

Introduction

Audrey Laine McMillan



My name is Audrey Laine McMillan. I was born September 4th, 2010 in Fort Wayne, Indiana. I live with my mom, my stepdad and my three brothers, outside of Bluffton, Indiana. My dad and stepmom live in Camp Lejeune, North Carolina.

I have attended Bluffton Harrison Elementary School since Kindergarten and I will be going into Fourth grade this fall. My family and I go to Hope Missionary Church and I have participated in Bible Quiz. I play Basketball and Softball. I like to draw, do crafts and build LEGOs with my brothers. When I grow up I want to be an Astronaut and a rocket scientist at NASA.

Pedigree Chart No. 1

Cont'd on
Chart 2

4 Joseph Ray MCMILLAN
Born 31 October 1955
Where Jackson Twp., Wells Co., IN
Died
Where

Cont'd on
Chart 3

5 Cynthia Anne GAUNT
Born 6 August 1952
Where Bluffton, Wells Co., IN
Died
Where

Cont'd on
Chart 4

6 Bruce Eugene LEAS
Born 18 September 1961
Where Bluffton, Wells Co., IN
Died
Where

Cont'd on
Chart 5

7 Jodi Rae HOWELL
Born 26 March 1963
Where Fort Ord, Monterey Co., CA
Died
Where

2 Joel Thomas MCMILLAN
Born 4 August 1982
Where Bluffton, Wells Co., IN
Died
Where

3 Lindsay Anne LEAS
Born 25 October 1983
Where Bluffton, Wells Co., IN
Died
Where

1 Audrey Laine MCMILLAN
Born 4 September 2010
Where Fort Wayne, Allen Co., IN
Died
Where

Originated by:
 Audrey Laine McMillan
Date
 March 12, 2020

Family Group Sheet

4-H 748F-W

Number 2

HUSBAND'S Full Name: Joel Thomas MCMILLAN

	When	Where	Sources
Birth	04 August 1982	Bluffton, Harrison Twp., Wells Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020
Marriage	26 July 2003	Bluffton, Harrison Twp., Wells Co., Indiana	Bk. 40, pg. 423, Wells Co.
Death			
Burial			

Other wives (No. 1, 2, etc.)

Georgia Jean LOGAN

His father

Joseph Ray MCMILLAN

His mother

Cynthia Anne GAUNT

Number 3

WIFE'S Maiden Name: Lindsay Anne LEAS

	When	Where	Sources
Birth	25 October 1983	Bluffton, Harrison Twp., Wells Co., Indiana	Bk. 20, pg. 84, Wells Co.
Death			
Burial			

Other Husbands

Matthew Lee BRUBAKER

Her father

Bruce Eugene LEAS

Her mother

Jodi Rae HOWELL

Children - in order of birth

1. Name Lance Joseph MCMILLAN

	When	Where	Sources
Birth	14 August 2008	San Diego, San Diego Co., California	Interview, Lindsay A. LEAS, 1 March 2020
Death			
Marriage			

Name of spouse

Birth			
Death			

2. Name Audrey Laine MCMILLAN

	When	Where	Sources
Birth	04 September 2010	Fort Wayne, Allen Co., Indiana	Fort Wayne - Allen Co. Vital Records
Death			
Marriage			

Name of spouse

Birth			
Death			

3. Name

	When	Where	Sources
Birth			
Death			
Marriage			

Name of spouse

Birth			
Death			

4. Name

	When	Where	Sources
Birth			
Death			
Marriage			

Name of spouse

Birth			
Death			

Family Group Sheet

4-H 748F-W

Number 4

HUSBAND'S Full Name: Joseph Ray MCMILLAN

	When	Where	Sources
Birth	31 October 1955	Jackson Twp., Wells Co., Indiana	Interview, Joseph Ray MCMILLAN, 11 June 2020
Marriage	12 July 1980	Bluffton, Wells Co., Indiana	Bk. 31, pg. 589 Wells Co.
Death			
Burial			

Other wives (No. 1, 2, etc.)

His father John James MCMILLAN

His mother Janice Evelyn BARKER

Number 5

WIFE'S Maiden Name: Cynthia Anne GAUNT

	When	Where	Sources
Birth	6 August 1952	Bluffton, Wells Co., Indiana	Wells County Health Department
Death			
Burial			

Other Husbands Randall RIESEN

Her father James Edward GAUNT

Her mother Mary Ann TAPPY

Children - in order of birth

1. Name Heather Michele RIESEN

	When	Where	Sources
Birth	08 September 1972	Bluffton, Wells Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020
Death			
Marriage	04 October 1991	Van Buren, Monroe Twp., Grant Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020

Name of spouse Daniel Eugene WETHERINGTON

Birth	30 August 1971	Dade City, Florida	Interview, Cynthia A. GAUNT, 4 March 2020
Death			

2. Name Heath Michael MCMILLAN

	When	Where	Sources
Birth	01 February	Bluffton, Wells Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020
Death			
Marriage	19 June 2002	Marion, Grant Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020

Name of spouse Lyndsay Lee SLATER

Birth	26 May 1980	Marion, Grant Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020
Death			

3. Name Joel Thomas MCMILLAN

	When	Where	Sources
Birth	04 August 1982	Bluffton, Wells Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020
Death			
Marriage	26 July 2003	Bluffton, Wells Co., Indiana	Interview, Lindsay A. LEAS, 1 March 2020

Name of spouse Lindsay Anne LEAS

Birth	25 October 1983	Bluffton, Wells Co., Indiana	Bk. 20, pg. 84, Wells Co.
Death			

4. Name Cole Adam MCMILLAN

	When	Where	Sources
Birth	4 August 1982	Bluffton, Wells Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020
Death			
Marriage	9 July 2017	Van Buren, Monroe Twp., Grant Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020

Name of spouse Teresa Denise JOYNER

Birth	2 October 1984	Fort Wayne, Allen Co., Indiana	Interview, Cynthia A. GAUNT, 4 March 2020
Death			

Additional Information Worksheet	
Name of 4-H Member: Audrey Laine MCMILLAN	
	#1 on chart <u> 1 </u>
Places of residence:	Jackson Township, Wells County, Indiana Harrison Township, Wells County, Indiana
Schools attended:	Bluffton-Harrison Elementary School
4-H Club(s) / 4-H projects taken:	Hurryin' Harrisons Crafts, Genealogy, Poultry
School activities and clubs:	Basketball, Softball, American Heritage Girls
Religious affiliations:	Hope Missionary Church
Hobbies, community service, ect.:	Collecting Seashells, Riding my Bike Drawing Word Searches Traveling
Medical history, diseases, etc.:	Tree Nut Allergy
Other information:	

Additional Information Worksheet

	Name_ Joel Thomas MCMILLAN_	Name_ Lindsay Anne LEAS__
	#2 on chart __1__ Husband	#3 on chart __1__ Wife
Places of residence:	Craigville, Harrison Twp., Wells Co., Indiana Monroe Twp., Grant Co., Indiana San Diego, San Diego Co., California Okinawa, Japan Lafayette, Tippicanoe Co., Indiana Hubert, Onslow Co., N. Carolina	Jackson Twp., Wells Co., Indiana Jacksonville, Onslow Co., North Carolina San Diego, San Diego, California Bluffton, Harrison Twp., Wells Co., Indiana
Schools attended:	Van Buren Elementary Eastbrook Jr.-Sr. High School	Southern Wells Elementary Southern Wells Jr.-Sr. High School Ball State University San Diego Mesa College Indiana Wesleyan University
Occupations:	United States Marine	Executive Assistant at Hawthorne-Caterpillar Customer Service, IT at Franklin Electric Stay at Home Mom
Religious affiliations:	United Methodist	Dillman United Brethren Church Hope Missionary Church
Hobbies, community service, etc.:	Running Hunting Shooting Woodworking	Cooking Baking Home Décor
Military service:	Active Duty USMC September 2001 - Present First Sergeant	N/A
Medical history, diseases, etc.:	N/A	N/A
Other information:		

Additional Information Worksheet

	Name Joseph Ray MCMILLAN	Name Cynthia Anne GAUNT
	#4 on chart <u> 1 </u> Husband	#5 on chart <u> 1 </u> Wife
Places of residence:	Jackson Twp., Wells Co., IN Craigville, Lancaster Twp., Wells Co., IN Monroe Twp., Grant Co., IN Upland, Jefferson Twp., Grant Co., IN	Monroe, Monroe Twp., Adams Co., IN Poneto, Chester Twp., Wells Co., IN Bluffton, Harrison Twp., Wells Co., IN Nebraska Keystone, Chester Twp., Wells Co., IN Craigville, Lancaster Twp., Wells Co., IN
Schools attended:	Jackson Elementary Southern Wells Jr.-Sr. High School	Poplar Grove Elementary Washington Elemenatry Bluffton High School
Occupations:	Residential Carpenter Franklin Electric Troxel Equipment Carpenter / Millwright Union, Local 1029	Babysitter, Carhop, Corning Glass, Franklin Electric, Eastbrook Elementary, Purdue Extension
Religious affiliations:	Asbury United Methodist Chapel Dillman United Brethren Church	United Methodist
Hobbies, community service, etc.:	RV Golfing Kayak Hiking Woodworking Cabinetry	Crafts Gardening Woodworking Food Pantries Volunteer
Military service:	N/A	N/A
Medical history, diseases, etc.:	Rhematic Fever in Childhood	N/A
Other information:		

Additional Information Worksheet

	Name: Bruce Eugene LEAS	Name: Jodi Rae HOWELL
	#6 on chart __1__ Husband	#7 on chart __1__ Wife
Places of residence:	Jackson Township, Wells Co., Indiana	Monterey, Monterey Co., California Fort Wayne, Allen Co., Indiana
Schools attended:	Jackson Center School Southern Wells High School	Warren Elementary Salamonie Jr. High Huntington North High School Huntington College Indiana Wesleyan University
Occupations:	Feed Truck Driver Farm Hand Farmer	Waitress Social Worker School Counsler
Religious affiliations:	Dillman United Brethren	Dillman United Brethren Warren United Methodist Hope Missionary Church
Hobbies, community service, etc.:	IU Basketball Tractor Pulls Watching Grandkids Play Sports Watching 4-H Livestock Shows	Sewing Cooking Reading Walking Enjoys Geneology
Military service:	N/A	N/A
Medical history, diseases, etc.:	Diabetes	Seasonal Allergies
Other information:		

FORT WAYNE - ALLEN COUNTY VITAL RECORDS

DEPARTMENT OF PUBLIC HEALTH
FORT WAYNE , ALLEN COUNTY , INDIANA 46802

CERTIFICATE OF BIRTH

This Certifies, that according to the records of the **HEALTH DEPARTMENT**

Name: **AUDREY LAINE MCMILLAN**

Gender: **FEMALE**

Was born in: **FORT WAYNE - ALLEN COUNTY , INDIANA**

On: **September 04, 2010**

Child of: **JOEL T. AND LINDSAY A. MCMILLAN**

Birthplace of Father: **INDIANA**

Birthplace of Mother: **INDIANA**

Recorded Locally: **004622**

Date filed: **September 13, 2010**

Date issued: **October 25, 2010**

Debbi A. McMillan MD

Health Commissioner - Registrar

Janet A. Winters

Director/Registrar - Vital Records Division

2046065

WARNING:

ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO-COPIED.



Student: Audrey McMillan
 Grade: 3
 Student Number: 909817090

Bluffton-Harrison Elementary School
 1100 E Spring St.
 Bluffton, IN 46714

Report Card
 2019-2020 School Year

Course Name	Teacher	Q1 Grade	Q2 Grade	Q3 Grade	Q4 Grade
04103 - Art 3	Gerber, Amy		E		E
04203 - English 3	Boneff, Ashton	A+	A	A	A
0036 - Handwriting 3	Boneff, Ashton	+	+	+	+
04303 - Math 3	Boneff, Ashton	A	A	A	+
04403 - Music 3	Sommerfeld, Grace		E		E
03 - Physical Education 3	Tobias, Julia		E		E
03 - Reading 3	Boneff, Ashton	A	A	A	+
03 - Science 3	Boneff, Ashton			+	+
03 - Social Studies 3	Boneff, Ashton	+	+		
03 - Technology 3	Amstutz, Jacob		E		E

Teacher Feedback
 m Course Name
 Comments

Q2 Physical Education 3
 Pleasure to Have in Class
 #3 girl in her class for December Greenway Challenge!

EXPLANATION OF MARKS CLT Grades (E,S,N)
 A= 90-100 B= 80-89 C=70-79 E=Excellent
 D= 60-69 F= Below 60 S=Satisfactory
 + = Excellent (85%-100%) N=Needs Improvement
 / = Satisfactory (70%-84%)
 - = Needs Improvement (0%-69%)

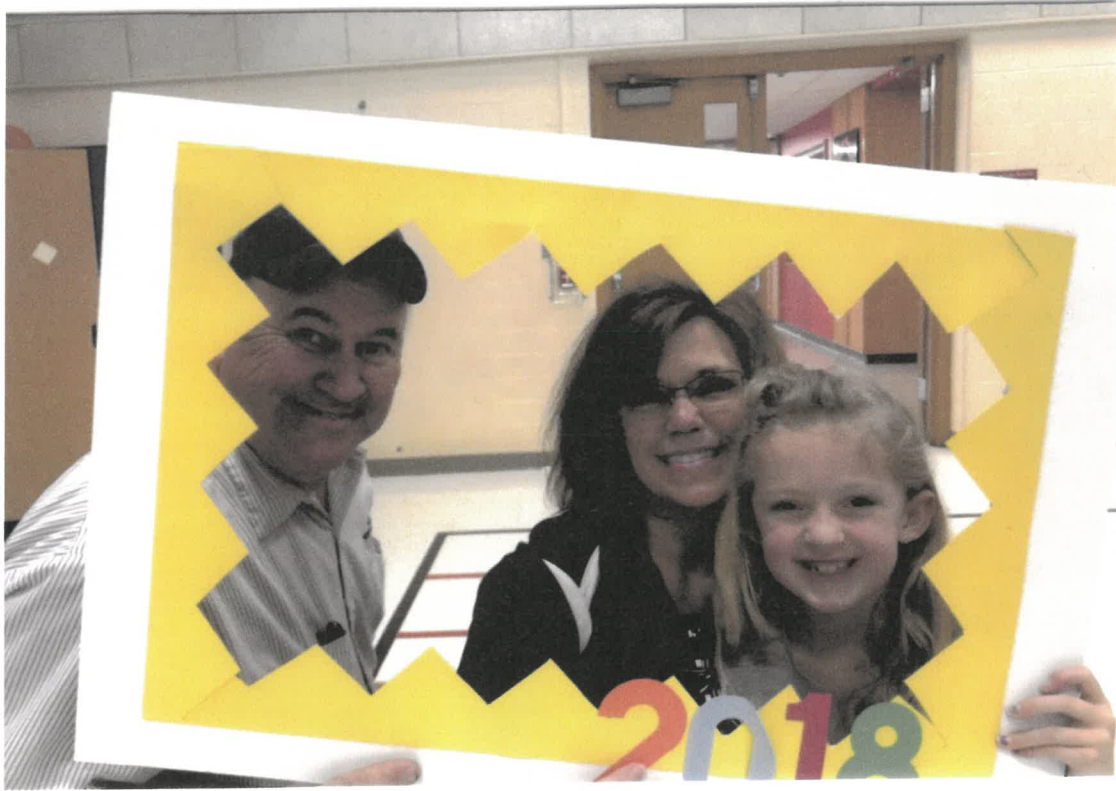
Daily Attendance

	Q1	Q2	Q3	Q4
Absences	0	0	0	0
Tardies	0	0	0	0

Schlaura Linderwell
 Principal
 Alyssa Moser
 Assistant Principal
 Ginny Vogel
 Guidance Counselor
 Ashley Kilgore
 Guidance Counselor

Bluffton-Harrison Elementary School, a place
 where we all work hard, do our best, be good to
 each other, and be safe.

Date Printed: May 19, 2020



TOP: Bruce E. LEAS (6)
Jodi R. HOWELL (7)
Audrey L. McMILLAN (1)
13 April 2018
Bluffton, Indiana

BOTTOM LEFT:
Audrey L. McMILLAN (1)
2 July 2017
Bluffton, Indiana

BOTTOM RIGHT:
Audrey L. McMILLAN (1)
12 May 2018
Harrison Twp.,
Wells Co., Indiana



TOP: L. HOUSTON
W. HOUSTON, G. McMILLAN,
T. McMILLAN (1),
J. McMILLAN (2),
M. McMILLAN
December 2019

BOTTOM LEFT:
Audrey L. McMILLAN (1)

12 August 2019

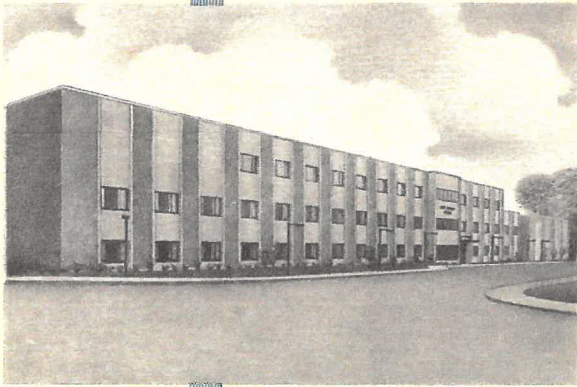
Harrison Twp, Wells Co., IN

BOTTOM RIGHT:
M. BRUBAKER, M. BRUBAKER,
L. LEAS (3), G. BRUBAKER, A.
McMILLAN (1), L. McMILLAN
May 2019
Harrison Twp, Wells Co.,
IN



WELLS COMMUNITY HOSPITAL

BLUFFTON, INDIANA



Certificate of Birth

This Certifies that

JOEL THOMAS McMILLAN

was born to Mr. & Mrs. Joseph R. McMillan

in this Hospital at 9:50 o'clock, a.m. on Wednesday

the 4th *day of* August 1982

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer, and its Official Seal to be hereunto affixed



Al Kauraner, MD

ATTENDING PHYSICIAN

Paul R. Bender

ADMINISTRATOR

HOLLISTER'S Inscrutable BIRTH CERTIFICATE
FMA

FAMILY HISTORY

Father's full name Joseph Ray McMillan

Birthplace Indiana Date 10-31-55

Mother's maiden name Cynthia Anne Gaunt

Birthplace Indiana Date 8-6-52

Residence at time child was born R. R. #1, Craigville, Indiana

Sex of child Male Weight at birth 8 pounds 5 ounces. Length 21 inches

Baby's left footprint →



← Baby's right footprint



Mother's left thumbprint

Mother's right thumbprint



This Document should be carefully preserved. It is your family's heirloom record of the facts pertaining to your child's birth. The law requires that the original certificate (not this document) be filed with the Vital Statistics Office at _____ from which an official copy may be obtained.



(1070)

CHRONOLOGICAL RECORD

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
		20030605 ATT TERM 0800 RUC 20021
		20030605 FR TAD 1100 RUC 21640
		20041013 RUC 21640 TO TAD 0800 EXCESS
		20041203 FR TAD 1300 RUC 21640
		20041215 TR MCC J9E TEM DU EDA 20050103
RUC: 34001 MCC: J9E		20050105 JOIN RUC 34001 MCC J9E GND STUD 81E
DRILL INSTR SCOL (STUD PERS) SAN DIEGO, CA RUC: 34027 MCC: J9E		20050105 MCC J9E RUC 34027
	BILLET DESIGNATOR-ENL (DCONTD) 9916	20050105 CHPRIDU
	STUDENT	20050105 CHPRIDU
		20050323 TR MCC 041 DU EDA 20050523
2ND RECRUIT TRNG BN SAN DIEGO, CA RUC: 34110 MCC: 017		20050505 JOIN RUC 34110 MCC 017 DU
	DRILL INSTRUCTOR 8511	20050505 CHPRIDU
	DRILL INSTRUCTOR	20050505 CHPRIDU
DRILL INSTRUCTOR 2ND RTR SAN DIEGO, CA RUC: 34110 MCC: 041		20050609 MCC 041 RUC 34110
DRILL INSTRUCTOR SPTBN SAN DIEGO, CA RUC: 34027 MCC: 041		20060821 MCC 041 RUC 34027
	WATER SURVIVAL INSTRUCTOR	20060828 CHPRIDU
		20070210 RUC 34027 TO TAD 0800 EXCESS
		20070211 ATT 1200 RUC 30370 MCC 074 TAD EXCESS
		20070329 ATT TERM 0730 RUC 30370
		20070330 FR TAD 1600 RUC 34027
	DRILL INSTRUCTOR (FMOS) 0911 (9)	20070424 CHPRIDU
MCMILLAN	JOEL	T
NAME (Last)	(First)	(Middle)
		1250183883
		EDIPI

NAVMC 118(3) (REV. 5-74) (EF)
SN: 0109-LF-062-6700
(Previous editions are obsolete)



(1070)

CHRONOLOGICAL RECORD

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
DRILL INSTRUCTOR 2ND RTR SAN DIEGO, CA RUC: 34110 MCC: 041		20071022 MCC 041 RUC 34110
	DRILL INSTRUCTOR	20071025 CHPRIDU
	TELECOMMUNICATIONS SYS CHIEFS	20080201 CHPRIDU
	0619	
	SENIOR DRILL INSTRUCTOR	20080430 CHPRIDU
		20080915 TR MCC 151 DU EDA
		20081017
		20081015 JOIN RUC 27101 MCC 15B
		DU
		20081016 CHPRIDU
	WIRE CHIEF (PMOS)	20081016 CHPRIDU
	0619 (16)	
	WIRE CHIEF	20081016 CHPRIDU
		20081121 ATT 0800 RUC 27112 MCC
		151 TAD EXCESS
		20081213 FR TAD 0800 RUC 27101
		20081214 MCC 15A RUC 27105
		20081215 ATT 0800 RUC 27112 MCC
		151 TAD EXCESS
		20090621 FR TAD 0800 RUC 27105
		20090622 MCC 15B RUC 27101
		20090623 ATT 0800 RUC 27112 MCC
		151 TAD EXCESS
		20100218 ATT TERM 1550 RUC 27112
	TELECOMMUNICATIONS SYS CHIEFS	20100621 ATT 0850 RUC 27105 MCC
	0619 (4)	15A TAD EXCESS
	TELECOMMUNICATIONS SYS CHIEFS	20101027 ATT 0630 RUC 31350 MCC
	0619 (2)	K78 TAD STUD T8A EXCESS
	TELECOMMUNICATIONS SYS CHIEFS	20101217 FR TAD 1100 RUC 27101
	0619 (1)	
		20110105 TR MCC V26 DU EDA
		20110105
MCMILLAN	JOEL	T
NAME (Last)	(First)	(Middle)
		1250183883
		EDIPI

NAVMC 118(3) (REV. 5-74) (EF)

SN: 0109-LF-062-6700

(Previous editions are obsolete)



(1070)

CHRONOLOGICAL RECORD

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
2DBN 6THMAR CAMP LEJEUNE, NC RUC: 13170 MCC: V26	WIRE CHIEF	20110106 JOIN RUC 13170 MCC V26 DU 20110126 CHPRIDU 20120504 TR MCC 069 DU EDA 20120509
H&S CO OCS QUANTICO, VA RUC: 30381 MCC: 069	DRILL INSTRUCTOR (EMOS) 0911 (3) OCS DRILL INSTRUCTOR	20120511 JOIN RUC 30381 MCC 069 TEM FFT OTHER MCC 20120511 CHPRIDU 20120818 TR MCC H72 DU EDA 20120903
NROTC PURDUE UNIVERSITY WEST LAFAYETTE, IN RUC: 85218 MCC: H72	DRILL INSTRUCTOR (EMOS) 0911 (10) DRILL INSTRUCTOR (EMOS) 0911 (2)	20120904 JOIN RUC 85218 MCC H72 DU 20130628 ATT 0900 RUC 30381 MCC 069 TAD EXCESS 20130817 ATT TERM 0800 RUC 30381
	ASSTN MAR OFF INSTR 0911 (2) BILLET DESIGNATOR ENLISTED (FMOS) 8014	20131120 CHPRIDU 20140106 ATT 0900 RUC 30010 MCC 068 TAD STUD T8H EXCESS
	ADV CRS 2-14 STUD 8014 (2) ASSTN MAR OFF INSTR 8014	20140106 CHPRIDU 20140224 CHPRIDU
	DRILL INSTRUCTOR (EMOS) 0911 (4)	20140225 CHPRIDU 20140225 ATT TERM 0900 RUC 30010
	DRILL INSTRUCTOR (EMOS) 0911 PLATOON SERGEANT 0911 (2)	20140627 ATT 0800 RUC 30381 MCC 069 TAD EXCESS 20140707 CHPRIDU
	TELECOMMUNICATIONS SYS CHIEF 0619	20140827 ATT TERM 0800 RUC 30381 20151125 TR MCC ICL DU EDA 20151201
CLR 35 (GS) 3D MLG FPO, AP RUC: 29015 MCC: ICL		20151129 JOIN RUC 29015 MCC ICL DU

MCMILLAN	JOEL	T	1250183883
NAME (Last)	(First)	(Middle)	EDIPI

NAVMC 118(3) (REV. 5-74) (EF)
SN: 0109-LF-062-6700
(Previous editions are obsolete)



(1070)

CHRONOLOGICAL RECORD

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
2D TRANS SPT BN CLR 2 2D MLG CAMP LEJEUNE, NC RUC: 27410 MCC: 15T	TELECOMMUNICATIONS SYS CHIEF 0619 (20) SGT MAJOR/1ST SGT 8999 (14) 1ST SGT SGT MAJOR/1ST SGT 8999 (1)	20151201 CHPRIDU 20170722 TR MCC 15T DU EDA 20170730 20170801 JOIN RUC 27410 MCC 15T DU 20170801 CHPRIDU 20181010 ATT 0700 RUC 30010 MCC 068 TAD STUD KZ5 EXCESS 20181116 ATT TERM 1600 RUC 30010 20190624 TR MCC 15C DU EDA 20190624
CLR 2 (DS) 2D MLG CAMP LEJEUNE, NC RUC: 27150 MCC: 15C	SGT MAJOR/1ST SGT 8999 1ST SGT 8999 END OF CHRONOLOGICAL RECORD	20190625 ACTIVE DUTY JOIN RUC 27150 MCC 15C FOR DUTY 20190625 CHPRIDU

MCMILLAN	JOEL	T	1250183883	
NAME (Last)	(First)	(Middle)	EDIPI	

RECORD OF MARRIAGE

*SOCIAL SECURITY NUMBER

WELLS

No.

COUNTY

023259

This State agency is requesting disclosure of your Social Security number under IC 31-11-4-4 in order to perform its statutory function. Disclosure is voluntary and you will not be penalized for refusal.

INSERT NAME OF COUNTY

GROOM

Name of groom (Print in full) (last, first, middle)
 McMillan Joel Thomas
 Residence address (number and street) County
 117 Live Oaks Court Onslow
 City or town, state, ZIP code
 Midway Park North Carolina 28544
 Is residence inside city limits? Social Security number *
 Yes No 24767
 Usual occupation
 United States Marine
 Education (specify highest grade completed)

Race: White Black Multi-Racial
 Other (specify) _____
 Age of groom Place of birth (State or Foreign Country)
 20 Indiana
 PREVIOUS MARITAL STATUS
 Never Married
 LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce

Name of father Birthplace
 Joseph Ray McMillan Indiana
 Name of mother (full maiden) Birthplace
 Cynthia Anne Gaunt Indiana

Total number of previous marriages
 Date last marriage ended

BRIDE

Name of bride (Print in full legal name before this marriage) (last, first, middle)
 Leas Lindsay Anne
 Residence address (number and street) County
 9492 S. 900W. -90 Wells
 City or town, state, ZIP code
 Montpelier Indiana 47359
 Is residence inside city limits? Social Security number *
 Yes No
 Usual occupation
 Student
 Education (specify highest grade completed)

Race: White Black Multi-Racial
 Other (specify) _____
 Age of bride Place of birth (State or Foreign Country)
 19 Indiana
 PREVIOUS MARITAL STATUS
 Never Married
 LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce

Name of father Birthplace
 Bruce Eugene Leas Indiana
 Name of mother (full maiden) Birthplace
 Jodi Rae Howell California

Total number of previous marriages
 Date last marriage ended

THIS APPLICATION FOR LICENSE EXPIRES ON: SEPT 18 2003

PLACE OF MARRIAGE		OFFICIANT
City or town Bluffton	County Wells	Name Lynn E. Mefferd
Signature of groom Joel Thomas McMillan		Title Pastor of Dillman United Brethren Church
Signature of bride Lindsay Anne Leas		Address (number and street) 10358 W 700 S -90
Date of marriage July 26, 2003		City or town, state, ZIP code Warren, Indiana 46792-9561
AIDS Education Acknowledgment signed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Religious Objection signed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Telephone number (260) 375-3554

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Department of Health, Vital Statistics, B 4, 2 North Meridian Street, Indianapolis, Indiana 46204

Date of Recording July 29, 2003 Book 40 Page 423
 Signed Beck Davis Clerk of WELLS Circuit Court
 Insert Name of County

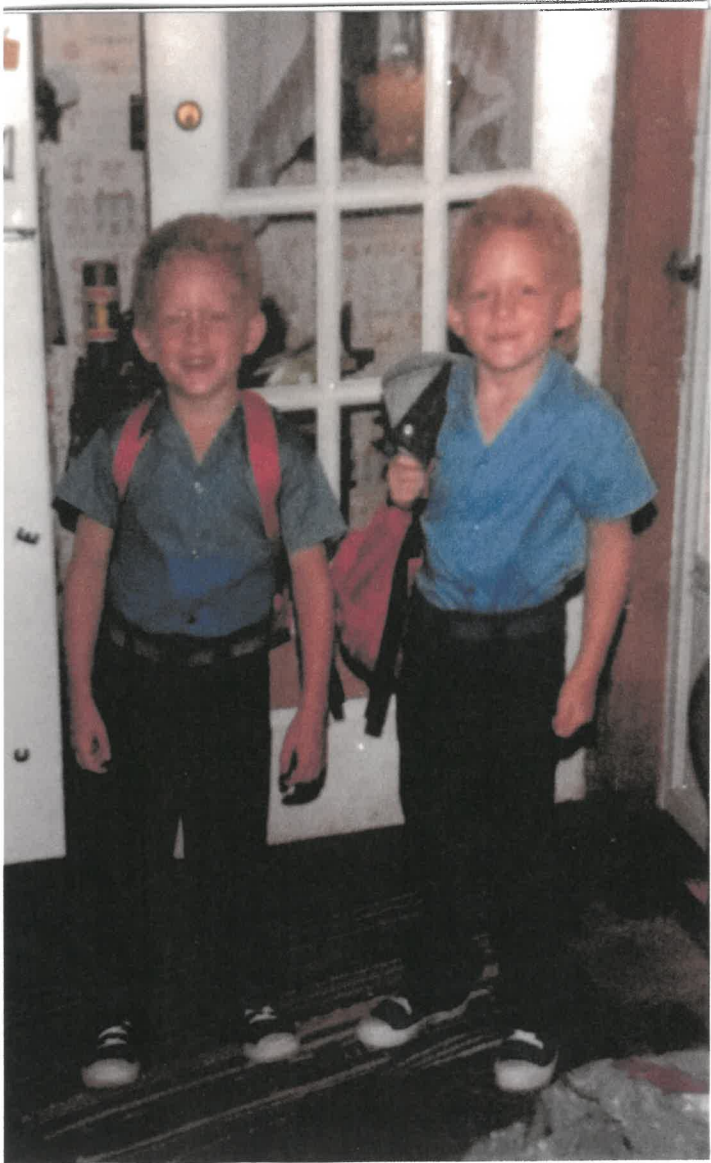




TOP: Joel T. McMILLAN
Cole A. McMILLAN.
4 August 1983
Craigville, Indiana.

BOTTOM LEFT:
Joel T. McMILLAN (2)
Cole A. McMILLAN
August 1988
Van Buren, Indiana

BOTTOM RIGHT:
Cole McMILLAN,
Heath McMILLAN, Joseph
McMILLAN (4), Joel McMILLAN
(2) September 2014
Indianapolis, Indiana

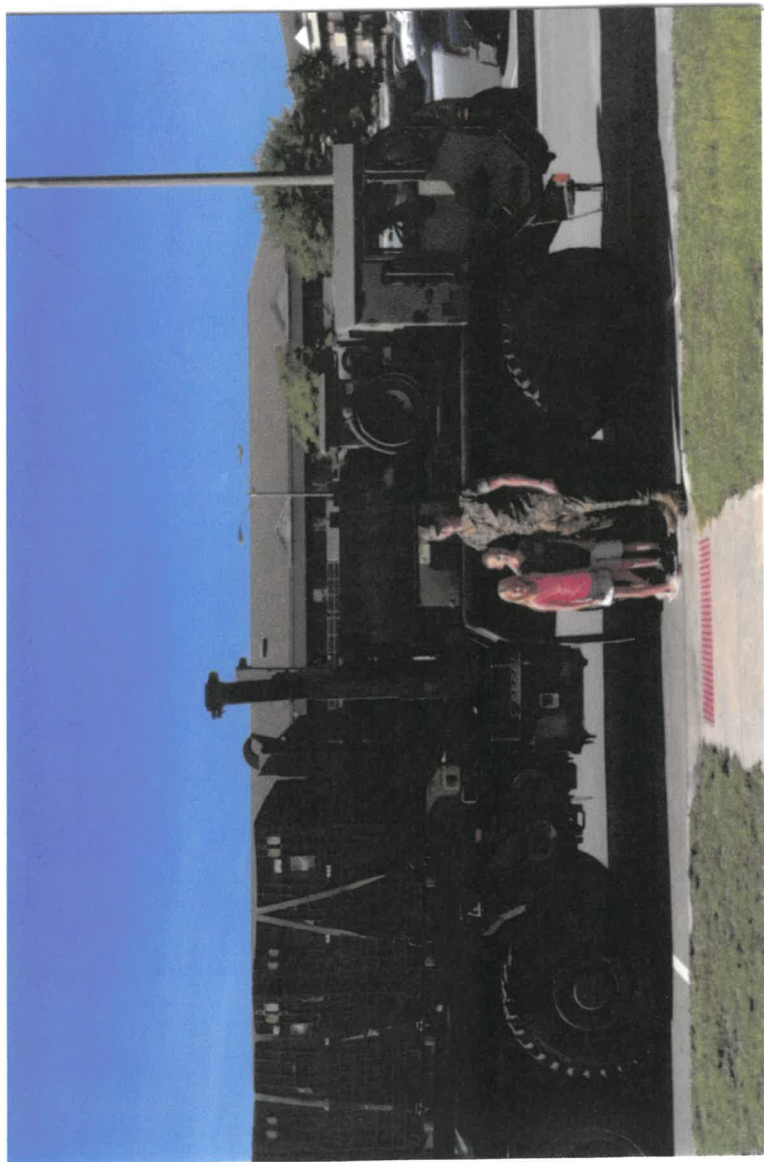


TOP: Joel T. McMILLAN(2)
December 2011
Afghanistan



BOTTOM LEFT: Audrey L.
McMILLAN(1), Lance J.
McMILLAN, Joel T.
McMILLAN(2) June 2009
Camp Lejeune, NC

BOTTOM RIGHT:
Joel T. McMILLAN(2)
August 2017
Camp Lejeune,
North Carolina



WELLS COUNTY DEPARTMENT OF HEALTH
Bluffton, Indiana

No.0273723

This Certifies, that according to the records of the **Wells County Health Department**

Name LEAS, LINDSAY ANNE

was born in WELLS COUNTY, BLUFFTON, INDIANA on October 25, 1983

Child of JODI RAE LEAS BRUCE EUGENE LEAS

Birthplace of Father INDIANA Birthplace of Mother CALIFORNIA

Recorded locally: Book 20 Page 84 Filed Date November 7, 1983

Donald H. Dien M.D.

Health Officer

SEAL

Issued

July 25, 2003

0273723

WARNING:

ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOIDS ON FRONT THAT APPEARS WHEN PHOTO COPIED.

CHURCH OF THE UNITED BRETHREN IN CHRIST
BAPTISMAL CERTIFICATE

This is to certify that

Lindsay Anne Leas
upon profession of faith in the Lord Jesus Christ, repentance from sin and obedience to His command was baptized in the name of the Father and of the Son and of the Holy Spirit at Dillon United Brethren Church on the 18th day of July in the year of our Lord, one thousand nine hundred and ninety-three.

"He that believeth and is baptized shall be saved" (Mark 16:16)

Rev. Lynn E. Mefford
Minister

Indiana Wesleyan University

The Board of Trustees of Indiana Wesleyan University, upon the recommendation of the President and Faculty of the University, has conferred on

Lindsay Anne Leas McMillan

the degree of

*Bachelor of Science
Management*

together with all the rights, honors, privileges, and responsibilities pertaining to that degree, given at Marion, in the State of Indiana
this fifteenth day of December, 2012.

Carl A. Hyslop
Chairman, Board of Trustees



Henry L. Smith
President of the University

Southern Wells High School

This Certifies That

Lindsay Anne Leas

*has satisfactorily completed the Course of Study prescribed for
Graduation from this School and is therefore entitled to this*

Diploma

Given at **Moreno**, Indiana, this month of **June**, 2002



Neil Pottler

SUPERINTENDENT

Joe Hartley

PRESIDENT OF BOARD

James Schwarzlopf

PRINCIPAL

Rick Mounsey

SECRETARY OF BOARD

RECORD OF MARRIAGE

*SOCIAL SECURITY NUMBER

WELLS

COUNTY

023259

This State agency is requesting disclosure of your Social Security number under IC 31-11-4-4 in order to perform its statutory function. Disclosure is voluntary and you will not be penalized for refusal

INSERT NAME OF COUNTY

GROOM

Name of groom (Print in full) (last, first, middle)
 McMillan Joel Thomas
 Residence address (number and street)
 117 Live Oaks Court
 City or town, state, ZIP code
 Midway Park North Carolina 28544
 Residence inside city limits? Yes No
 Social Security number *
~~XXXXXXXXXX~~
 Usual occupation
 United States Marine
 Education (specify highest grade completed)

Race: White Black Multi-Racial
 Other (specify) _____
 Age of groom 20 Place of birth (State or Foreign Country) Indiana
 PREVIOUS MARITAL STATUS
 Never Married
 LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce

Name of father Joseph Ray McMillan Birthplace Indiana
 Name of mother (full maiden) Cynthia Anne Gaunt Birthplace Indiana

Total number of previous marriages
 Date last marriage ended

BRIDE

Name of bride (Print in full legal name before this marriage) (last, first, middle)
 Leas Lindsay Anne
 Residence address (number and street)
 9492 S. 900W. -90
 City or town, state, ZIP code
 Montpelier Indiana 47359
 Residence inside city limits? Yes No
 Social Security number *
 Usual occupation
 Student
 Education (specify highest grade completed)

Race: White Black Multi-Racial
 Other (specify) _____
 Age of bride 19 Place of birth (State or Foreign Country) Indiana
 PREVIOUS MARITAL STATUS
 Never Married
 LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce

Name of father Bruce Eugene Leas Birthplace Indiana
 Name of mother (full maiden) Jodi Rae Howell Birthplace California

Total number of previous marriages
 Date last marriage ended

THIS APPLICATION FOR LICENSE EXPIRES ON: SEPT 18 2003

PLACE OF MARRIAGE		OFFICIANT
City or town Bluffton	County Wells	Name Lynn E. Mefferd
Signature of groom Joel Thomas McMillan		Title Pastor of Dillman United Brethren Church
Signature of bride Lindsay Anne Leas		Address (number and street) 10358 W 700 S-90
Date of marriage July 26, 2003		City or town, state, ZIP code Warren, Indiana 46792-9561
IDS Education Acknowledgment signed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Religious Objection signed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Telephone number (260) 375-3554

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Department of Health, Vital Statistics, B 4, 2 North Meridian Street, Indianapolis, Indiana 46204

Date of Recording July 29, 2003 Book 40 Page 423
 Signed Beck Davis Clerk of WELLS Circuit Court
 Insert Name of County

TOP: Lindsay A. LEAS (3)

July 1989
Warren, IN

BOTTOM LEFT: Lindsay A
LEAS (3)

October 2007
San Francisco,
California

BOTTOM RIGHT:
Lindsay A. LEAS (3)

June 1991
Warren, Indiana



TOP: B. LEAS (6), J. HOWELL (7),
L. LEAS (3), Jason LEAS, Joel
LEAS
26. July 2003
Bluffton, Indiana

BOTTOM LEFT: Lindsay A.
LEAS (3)
September 2001
Marion, Indiana

BOTTOM RIGHT: Lindsay
LEAS (3), Joel McMILLAN (2)
2003
Camp Lejeune,
North Carolina



INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
Indianapolis

CERTIFICATE NUMBER 55-089665

Certificate of Birth

This Certifies, that according to the records of the State Board of Health

Name Joseph Ray McMillan

Was born in Wells County Indiana, on October 31 Year 1955

Child of John J. and Janice E. McMillan

Birthplace of father Indiana Birthplace of mother Indiana

Record was filed October 1955



S. B. H. 6-24-17

kv/ps

MAR 30 1962

Director, Division of Vital Records

NOT VALID UNLESS MACHINE SIGNED WITH MULTI-COLORED RIBBON

RECORD OF MARRIAGE

89-031064

Wells

COUNTY

INSERT NAME OF COUNTY

GROOM

Name (Print in Full) McMillan Joseph Ray Last First Middle		COLOR OR RACE White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____	
Residence (Address) 724 W. Silver City or Town Bluffton		Age of Groom 24	Place of Birth (State or Foreign Country) Indiana
County Wells State Indiana		PREVIOUS MARITAL STATUS Never Married <input checked="" type="checkbox"/>	
Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	LAST MARRIAGE ENDED BY: Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Total Number of Previous Marriages 0	
Usual Occupation Construction			
Religion Catholic <input type="checkbox"/> Protestant <input checked="" type="checkbox"/> Jewish <input type="checkbox"/> Other (Specify) <input type="checkbox"/>			

BRIDE

Name (Legal Name before this Marriage—Print in Full) Riesen Cynthia Ann Last First Middle		COLOR OR RACE White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____	
Residence (Address) 724 W. Silver City or Town Bluffton		Age of Bride 27	Place of Birth (State or Foreign Country) Indiana
County Wells State Indiana		PREVIOUS MARITAL STATUS Never Married <input type="checkbox"/>	
Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	LAST MARRIAGE ENDED BY: Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Total Number of Previous Marriages _____	
Usual Occupation Factory work Franklin Electric			
Religion Catholic <input type="checkbox"/> Protestant <input checked="" type="checkbox"/> Jewish <input type="checkbox"/> Other (Specify) <input type="checkbox"/>			

PLACE OF MARRIAGE City or Town Bluffton County Wells	OFFICIANT Name Daniel L. Steiner Title Lutheran Pastor Address P.O. Box 475 City Bluffton Phone Number 824-0177
Signature of Groom <i>Joseph A. McMillan</i>	
Signature of Bride (Legal Name Before This Marriage) <i>Cynthia Anne Riesen</i>	
Date Signed July 12, 1980	

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Board of Health, 1330 West Michigan Street, Indianapolis, Indiana 46205.

Date of Recording July 30

Page 589

Signed Joseph A. McMillan

4
Joseph Ray MCMILLAN

Wells Circuit Court
County

TOP:

BOTTOM LEFT:

Joseph R. McMILLAN
(4)
1956
Marion, Indiana

BOTTOM RIGHT:



Jan Mills

TOP:

BOTTOM LEFT:

J. McMILLAN(4), C. GAUNT
(5)

12 July 1980
Bluffton, Indiana

BOTTOM RIGHT:

J. McMILLAN(4), C.
GAUNT(5)

1992
Bluffton, Indiana



Clinic Hospital

Bluffton, Indiana

BIRTH CERTIFICATE

This Certifies that Cynthia Anne Gaunt

was born in CLINIC HOSPITAL of BLUFFTON, INDIANA

at 4:48 P.M. on the 6th day of August A. D. 19 52

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Corporate Seal to be hereunto affixed.

Eileen Stepp, R.N. Supt.

Hospital
Number 2121

J. Bruce Sephart, M.D. Doctor

MOTHER'S FINGER PRINTS

BABY'S FOOTPRINTS



Father's full name James Edward Gaunt
Residence 707 E. South St., Bluffton, Indiana
Birthplace Indiana
Date 8/12/1927
Mother's maiden name Mary Ann Tappy
Birthplace Indiana
Date February 23, 1927
Date of marriage of parents February 22, 1948
Place of marriage of parents Indiana

WELLS COUNTY HEALTH DEPARTMENT

BLUFFTON, IN 46714

BIRTH INFORMATION

Name: Cynthia Anne Gaunt Date of Birth: 8/6/1952

Mother's Name: Mary Ann Gaunt Maiden: Tappy

Mother's Birthplace: Indiana Age: 25

Father's Name: James Edward Gaunt

Father's Birthplace: Indiana Age: 24

For genealogy purposes only.

RECORD OF MARRIAGE

89-031064

Wells

COUNTY

INSERT NAME OF COUNTY

GROOM

Name (Print in Full) McMillan Joseph Ray Last First Middle		COLOR OR RACE White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____	
Residence (Address) 724 W. Silver City or Town Bluffton County Wells State Indiana		Age of Groom 24	Place of Birth (State or Foreign Country) Indiana
Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		PREVIOUS MARITAL STATUS Never Married <input checked="" type="checkbox"/>	
Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		LAST MARRIAGE ENDED BY: Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Total Number of Previous Marriages 0	
Usual Occupation Construction			
Religion Catholic <input type="checkbox"/> Protestant <input checked="" type="checkbox"/> Jewish <input type="checkbox"/> Other (Specify) <input type="checkbox"/>			

BRIDE

Name (Legal Name before this Marriage—Print in Full) Riesen Cynthia Ann Last First Middle		COLOR OR RACE White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____	
Residence (Address) 724 W. Silver City or Town Bluffton County Wells State Indiana		Age of Bride 27	Place of Birth (State or Foreign Country) Indiana
Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		PREVIOUS MARITAL STATUS Never Married <input type="checkbox"/>	
Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		LAST MARRIAGE ENDED BY: Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Total Number of Previous Marriages _____	
Usual Occupation Factory work Franklin Electric			
Religion Catholic <input type="checkbox"/> Protestant <input checked="" type="checkbox"/> Jewish <input type="checkbox"/> Other (Specify) <input type="checkbox"/>			

PLACE OF MARRIAGE

City or Town Bluffton County Wells

Signature of Groom

Joseph R McMillan

Signature of Bride (Legal Name Before This Marriage)

Cynthia Anne Riesen

Date Signed

July 12, 1980

OFFICIANT

Name Daniel L. Steiner

Title

Lutheran Pastor

Address

P.O. Box 475

City

Bluffton

Phone Number

824-0177

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Board of Health, 1330 West Michigan Street, Indianapolis, Indiana 46205.

Date of Recording July 30

Page 589

Signed *Joseph R. Steiner*

5
Cynthia Anne GAUNT

Wells Circuit Court
Name of County



TOP: Cynthia A. GAUNT
(5)

6 August 1955
Nebraska

BOTTOM LEFT:
Cynthia A. GAUNT (5)

1953
Bluffton, Indiana

BOTTOM RIGHT:
Cynthia A. GAUNT (5)

1970
Bluffton, Indiana



PRO JF

TOP:

BOTTOM LEFT: C. GAUNT
.5)

2003
Van Buren,
Indiana

BOTTOM RIGHT: A.
MCMILLAN (1), C. GAUNT (5)

12 January 2020

Berne,
Indiana



Clinic Hospital

Bluffton, Indiana

BIRTH CERTIFICATE

This Certifies that BRUCE EUGENE LEAS

was born in Clinic Hospital of Bluffton, Indiana

at 4:35 AM DST on the 18th day of September (Monday) A. D. 19 61

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Corporate Seal to be hereunto affixed.

Hospital No. 4428

Eileen Stapp, R.N.
Supt.
Bruce Shepard, M.D.
Doctor



Father's full name Gail Eugene Leas

Residence RR# 2, Montpelier, Indiana

Birthplace Indiana

Date November 2, 1922

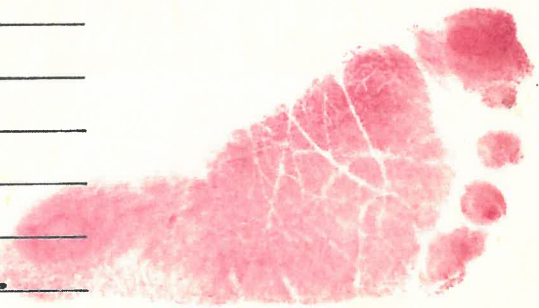
Mother's maiden name Devonna Campbell

Birthplace Indiana

Date April 3, 1929

Date of marriage of parents Jackson Twp., Wells Co.

Place of marriage of parents June 29, 1949



WELLS COUNTY HEALTH DEPARTMENT

BLUFFTON, IN 46714

BIRTH INFORMATION

Name: Bruce Eugene Leas Date of Birth: 9/18/1961

Mother's Name: Devonna Leas Maiden: Campbell

Mother's Birthplace: Indiana Age: 32

Father's Name: Gail E. Leas

Father's Birthplace: Indiana Age: 39

For genealogy purposes only.

This space is for Teacher & Parent comments. Please sign the card and return it immediately.

<p>Mr. (s) <u>Gail Leas</u></p>	<p>Mr. (s) <u>Gail Leas</u></p>	<p>Mr. (s) <u>Gail Leas</u></p>
---------------------------------	---------------------------------	---------------------------------

GRADE PLACEMENT FOR NEXT YEAR

Grade 4 Date 5/29/70

Teacher Ruth Caley

Principal Robert F. Williams

SOUTHERN WELLS COMMUNITY SCHOOLS

ELEMENTARY PROGRESS REPORT

JACKSON ELEMENTARY School

Year 1969-70 Grade 3

Teacher Ruth Caley

Attendance Record

	1	2	3	4
Days Present	47	42	34	43 1/2
Times Teacher Absent	0	2	10	1/2
Teacher Requests Conference				
Parent Requests Conference				

Name LEAS, BRUCE

MARKING SYSTEM

- Level of Reading Material-
 I. ABOVE grade level - A - Excellent
 II. AT grade level - B - Good-Above Ave.
 III. BELOW grade level - C - Average
 D - Poor-Below Ave.
 F - Failing
 0 - Outstanding
 NO MARK - Satisfactory progress
 SA - Satisfactory for Ability
 Needs improvement

	1	2	3	4
READING	C+	B-	C-	C
LEVEL of reading material	II	II	I	I
Vocabulary				
Comprehension			✓	
Word attack skills				
Shows interest in reading				
WRITING	C	B-	C	C
ENGLISH				
Oral expression	B	B-	B-	B-
Written expression				
Uses good grammar				
SCIENCE				
	B-	C+	B-	B
SPELLING				
	B-	B	B-	B+
Spells correctly assigned list				
Spells correctly in written work				

1 2 3 4

ARITHMETIC	C+	C+	B+	B
<u>Understands number facts</u>				
<u>Shows reasoning ability</u>				
HEALTH	S	S	S	S
SOCIAL STUDIES	C+	B-	C+	C+
<u>Participates in class discussion</u>				
<u>Participates in group activities</u>				
MUSIC	S	S	S	S
BAND				
ART	S	S	S	S
PHYSICAL EDUCATION				
CITIZENSHIP	C+	B-	B-	B-
<u>Practices self-control</u>				
<u>Respects rights of others</u>				
<u>Assumes responsibilities</u>				
<u>Is courteous in speech and manner</u>				
WORK HABITS				
<u>Uses time wisely</u>				
<u>Follows directions</u>				
<u>Is attentive</u>				
<u>Completes work on time</u>				

Spelling

Bruce Leas

1. heard
2. asked
3. again
4. children
5. cousin
6. knew
7. caught
8. ten
9. might
10. shoes
11. uncle
12. suit
13. rode
14. often
15. wait
16. wagon
17. sled
18. second
19. tricks

100



RECORD OF MARRIAGE

82-040936

Wells

COUNTY

INSERT NAME OF COUNTY

GROOM

Name (Print in Full)
Leas **Bruce** **Eugene**
Last First Middle

Residence (Address)
 Box 91, Rt. 2
 City or Town **Montpelier** County **WELLS**
 State **IN.**

Is Residence Inside City Limits?
 Yes No

Is Residence on a Farm?
 Yes No

Usual Occupation **Truck Driver**

Religion
 Catholic Protestant
 Jewish Other (Specify)

COLOR OR RACE
 White Negro
 Other (Specify) _____

Age of Groom **20** Place of Birth (State or Foreign Country) **Ind.**

PREVIOUS MARITAL STATUS
 Never Married

LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce Total Number of Previous Marriages _____

BRIDE

Name (Legal Name before this Marriage—Print in Full)
Howell **Jodi** **Rae**
Last First Middle

Residence (Address)
 P.O. Box 114
 City or Town **Warren** County **Huntington**
 State **IN.**

Is Residence Inside City Limits?
 Yes No

Is Residence on a Farm?
 Yes No

Usual Occupation **Waitress**

Religion
 Catholic Protestant
 Jewish Other (Specify)

COLOR OR RACE
 White Negro
 Other (Specify) _____

Age of Bride **19** Place of Birth (State or Foreign Country) **California**

PREVIOUS MARITAL STATUS
 Never Married

LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce Total Number of Previous Marriages _____

PLACE OF MARRIAGE
 City or Town **Warren** County **Huntington**

Signature of Groom
Bruce E Leas

Signature of Bride (Legal Name Before This Marriage)
Jodi R Howell

Date Signed
August 14, 1982

OFFICIANT
 Name **Charles E. Gast, Jr.**
 Title **Minister**

Address
6073S.-594W.

City
Huntington

Phone Number **219-468-2148**

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Board of Health, 1330 West Michigan Street, Indianapolis 7, Indiana.

Date of Recording Aug 19 Book 32 Page 484

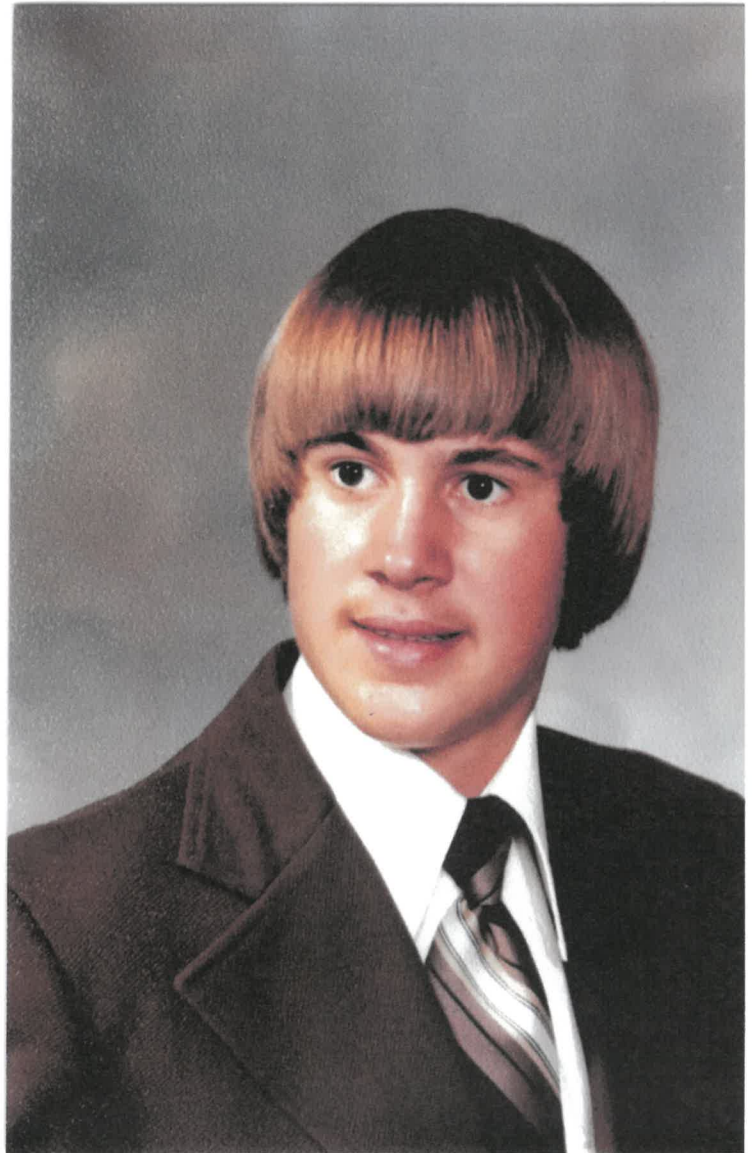
Signed Joyce Harwood **6** Wells Circuit Court
 Bruce Eugene LEAS insert Name of County



TOP: Bruce E. LEAS (E)
1970
Cadillac, Michigan

BOTTOM LEFT:
Bruce E. LEAS (6)
1962

BOTTOM RIGHT:
Bruce E. LEAS (6)
1979
Poneto,
Indiana



TOP: L. McMILLAN, C.
BRUBAKER, B. LEAS (6), A.
McMILLAN

Salamonie Twp.,
Huntington Co., Indiana

BOTTOM LEFT:

BOTTOM RIGHT:



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY
SALINAS, CALIFORNIA

REEL 2 PAGE 562

STATE FILE NUMBER: _____
CERTIFICATE OF LIVE BIRTH
 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: **2700 1127**
 STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

THIS CHILD	1a. NAME OF CHILD—FIRST NAME JODI		1b. MIDDLE NAME RAE	1c. LAST NAME HOWELL	
	2. SEX Female	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR March 26 1963	4b. HOUR 2:25 A.M.
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL US Army Hospital			5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) <input checked="" type="checkbox"/> INSIDE CITY CORPORATE LIMITS <input type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS	
	5c. CITY OR TOWN Fort Ord			5d. COUNTY Monterey	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME Linda	6b. MIDDLE NAME Kay	6c. LAST NAME Roberts		7. COLOR OR RACE OF MOTHER White
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 19 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	10. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH REGISTRATION) Same as 11a		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) 724 Ponderosa Apt D			11b. IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE <input type="checkbox"/> IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM	
	11c. CITY OR TOWN Seaside			11d. COUNTY Monterey	11e. STATE California
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME James	12b. MIDDLE NAME Harvey	12c. LAST NAME Howell		13. COLOR OR RACE OF FATHER White
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 20 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	16a. PRESENT OR LAST OCCUPATION Soldier	16b. KIND OF INDUSTRY OR BUSINESS US Army	
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Janice H. Howell</i>		17b. DATE SIGNED BY INFORMANT 30 March 1963
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		18a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <i>Dr. M. BOHRER M.D. M. Med.</i>		18b. ADDRESS Fort Ord
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR—SIGNATURE <i>M.W. Heurband M.D.</i>		21. DATE RECEIVED BY LOCAL REGISTRAR APR 10 1963

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
 COUNTY OF MONTEREY } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Monterey County Clerk-Recorder.

DATE ISSUED **OCT 14 2011**
 This copy not valid unless prepared on

Stephen L. Vagnini
 STEPHEN L. VAGNINI
 County Clerk-Recorder

hoo
 Signature of Deputy County Clerk-Recorder.

7
Jodi Rae HOWELL



RECORD OF MARRIAGE

82-040936

Wells

COUNTY

INSERT NAME OF COUNTY

GROOM

Name (Print in Full)
Leas **Bruce** **Eugene**
Last First Middle

Residence (Address)
 Box 91, Rt. 2
 City or Town **Montpelier** County **WELLS**
 State **IN.**

Is Residence Inside City Limits? Yes No Is Residence on a Farm? Yes No

Usual Occupation **Truck Driver**

Religion Catholic Protestant Jewish Other (Specify)

COLOR OR RACE
 White Negro
 Other (Specify) _____

Age of Groom **20** Place of Birth (State or Foreign Country) **Ind.**

PREVIOUS MARITAL STATUS
 Never Married

LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce Total Number of Previous Marriages _____

BRIDE

Name (Legal Name before this Marriage—Print in Full)
Howell **Jodi** **Rae**
Last First Middle

Residence (Address)
 P.O. Box 114
 City or Town **Warren** County **Huntington**
 State **IN.**

Is Residence Inside City Limits? Yes No Is Residence on a Farm? Yes No

Usual Occupation **Waitress**

Religion Catholic Protestant Jewish Other (Specify)

COLOR OR RACE
 White Negro
 Other (Specify) _____

Age of Bride **19** Place of Birth (State or Foreign Country) **California**

PREVIOUS MARITAL STATUS
 Never Married

LAST MARRIAGE ENDED BY:
 Death Annulment
 Divorce Total Number of Previous Marriages _____

PLACE OF MARRIAGE

City or Town **Warren** County **Huntington**

Signature of Groom
Bruce E. Leas

Signature of Bride (Legal Name Before This Marriage)
Jodi R. Howell

Date Signed
August 14, 1982

OFFICIANT

Name **Charles E. Gast, Jr.**

Title
Minister

Address
6073S.-594W.

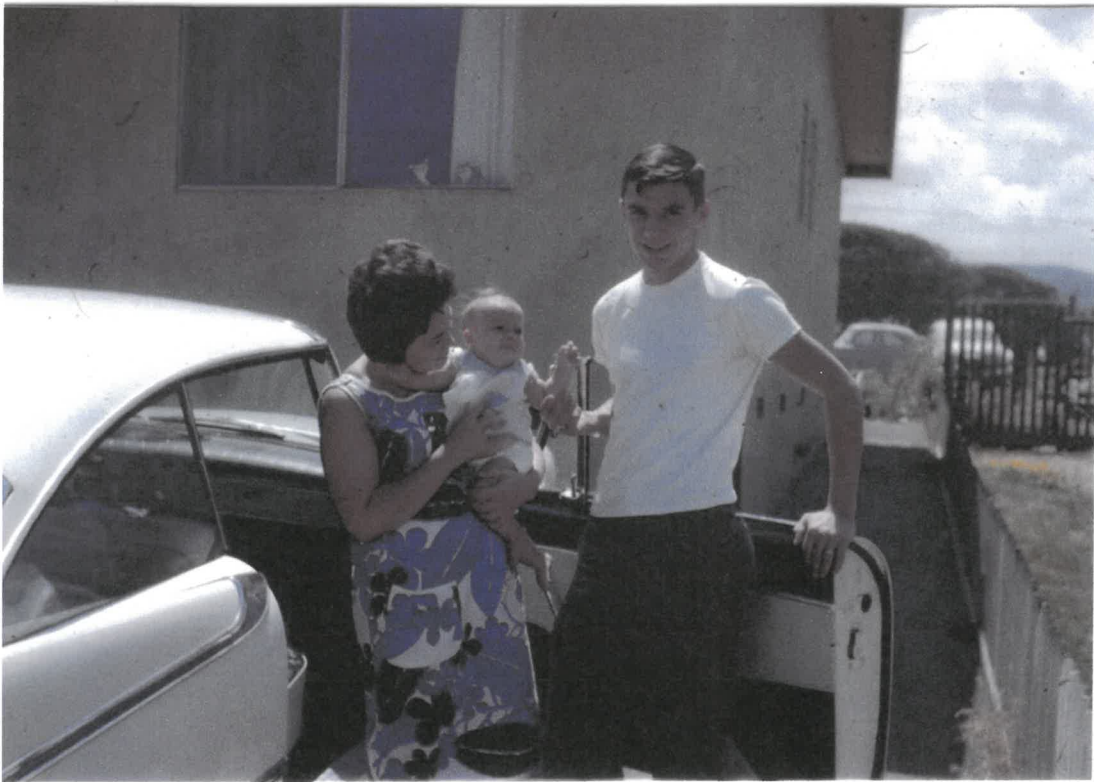
City
Huntington
Phone Number **219-468-2148**

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Board of Health, 1330 West Michigan Street, Indianapolis 7, Indiana.

Date of Recording Aug 19 Book 32 Page 484

Signed Joyce Hawk **7** Wells Circuit Court
Insert Name of County

Jodi Rae HOWELL



TOP: Linda K. ROBERTS
Jodi R. HOWELL (7),
James H. HOWELL
25 August 1963
Seaside, California

BOTTOM LEFT:
Jodi R. HOWELL (7)

September 1974
Warren, Indiana

BOTTOM RIGHT:
Jodi R. HOWELL (7)

July, 1963
Monterey, California



TOP: James H. HOWELL,
Jodi R. HOWELL (7),
Linda K. ROBERTS
June 2004
Fort Ord, California



BOTTOM LEFT:

This was taken at the
Army Hospital that
my grandma was
born in.

BOTTOM RIGHT: Jodi R.
HOWELL (7), Bruce E.
LEAS (6),
14 August 1982
Warren, Indiana

