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WEST VIRGINIA STATE DEPARTMENT OF HEALTH - DIVISION OF vital statistics
 APPLICATION FOR MARRIAGE LICENSE
 License No. 111/53/701 State file No. 000876
 Issued 2/10/1987 County Kanawha

GROOM: Donald Edward Petry Soc. Sec. # 235-92-2247
 BRIDE: Ruel Petry Soc. Sec. # 232-90-8746

1. FULL NAME (First, Middle, Last)
 GROOM: Donald Edward Petry BRIDE: Ruel Petry

2. COLOR OR RACE
 GROOM: Cau. BRIDE: Cau.

3. DATE OF BIRTH (Month, Day, Year)
 GROOM: December 29, 1957 BRIDE: April 23, 1956

4. AGE (Last Birthday) Years
 GROOM: 29 BRIDE: 30

5. RELATIONSHIP TO BRIDE
 GROOM: TO BRIDE

6. BIRTHPLACE (City or Town, State or Foreign Country)
 GROOM: Charleston, WV BRIDE: Charleston, WV

7. USUAL RESIDENCE Street & No., P.O. Box No., City or Town, State, County
 GROOM: P.O. Box 176, Charleston, Kanawha
 BRIDE: 3005 Riverdale Drive, Charleston, Kanawha

8. MARRIAGE STATUS (Never, Annulled, Divorced, Widowed)
 GROOM: Never BRIDE: Never

9. NUMBER OF MARRIAGES (None, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
 GROOM: 1 BRIDE: 1

10. EVIDENCE OF AGE (D.I., I.C., None)
 GROOM: D.I. BRIDE: D.I.

11. FATHER'S NAME
 GROOM: Ruel Petry BRIDE: Phyllis Jean McCormick

12. MOTHER'S M maiden name
 BRIDE: Phyllis Jean McCormick

13. FULL NAME (First, Middle, Last)
 GROOM: Donald Edward Petry BRIDE: Ruel Petry

14. COLOR OR RACE
 GROOM: Cau. BRIDE: Cau.

15. DATE OF BIRTH (Month, Day, Year)
 GROOM: December 29, 1957 BRIDE: April 23, 1956

16. AGE (Last Birthday) Years
 GROOM: 29 BRIDE: 30

17. RELATIONSHIP TO BRIDE
 GROOM: TO BRIDE

18. BIRTHPLACE (City or Town, State or Foreign Country)
 GROOM: Charleston, WV BRIDE: Charleston, WV

19. USUAL RESIDENCE Street & No., City or Town, State, County
 GROOM: P.O. Box 176, Charleston, Kanawha
 BRIDE: 3005 Riverdale Drive, Charleston, Kanawha

20. MARRIAGE STATUS (Never, Annulled, Divorced, Widowed)
 GROOM: Never BRIDE: Never

21. NUMBER OF MARRIAGES (None, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10)
 GROOM: 1 BRIDE: 1

22. EVIDENCE OF AGE (D.I., I.C., None)
 GROOM: D.I. BRIDE: D.I.

23. FATHER'S NAME
 GROOM: Ruel Petry BRIDE: Phyllis Jean McCormick

24. MOTHER'S M maiden name
 BRIDE: Phyllis Jean McCormick

25. SIGNATURE OF GROOM
Donald Edward Petry

26. SIGNATURE OF BRIDE
Ruel Petry

27. I, Alma Y. King, Deputy Clerk, County Court of Kanawha, do hereby certify that the above is a true and correct copy of the original as filed in my office on January 19, 1987 at Charleston, WV.

28. DATE OF MARRIAGE (Month, Day, Year)
February 14, 1987

29. COUNTY OF MARRIAGE
Kanawha

30. CITY OR TOWN OF MARRIAGE
Charleston

31. OFFICIANT'S NAME & ADDRESS
Samuel Thomas Young, Presbyterian, Charleston, WV

32. SIGNATURE OF COUNTY CLERK
Alma Y. King

33. DATE FILED (Month, Day, Year)
February 18, 1987

EXHIBIT "4"
 File No.: PRC120005221 - E/O Joseph N Sodaro
 Notice of Filing Heirship Documentation - Group 4

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STATE OF WEST VIRGINIA



This is to certify that this document is a true and accurate reproduction of an official record, or the facts abstracted from an official record, on file with:

Vital Statistics
Bureau for Public Health
West Virginia Department of Health and Human Resources
Charleston, West Virginia.

Gary L. Thompson
State Registrar



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WARNING!

It is a crime punishable by fine and imprisonment to counterfeit or alter this certificate or to use the vital statistics record of another person for deceptive purposes.



May 10 2013

Date Certified:

REC-20
6573600

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist. No. 200 **CERTIFICATE OF LIVE BIRTH BIRTH NO. 147- '58 025614**

Serial No. 4459

This becomes a legal record when properly executed and will be placed in permanent file. Write plainly with permanent ink or typewriter.

Prepare separate form for each child if multiple birth.

Attendant must sign. Power of signature cannot be delegated.

Attendant must file the certificate with the local registrar within 10 days after birth.

1. NAME (Type or print)			(First)	(Middle)	(Last)
			Sonya	Renee	Sodaro
2. PLACE OF BIRTH			3. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Kanawha			a. STATE West Virginia b. COUNTY Kanawha		
b. CITY, TOWN, OR LOCATION Charleston			c. CITY, TOWN, OR LOCATION Charleston		
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Charleston General Hospital			d. STREET ADDRESS 3005 Riverdale Drive		
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
4. SEX Female	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		6. DATE (Month) (Day) (Year) Aug 17 1958	
FATHER	7. NAME (First) (Middle) (Last) Paul Jennings Sodaro			8. COLOR OR RACE White	
	9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Charleston, W. Va.	11a. USUAL OCCUPATION	11b. Kind of Business or Industry Baker Equip.	
MOTHER	12. MAIDEN NAME (First) (Middle) (Last) Audra Jean Wood			13. COLOR OR RACE White	
	14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Montcoal, W. Va.	16. Previous Deliveries to Mother (Do NOT include this birth)		
17. INFORMANT Audra Sodaro, Mother			a. How many OTHER children are now living? One	b. How many OTHER children were born alive but are now dead? None	c. How many fetal deaths (fetuses born dead at ANY time after conception)? None
18. MOTHER'S MAILING ADDRESS 3005 Riverdale Drive, Charleston, W. Va.					
I hereby certify that this child was born alive on the date stated above at 6:29PM.	18a. SIGNATURE <i>V. H. Selivan M.D.</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)		18d. DATE SIGNED 9-2-58
	18c. ADDRESS Charleston, W. Va.				
19. DATE REC'D BY LOCAL REG. 9-3-1958	20. REGISTRAR'S SIGNATURE <i>Randal Bibber</i>		21. DATE ON WHICH GIVEN NAME ADDED By (Registrar)		

EXHIBIT "5"
File No.: PRC12005221 - E/O Joseph N Sodaro
Notice of Filing Heirship Documentation - Group 4

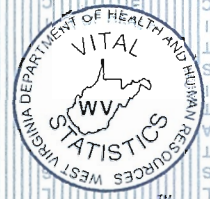
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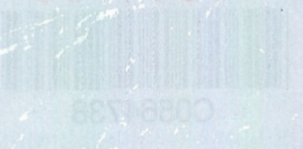
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May 10 2013

Date Certified:



WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist. No. 200 CERTIFICATE OF LIVE BIRTH BIRTH NO. 147- '60 039793
Serial No. 6493

This becomes a legal record when properly executed and will be placed in permanent file. Write plainly with permanent ink or typewriter.

Prepare separate form for each child if multiple birth.

Attendant must sign. Power of signature cannot be delegated.

Attendant must file the certificate with the local registrar within 10 days after birth.

1. NAME (Type or print)			(First)	(Middle)	(Last)				
2. PLACE OF BIRTH			3. USUAL RESIDENCE OF MOTHER (Where does mother live?)						
a. COUNTY Kanawha			a. STATE West Virginia			b. COUNTY Kanawha			
b. CITY, TOWN, OR LOCATION Charleston			c. CITY, TOWN, OR LOCATION Charleston						
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Charleston General			d. STREET ADDRESS 2995 Elkdale Drive						
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		5b. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>			6. DATE (Month) (Day) (Year) OF BIRTH Dec. 16 1960			
FATHER	7. NAME (First) (Middle) (Last) Paul Jennings Sodaro			8. COLOR OR RACE White					
	9. AGE (At time of this birth) 24 YEARS		10. BIRTHPLACE (State or foreign country) West Virginia		11a. USUAL OCCUPATION Baker Equip.		11b. Kind of Business or Industry		
MOTHER	12. MAIDEN NAME (First) (Middle) (Last) Audra Jean Wood			13. COLOR OR RACE White					
	14. AGE (At time of this birth) 23 YEARS		15. BIRTHPLACE (State or foreign country) West Virginia		16. Previous Deliveries to Mother (Do not include this birth)				
17. INFORMANT Audra Sodaro, Mother			a. How many OTHER children are now living? 2		b. How many OTHER children were born alive but are now dead? 0		c. How many fetal deaths (fetuses born dead at ANY time after conception)? 1		
18. MOTHER'S MAILING ADDRESS 2995 Elkdale Drive Charleston, W. Va.									
I hereby certify that this child was born alive on the date stated above at 3:42A.M.		18a. SIGNATURE <i>Audra Sodaro</i>			18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)				
		18c. ADDRESS Charleston, W. Va.			18d. DATE SIGNED 1/9/61				
19. DATE REC'D BY LOCAL REG. 1-12-1961			20. REGISTRAR'S SIGNATURE <i>Amber Craddock</i>			21. DATE ON WHICH GIVEN NAME ADDED By (Registrar)			

EXHIBIT "6"
File No.: PRC120005221 - E/O Joseph N Sodaro
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