S2032B modified

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH – OFFICE OF VITAL RECORDS

COPY B
for Division Of Vital Records

COMMONWEALTH OF VIRGINIA
MARRIAGE REGISTER

01-001131

Circuit Court For the City Or County Of: Arlington

Clerk's Number: 51

1. Full Name: (first, middle, last) Of Groom: FREDERICK JAMES SHADDOCK

1a. Social Security #: 057-40-8343

GROOM

2. Age: 45 Years	3. Date Of Birth (month, day, year): 10/07/1955	4. Place Of Birth (state or foreign country): ROCHESTER, NY
5. Race: WHITE	6. Number Of This Marriage: FIRST	7. Marital Status (if previously married): ☐ Widowed ☐ Divorced
8. Education (elementary or Secondary) (Specify only highest grade completed) (0-12): (12)	College (1-4 or 5+): (5+)	9a. Usual Residence: Street Address or Rt. Number: 1000 UNIVERSITY MANOR DR. #28A
9b. City Or Town Of Residence: FAIRFIELD	9c. County (if not independent city): JEFFERSON	9d. State (or foreign country): IOWA
10. Name Of Father: WARREN M. SHADDOCK		11. Full Maiden Name Of Mother: GLORIS MULFERD

12. Present Name (first, middle, last) Of Bride: OKSANA ROSTISLAVOVNA SHEMET

Maiden Surname (if different):

12a. Social Security #: 481-27-8373

BRIDE

13. Age: 31 Years	14. Date Of Birth (month, day, year): 02/13/1969	15. Place Of Birth (state or foreign country): ST. PETERSBURG, RUSSIAN
16. Race: WHITE	17. Number Of This Marriage: FIRST	18. Marital Status (if previously married): ☐ Widowed ☐ Divorced
19. Education (elementary or Secondary) (Specify only highest grade completed) (0-12): (12)	College (1-4 or 5+): (5+)	20a. Usual Residence: Street Address or Rt. Number: 1000 N. 4TH POD 125 C #6
20b. City Or Town Of Residence: FAIRFIELD	20c. County (if not independent city): JEFFERSON	20d. State (or foreign country): IOWA
21. Name Of Father: ROSTISLAV A. SHEMET		22. Full Maiden Name Of Mother: OLGA V. GAUN

MARRIAGE LICENSE

23. TO ANY PERSON LICENSED TO PERFORM MARRIAGES: You are hereby authorized to join the above-named persons in marriage under procedure outlined in the statutes of the Commonwealth Of Virginia

Signature > Linda Duncan (Clerk Of Court Or Deputy)

Date Issued: 01/05/2001
License expires sixty days after above date

Date received by Clerk Of Court from Officiant: 01/18/2001

MARRIAGE CERTIFICATE

24. Date Of Marriage (month, day, year)	25. Place Of Marriage (county or independent city)	26. Type Of Ceremony
01/17/2001	Arlington County Virginia	☒ Civil ☐ Religious

27. I certify that I joined the above-named persons in marriage on the date and at the place specified.

Signature Of Officiant > Joseph H. Newlin

Title Of Officiant: Civil Magistrate

Authorized to perform marriages by the Circuit Court for Arlington County (city or county) Virginia, in 1982 (year of authorization)

NAME OF OFFICIANT (type or print): Joseph H. Newlin

ADDRESS OF OFFICIANT: 1500 N. Courthouse Road (street or route number), Arlington County (city or town), Va. (state) 22201

TO OFFICIANT:

Complete and sign certificates on BOTH copies

Return both copies within five days to the Clerk Of Court issuing License.

Section 32.1-267 Code Of Virginia

VOID IF ALTERED OR ERASED

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED **April 16, 2025**

Seth Austin

Seth Austin, Director and State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15B

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED