (Use separate sheet for each marriage)

Date of Birth 12 DEC 1954 ⁽²⁾ Place ALBERT LEA, FREEBORN, MN ⁽²⁾

Date of Death _____ Place _____

Present Address (or) Place of Burial _____

Her Father LEO MATSON ⁽²⁾ Her Mother's Maiden Name PHYLLIS ⁽²⁾

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):

LORI M(2) JEFFREY OLINGHOUSE, 12 Nov 1989, ALBERT LEA, FREEBORN, MN. DIV. MAR 1980.

Use reverse side for additional information

| Have family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|-------------------|---|------|----------------------|----------------------|----------------------|
| 1 | ⁽²⁾ <u>JAMER DANE</u> | | ON _____ AT _____ | ON _____ AT _____ | ON _____ TO _____ |
| 2 | ⁽²⁾ <u>PETER JON</u> | | ON _____ AT _____ | ON _____ AT _____ | ON _____ TO _____ |
| 3 | ○ | | ON _____ AT _____ | ON _____ AT _____ | ON _____ TO _____ |
| 4 | ○ | | ON _____ AT _____ | ON _____ AT _____ | ON _____ TO _____ |
| 5 | ○ | | ON _____ AT _____ | ON _____ AT _____ | ON _____ TO _____ |

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.

Use ⁽¹⁾ 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. Date 5-15-93

RAYMOND J. PORTER

⁽²⁾ JOAN OLINGHOUSE RESPONSE TO MY BIOGRAPHICAL ENQUIRY, 4-1-93

⁽³⁾ _____

⁽⁴⁾ _____

⁽⁵⁾ _____

⁽⁶⁾ _____

⁽⁷⁾ _____

⁽⁸⁾ _____

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME MARK DAVID OLINGHOUSE

Date of Birth 18 JAN 1958 (2) Place INDIANAPOLIS, MARION, IN (2)

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

His Father DAVID HOWARD OLINGHOUSE (2) His Mother's Maiden Name JOAN KAY ESCHELL (2)

Date of Marriage of HUSBAND and WIFE on this sheet (2) JUL 1979 (2) Place WESTFIELD, CHAUTAUQUA, NY (2)

Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? 1983 (2)

WIFE'S MAIDEN NAME KATHLEEN DENISE HARGEN (Use separate sheet for each marriage) HUBBARD, TRUMBULL, OH

Date of Birth 20 JUL 1957 (2) Place _____ ()

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

Her Father LEO HARGEN () Her Mother's Maiden Name BARBARA ARCHADI PAINE ()

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):

MARK M(1) MARJORIE M. JABLONSKI, NOV 1977, FRANKLIN, VENANGO, PA; DIV. 1977
KATHLEEN M(2) MARK OSBORNE, JUL 1986, SHARON, MERCER, PA.

Use reverse side for additional information

| Have family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|-------------------|---|------|--|------------------------------|------------------------------|
| 1 | <u>JASON DEVON</u> (2) | | ON <u>3 JUN 1980</u> (2) AT <u>BEAVER, PA</u> (2) <u>BEAVER FALLS,</u> | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 2 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 3 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 4 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 5 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |

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.

Use (1) 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. Date 5-15-93

RAYMOND J. PORTER

(2) JOAN OLINGHOUSE RESPONSE TO MY BIOGRAPHICAL ENQUIRY 5-4-93

- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME MARK DAVID OLINGHOUSE

Date of Birth 18 JAN 1958 (2) Place INDIANAPOLIS, MARION, IN (2)

Date of Death _____ (0) Place _____ (0)

Present Address (or) Place of Burial _____

His Father DAVID LOWELL OLINGHOUSE (2) His Mother's Maiden Name JOAN KAY ESHELL (2)

Date of Marriage of HUSBAND and WIFE on this sheet (3) 9 Nov 1984 (2) Place GIRARD, TRUMBULL, OH (2)

Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? JUN 1991 (2)

WIFE'S MAIDEN NAME KATHLEEN ANN O'CONNELL (Use separate sheet for each marriage)
NASHVILLE, MONTGOMERY, TN

Date of Birth 2 APR 1959 (2) Place GIRARD, TRUMBULL, OH (2)

Date of Death _____ (0) Place _____ (0)

Present Address (or) Place of Burial _____

Her Father EDWARD O'CONNELL (2) Her Mother's Maiden Name BETTY (2)

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 family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|-------------------|---|------|---|------------------------------|------------------------------|
| 1 | (2) <u>DANIEL JOSEPH</u> | | ON <u>25 JUL 1985</u> (2) AT <u>RUTHER FORD, TN</u> (2) <u>MURFREESBORO</u> | ON _____ (0) AT _____ (0) | ON _____ (0) TO _____ (0) |
| 2 | (2) <u>DAVID MICHAEL</u> | | ON <u>26 APR 1987</u> (2) AT <u>LEHIGH, PA</u> (2) <u>ALLEN TOWN,</u> | ON _____ (0) AT _____ (0) | ON _____ (0) TO _____ (0) |
| 3 | (0) | | ON _____ (0) AT _____ (0) | ON _____ (0) AT _____ (0) | ON _____ (0) TO _____ (0) |
| 4 | (0) | | ON _____ (0) AT _____ (0) | ON _____ (0) AT _____ (0) | ON _____ (0) TO _____ (0) |
| 5 | (0) | | ON _____ (0) AT _____ (0) | ON _____ (0) AT _____ (0) | ON _____ (0) TO _____ (0) |

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.

Use (1) 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. Date 5-15-93
RAYMOND J. PORTER

(2) JOAN OLINGHOUSE RESPONSE TO MY BIOGRAPHICAL ENQUIRY 4-1-93

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

9 Nov

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME JAMES WOLF

Date of Birth 19 JUN 1960 (2) Place TOLEDO, LUCAS, OH (2)

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

His Father EDWARD WOLF (2) His Mother's Maiden Name ROSEMARY (2)

Date of Marriage of HUSBAND and WIFE on this sheet 5 APR 1986 (2) Place TOLEDO, LUCAS, OH (2)

Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? _____ ()

WIFE'S MAIDEN NAME JENNIFER SUE OLINGHOUSE (Use separate sheet for each marriage)

Date of Birth 28 APR 1962 (2) Place INDIANAPOLIS, MARION, IN (2)

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

Her Father DAVID HOWARD OLINGHOUSE (2) Her Mother's Maiden Name JOAN KAY ESCHELL (2)

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 family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|-------------------|--------------------------------------|------|--|------------------------------|------------------------------|
| 1 | <u>JUSTIN DAVID</u> (2) | | ON <u>25 JUL 1986</u> (2) AT <u>TOLEDO, LUCAS, OH</u> (2) | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 2 | <u>JOEL MICHAEL</u> (2) | | ON <u>29 APR 1990</u> (2) AT <u>TOLEDO, LUCAS, OH</u> () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 3 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 4 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 5 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |

Check here if there are additional children

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(1) Name and address of person filling in this sheet. Date 5-15-93

RAYMOND J. PORTER

(2) JOAN OLINGHOUSE RESPONSE TO MY BIOGRAPHICAL ENQUIRY 4-29-93

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME DANIEL RAYMOND FIGLIOLA

Date of Birth 16 DEC 1962 (2) Place AKRON, SUMMIT, OH (2)

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

His Father DANIEL FAGLIOLA (2) His Mother's Maiden Name JANE (2)

Date of Marriage of HUSBAND and WIFE on this sheet 25 AUG 1985 (2) Place AKRON, SUMMIT, OH (2)

Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? _____ ()

WIFE'S MAIDEN NAME AMY LYN OLINGHOUSE (Use separate sheet for each marriage)

Date of Birth 12 Nov 1964 (2) Place HARVEY, COOK, IL (2)

Date of Death _____ () Place _____ ()

Present Address (or) Place of Burial _____

Her Father DAVID HOWARD OLINGHOUSE (2) Her Mother's Maiden Name JOAN KAY ESHELL (2)

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 family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|-------------------|---|------|---|------------------------------|------------------------------|
| 1 | (2) <u>DANIELLE MARIE</u> | | ON <u>29 Nov 1989</u> (2) AT <u>BOULDER, BOULDER CO.</u> (2) | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 2 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 3 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 4 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |
| 5 | | | ON _____ () AT _____ () | ON _____ () AT _____ () | ON _____ () TO _____ () |

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.

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(1) Name and address of person filling in this sheet. Date 5-15-93

RAYMOND J. PORTER

(2) JOAN OLINGHOUSE RESPONSE TO MA BIOGRAPHICAL ENQUIRY 4-29-83.

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

Biographical Information for JEFFREY

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: DLINGHOUSE 1st Name: JEFFREY Middle Name(s): LEE

Nickname: JEFF Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 12-7-1956 Place (City, Twp): NARLINGEN (County): _____ (State): TX

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. DLINGHOUSE Mother: JOAN K. ESHELL O.

Married First: DERBIE ELOW (Please fill in a separate form for this person.)

Marriage Date: 6-14-57 Place (City, Twp): MINNEAPOLIS (County): _____ (State): MN

Born to this union: - (Please fill in a separate form for each child.)

Divorce Date: 1985 Place (City, Twp): MINNEAPOLIS (County): _____ (State): MN

Married Second: LORI JUNE MATSON LICKTEIG (Please fill in a separate form for this person.)

Marriage Date: 11-12-89 Place (City, Twp): ALBERT LEA (County): _____ (State): MN

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): MINNEAPOLIS, MN - ALBERT LEA, MN. - DESMOINES, IA

Military Service, Rank, Honors, Decorations: -

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: 3 years U. OF MINNESOTA

Degrees, Honors: -

Occupation(s): SUPERVISOR COASTAL OIL CO.

Hobbies, Artistic, Musical Interests: _____

Career Highlights: _____

Religious Affiliations: _____

Political Affiliation: INDEPENDENT

Fraternal Service, etc. Organization Affiliations: _____

Prepared By: (MOM) JOAN O. Date: 4-1-93

Sources: _____

Remarks: _____

Biographical Information for LORI JUNE MATTSON LICKTEIG

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: OLINGHOUSE 1st Name: LORI Middle Name(s): JUNE

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 12-12-54 Place (City, Twp): ALBERT LEA (County): _____ (State): MN

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: LEO MATTSON Mother: PHYLLIS MATTSON

Married First:: JON LICKTEIG (Please fill in a separate form for this person.)

Marriage Date: _____ Place (City, Twp): ALBERT LEA (County): _____ (State): MN

Born to this union: JAMER DANE + PETER JON (Please fill in a separate form for each child.)

Divorce Date: MAR. 1980 Place (City, Twp): ALBERT LEA (County): _____ (State): MN

Married Second:: JEFFREY LEE OLINGHOUSE (Please fill in a separate form for this person.)

Marriage Date: 11-12-89 Place (City, Twp): ALBERT LEA (County): _____ (State): MN

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): ALBERT LEA, MN + DES MOINES IA

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: JOAN O. MOTHER-IN-LAW Date: 4-29-93

Sources: _____

Remarks: _____

Biographical Information for MARK

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: OLINGHOUSE 1st Name: MARK Middle Name(s): DAVID

Nickname: MARK Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 1-18-58 Place (City, Twp): INDIANAPOLIS (County): MARION (State): IN

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. OLINGHOUSE Mother: JOAN N. OLINGHOUSE

Married First: MARJORIE M. JABLONSKI (Please fill in a separate form for this person.)

Marriage Date: 11-1977 Place (City, Twp): FRANKLIN (County): VENANGO (State): PA

Born to this union: _____ (Please fill in a separate form for each child.)

Divorce Date: 1977 Place (City, Twp): FRANKLIN (County): VENANGO (State): PA

Married Second: KATHLEEN HANSEN (Please fill in a separate form for this person.)

Marriage Date: 1979 Place (City, Twp): WESTFIELD (County): _____ (State): NY

Born to this union: JASON DEVON OLINGHOUSE (Please fill in a separate form for each child.)

Divorce Date: 1983 Place (City, Twp): _____ (County): _____ (State): PA

Married Third: KATHY O'CONNELL (Please fill in a separate form for this person.)

Marriage Date: 11-9-86 Place (City, Twp): GIRARD (County): _____ (State): OH

Born to this union: DANIEL JOSEPH + DAVID MICHAEL (Please fill in a separate form for each child.)

Divorce Date: 1991 Place (City, Twp): NASHVILLE (County): _____ (State): TN

Residence(s): PENNSYLVANIA, TENNESSEE, IOWA

Military Service, Rank, Honors, Decorations: _____

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: 1 year KENT STATE

Degrees, Honors: _____

Occupation(s): SALES

Hobbies, Artistic, Musical Interests: _____

Career Highlights: _____

Religious Affiliations: _____

Political Affiliation: _____

Fraternal Service, etc. Organization Affiliations: _____

Prepared By: (MOM) JOAN O. Date: 4-1-93

Sources: _____

Remarks: _____

Biographical Information for KATHLEEN DENISE HARSEN

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: HARSEN 1st Name: KATHLEEN Middle Name(s): DENISE

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 7-20-57 Place (City, Twp): _____ (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: _____ Complications: _____

Father: LEO HARSEN Mother: BARBARA ARCHADIPAINÉ

Married First:: MARK DAVID OLINGHOUSE (Please fill in a separate form for this person.)

Marriage Date: 7-1979 Place (City, Twp): WESTFIELD (County): _____ (State): NY

Born to this union: JASON DEVON OLINGHOUSE (Please fill in a separate form for each child.)

Divorce Date: 1983 Place (City, Twp): HUBBARD (County): _____ (State): MA OH

Married Second:: MARK OSBORNE (Please fill in a separate form for this person.)

Marriage Date: 7-1986 Place (City, Twp): SHARON (County): _____ (State): PA

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): _____

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: JOAN D. WOTHER-IV-LAW Date: 5-4-93

Sources: _____

Remarks: _____

Biographical Information for JASON DEVON

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: OLINGHOUSE 1st Name: JASON Middle Name(s): DEVON

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 6-3-1980 Place (City, Twp): BEAVER FALLS (County): _____ (State): PA

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: MARK DAVID Mother: KATHLEEN HANSEN

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): _____

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: JOAN OLINGHOUSE (GRANDMA) Date: 4-29-93

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.

G'CONNELL Last Name: ~~KATHLEEN~~ 1st Name: KATHLEEN Middle Name(s): ANN

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: APRIL 2, 58 Place (City, Twp): GIRARD (County): _____ (State): OH

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: ED O'CONNELL Mother: BETTY O'CONNELL

Married First:: MARK DAVID OLINGHOUSE (Please fill in a separate form for this person.)

Marriage Date: 11-10-84 Place (City, Twp): GIRARD (County): _____ (State): OH

Born to this union: DANIEL JOSEPH OLINGHOUSE & DAVID MICHAEL (Please fill in a separate form for each child.)

Divorce Date: 6-91 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): _____

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: JOAN O. MOTHER-IN-LAW Date: 5-5-93

Sources: _____

Remarks: _____

Biographical Information for DANIEL JOSEPH

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: OLINGHOUSE 1st Name: DANIEL Middle Name(s): JOSEPH

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 7-25-85 Place (City, Twp): MURPHYSBORO (County): _____ (State): TN

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: MARK DAVID Mother: KATHLEEN 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: _____ (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, 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: JOAN O. (GRANBORN) Date: 4-29-93

Sources: _____

Remarks: _____

Biographical Information for DAVID MICHAEL

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: OLINGHOUSE 1st Name: DAVID Middle Name(s): MICHAEL

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 4-26-87 Place (City, Twp) ALLENTOWN (County): _____ (State): PA

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: MARK DAVID OLINGHOUSE Mother: KATHLEEN 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:: _____ (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, 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: JOAN O. - GRANDMA Date: 5-5-93

Sources: _____

Remarks: _____

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 Middle Name(s): _____

Nickname: Jim Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 6-19-60 Place (City, Twp): TOLEDO (County): _____ (State): OH

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: ED WULF Mother: ROSEMARY

Married First: JENNIFER SUE OLINGHOUSE (Please fill in a separate form for this person.)

Marriage Date: 4-5-86 Place (City, Twp): TOLEDO (County): _____ (State): OH

Born to this union: JUSTIN DAVID & JANEL MICHAEL (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): TOLEDO, OH & GRAND RAPIDS MI

Military Service, Rank, Honors, Decorations: NAVY

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: _____

Degrees. Honors: _____

Occupation(s): QUALITY CONTROL

Hobbies, Artistic, Musical Interests: _____

Career Highlights: _____

Religious Affiliations: CATHOLIC

Political Affiliation _____

Fraternal. Service, etc. Organization Affiliations: _____

Prepared By: JOAN O. (MOTHER-IN-LAW) Date: 4-29-93

Sources: _____

Remarks: _____

Biographical Information for JENNIFER

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: JENNIFER Middle Name(s): SUE

Nickname: JENNI Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 4-28-62 Place (City, Twp): INDIANAPOLIS (County): MARION (State): IN

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. OWINGHOUSE Mother: JOAN K. OWINGHOUSE

Married First: JAMES WULF (Please fill in a separate form for this person.)

Marriage Date: APRIL 5, 1986 Place (City, Twp): TOLEDO (County): _____ (State): OH

Born to this union: JUSTIN DAVID AND JOEL MICHAEL (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): AKRON, OH BUENAVILLE MN INDIANAPOLIS IN INDY, IN
TOLEDO, OH AND GRAND RAPIDS, MI

Military Service, Rank, Honors, Decorations: _____

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: BOWLING GREEN UNIV, OHIO

Degrees, Honors: INTERIOR DESIGN

Occupation(s): DESIGNER - COMMERCIAL

Hobbies, Artistic, Musical Interests: _____

Career Highlights: _____

Religious Affiliations: _____

Political Affiliation: _____

Fraternal, Service, etc. Organization Affiliations: _____

Prepared By: mom Date: 4-1-93

Sources: _____

Remarks: _____

Biographical Information for JUSTIN DAVID WULF

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: JUSTIN Middle Name(s): DAVID

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 7-25-86 Place (City, Twp): TOLEDO (County): _____ (State): OH

Bap/Christ. Date: 8- -86 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: JAMES WULF Mother: JENNIFER SUE OLINGHOUSE

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): _____

Residence(s): TOLEDO, OH + GRAND RAPIDS, MI

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: JOAN D. GRANDMA Date: 4-29-93

Sources: _____

Remarks: _____

Biographical Information for JOEL MICHAEL

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: JOEL Middle Name(s): MICHAEL

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 4-29-90 Place (City, Twp): TOLEDO (County): _____ (State): OH

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: JAMES WULF Mother: JENNIFER SUE OLINGHOUSE

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): _____

Residence(s): TOLEDO OH & GRAND RAPIDS MI

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: JOAN O. (GRANDMA) Date: 4-29-93

Sources: _____

Remarks: _____

Biographical Information for AMY LYN OLINGHOUSE

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: OLINGHOUSE 1st Name: AMY Middle Name(s): LYN

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: NOV. 12, 1964 Place (City, Twp): HARVEY (County): _____ (State): IL

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 HOWARD OLINGHOUSE Mother: JOAN KAY OLINGHOUSE

Married First: DANIEL RAYMOND FIGLIOLA (Please fill in a separate form for this person.)

Marriage Date: AUG. 25, 1985 Place (City, Twp): AKRON (County): _____ (State): OH

Born to this union: DANIELLE MARIE FIGLIOLA (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): BOULDER, CO, AKRON, OH; BURNSVILLE, MN; INDIANAPOLIS, IN;

Military Service, Rank, Honors, Decorations: _____

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: AKRON U-1 yr. + Bowling Green 1 yr.

Degrees, Honors: _____

Occupation(s): MGR - RETAIL

Hobbies, Artistic, Musical Interests: _____

Career Highlights: _____

Religious Affiliations: _____

Political Affiliation: _____

Fraternal Service, etc. Organization Affiliations: _____

Prepared By: JOAN O. (MOM) Date: 4-29-93

Sources: _____

Remarks: _____

Biographical Information for DANIEL RAYMOND FIGLIOLA

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: FIGLIOLA 1st Name: DANIEL Middle Name(s): RAYMOND

Nickname: DAN Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 12-16-62 Place (City, Twp): AKRON (County): SUMMIT (State): OH

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: DANIEL FIGLIOLA Mother: JANE

Married First:: AMY LYN OLINGHOUSE (Please fill in a separate form for this person.)

Marriage Date: 8-25-85 Place (City, Twp): AKRON (County): _____ (State): OH

Born to this union: DANIELLE MARIE (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): AKRON, OH + BOULDER CO

Military Service, Rank, Honors, Decorations: _____

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: AKRON U. - BACHELORS

Degrees, Honors: FINANCE -

Occupation(s): STOCK BROKER

Hobbies, Artistic, Musical Interests: _____

Career Highlights: _____

Religious Affiliations: _____

Political Affiliation _____

Fraternal, Service, etc. Organization Affiliations: _____

Prepared By: JOAN D. - MOTHER-IN-LAW Date: 4-29-93

Sources: _____

Remarks: _____

Biographical Information for DANIELLE MARIE

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: FIGLIOLA 1st Name: DANIELLE Middle Name(s): MARIE

Nickname: _____ Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 11-29-89 Place (City, Twp): BOULDER (County): _____ (State): CO

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: DANIEL RAYMOND FIGLIOLA Mother: AMY LYD OLINGHOUSE

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): _____

Residence(s): BOULDER, CO

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: JOAN O' (GRANDMA) Date: 4-29-93

Sources: _____

Remarks: _____

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 hexagonal pitcher (white with sprays of blue flowers and tiny green leaves) belonged to my grandmother, Mrs. Van Rensselaer Porter's mother Rougers, New York State about 1783.

Jennie Porter Carver
September 24, 1948

Winnet Bay Porter
13662 Loretta Dr

Tustin CA 92680

Arts United Arts Project

FAMILY GROUP SHEET

Husband's Code
 Wife's Code

HUSBAND'S NAME DAVID HOWARD OLINGHOUSE

Date of Birth 18 FEB 1933 (2) Place STURGIS, ST. JOSEPH, MI (2)

Date of Death _____ Place _____

Present Address (or) Place of Burial 10514 OAK TREED, FORT WAYNE, IN 46845

His Father LOWELL DYAL OLINGHOUSE (2) His Mother's Maiden Name THELMA MARIE CARVER (2)

Date of Marriage of HUSBAND and WIFE on this sheet 4 SEPT 1955 (2) Place INDIANAPOLIS, MARION, IN (2)

Check here if there was another marriage: By husband By Wife Was this couple divorced? Yes No When? _____

WIFE'S MAIDEN NAME JOAN KAY ESCHELL (Use separate sheet for each marriage)

Date of Birth 23 JUL 1933 (2) Place VALPARAISO, PORTER, IN (2)

Date of Death _____ Place _____

Present Address (or) Place of Burial SAME

Her Father HENRY ESCHELL (2) Her Mother's Maiden Name HOWARD PEARL FERGUSON (2)

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 family sheet | CHILDREN (Arrange in order of birth) | Code | Birth Information | Death Information | Marriage Information |
|-------------------|--------------------------------------|------|---|----------------------|---|
| 1 | JEFFREY LEE (2) | | ON 7 DEC 1956 (2) AT HARLINGEN, TX (2) | ON _____ AT _____ | ON (1) (2) (2) 17 Nov 1989 (2) TO (1) DEBBIE CLOW (2) (2) LORI JUNE MATSON (2) |
| 2 | MARK DAVID (2) | | ON 18 JAN 1958 (2) AT INDIANAPOLIS, IN (2) | ON _____ AT _____ | ON _____ TO _____ 3 marriages, 3 divorces (2) |
| 3 | JENNIFER (2) | | ON 28 APR 1962 (2) AT INDIANAPOLIS, IN (2) | ON _____ AT _____ | ON 5 APR 1986 (2) TO JAMES WOLF (2) |
| 4 | AMY LYN (2) | | ON 12 Nov 1964 (2) AT HARVEY, IL (2) | ON _____ AT _____ | ON 25 AUG 1985 (2) TO DANIEL RAYMOND FIGLIOLA (2) |
| 5 | | | ON _____ AT _____ | ON _____ AT _____ | ON _____ TO _____ |

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.

Use ① 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. Date 5-14-93
RAYMOND J. PORTER

② JOAN OLINGHOUSE RESPONSE TO MY BIOGRAPHICAL ENQUIRY.

③ _____

④ _____

⑤ _____

⑥ _____

⑦ _____

⑧ _____

Biographical Information for DAVID HOWARD DLINGHOUSE

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: DLINGHOUSE 1st Name: DAVID Middle Name(s): HOWARD

Nickname: DAVE Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 2-18-33 Place (City, Twp): STURGIS (County): _____ (State): MI

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: LOWELL DYAL DLINGHOUSE Mother: THELMA MARIE CARVER

Married First: JUAN RAY ESCHELL EDGAR (Please fill in a separate form for this person.)

Marriage Date: 9-4-55 Place (City, Twp): INDIANAPOLIS (County): MARION (State): IN

Born to this union: JEFFREY, MARK, JENNIFER, 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 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): INDIANA, ILLINOIS, OHIO, PENNSYLVANIA, MINNESOTA, GERMANY, CANADA

Military Service, Rank, Honors, Decorations: USAIR FORCE

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: BACHELORS DEGREE - BUSINESS

Degrees, Honors: BUSINESS - MARKETING

Occupation(s): GEN. MGR

Hobbies, Artistic, Musical Interests: _____

Career Highlights: _____

Religious Affiliations: _____

Political Affiliation REPUBLICAN

Fraternal, Service, etc. Organization Affiliations: SIGMA CHI

Prepared By: JOAN Date: 4/29/93

Sources: _____

Remarks: _____

Biographical Information for JOAN ESHELL EDGAR OLINGHOUSE

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: OLINGHOUSE^{ESHELL} 1st Name: JOAN Middle Name(s): KAY

Nickname: JOANIE Prefix (Dr., Capt., Rev., etc.): _____ Suffix (Sr., Jr., M.D., etc.): _____

Birth Date: 7-23-34 Place (City, Twp): VALPARAISO (County): PORTER ? (State): IN

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: HENRY ESHELL Mother: HELEN PEARL FERGUSON ESHELL EDGAR

Married First:: DAVID HOWARD OLINGHOUSE (Please fill in a separate form for this person.)

Marriage Date: 9-4-55 Place (City, Twp): INDIANAPOLIS (County): MARION (State): IN

Born to this union: JEFFREY, MARK, JENNIFER, 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 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): INDIANA, ILLINOIS, OHIO, PENNSYLVANIA, MINNESOTA, GERMANY, CANADA

Military Service, Rank, Honors, Decorations: NONE

Battles, campaigns, etc. (Use separate sheet if necessary): _____

Civil/Community Service: _____

Education: 3 years BUTLER U., INDIANAPOLIS

Degrees, Honors: _____

Occupation(s): HOUSEWIFE

Hobbies, Artistic, Musical Interests: MUSIC, QUILTING

Career Highlights: _____

Religious Affiliations: CHRISTIAN SCIENCE

Political Affiliation REPUBLICAN

Fraternal Service, etc. Organization Affiliations: DELTA DELTA DELTA

Prepared By: JOAN O. Date: APRIL 1, 1993

Sources: _____

Remarks: _____