

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 14, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Shoemakers, 151 SW 48<sup>th</sup> Street requesting a class D liquor license.

David Shoemaker, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

David Shoemaker was born in Oxnard, California. He attended Lincoln Southeast High School graduating in 1971.

Mr. Shoemaker has been self employed for over 25 years.

The required training will be completed on August 13<sup>th</sup> 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



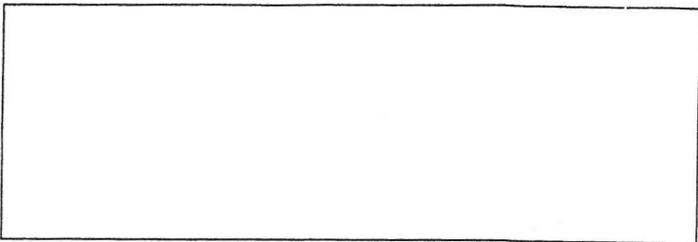
A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
 PO BOX 95046  
 LINCOLN, NE 68509-5046  
 PHONE: (402) 471-2571  
 FAX: (402) 471-2814  
 Website: www.lcc.ne.gov/

*45 days = 8/20/09*



## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS		<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>  
 All other licenses expire April 30<sup>th</sup>  
 Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION (commission will call this person with any questions we may have on this application)

Name Misty M. Cowan, Paralegal or Alan D. Slattery, Esq. Phone number: 402.475.5100  
 Firm Name Rembolt Ludtke LLP

**PREMISE INFORMATION**

Trade Name (doing business as) Shoemaker's Truck Station

Street Address #1 151 SW 48th Street

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68522

Premise Telephone number 474-1771

Is this location inside the city/village corporate limits:  YES  NO

Mail address (where you want receipt of mail from the commission)

Name David G. Shoemaker, President, Shoemaker's Truck Station, Inc.

Street Address #1 151 SW 48th Street

Street Address #2 \_\_\_\_\_

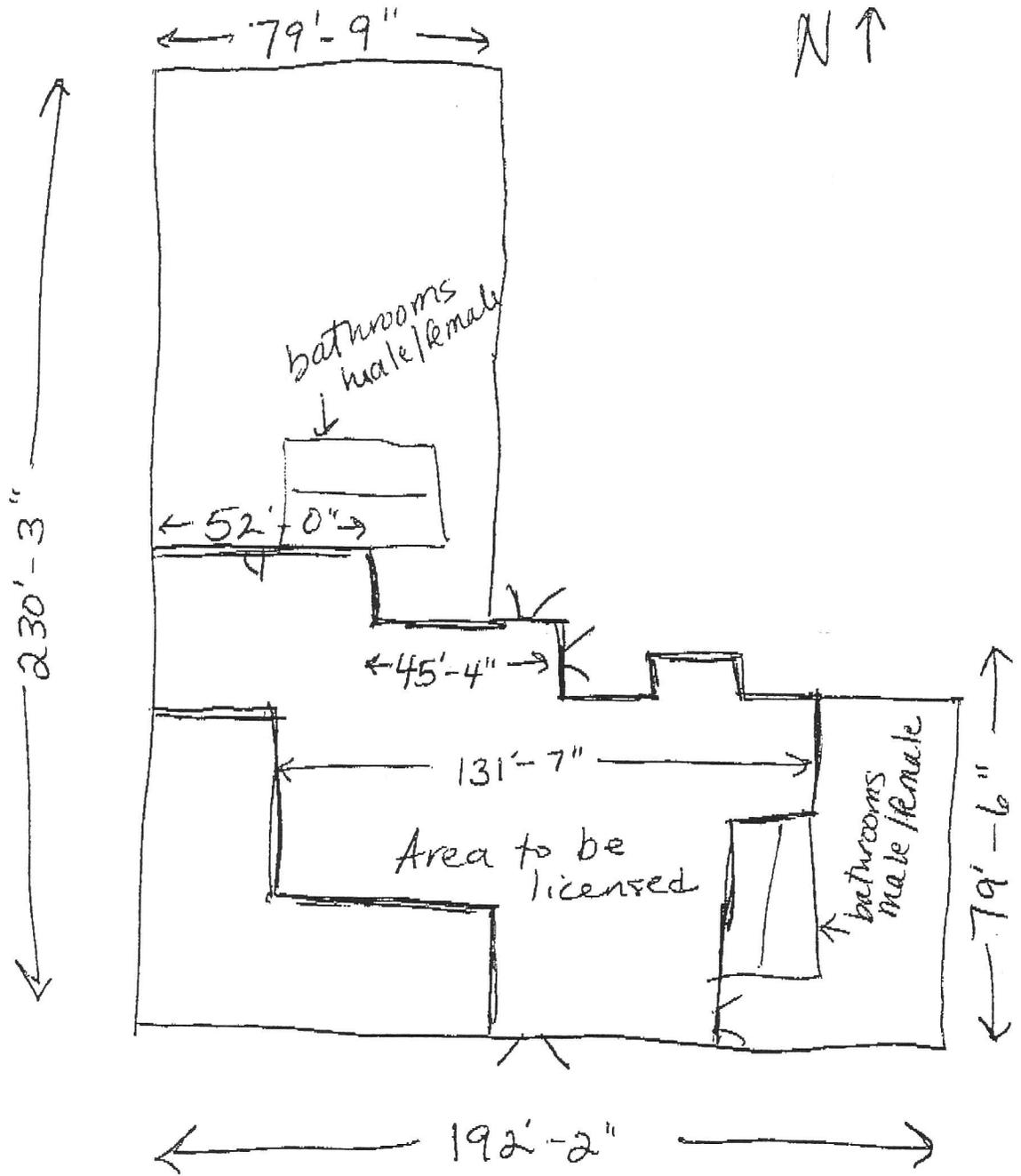
City Lincoln State NE Zip Code 68522

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

See next page.



Single story building

**APPLICANT INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES  NO

If yes, please explain below or attach a separate page.

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**2. Are you buying the business and/or assets of a licensee?**

YES  NO

If yes, give name of business and license number \_\_\_\_\_

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

**3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?**

YES  NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

**4. Are you borrowing any money from any source to establish and/or operate the business?**

YES  NO

If yes, list the lender Union Bank

**5. Will any person or entity other than applicant be entitled to a share of the profits of this business?**

YES  NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

**6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?**

YES  NO

If yes, list such items and the owner. \_\_\_\_\_

**7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?**

YES  NO

If yes, explain. \_\_\_\_\_

**No silent partners**

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES  NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

West Gate Bank Harley Shoemaker, Dave Shoemaker and Phil Shoemaker

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Shoemaker's Truck Station, Inc., Lincoln, NE, #D-43253

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Shoemaker's Truck Station, Inc.	12/1999 - present	Lincoln, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- Lease: expiration date 10/31/14
- Deed
- Purchase Agreement

14. When do you intend to open for business? September 1, 2009

15. What will be the main nature of business? Truck station and restaurant

16. What are the anticipated hours of operation? 24 hours / 7 days per week

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
David G. Shoemaker, Lincoln, NE	1991	present	Karen S. Shoemaker, Lincoln, NE	1991	present

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

SHOEMAKER'S TRUCK STATION, INC.

*David Glen Shoemaker*  
Signature of Applicant  
David Glen Shoemaker, President

*Karen S. Shoemaker*  
Signature of Spouse  
Karen Sue Shoemaker

~~Signature of Applicant~~  
~~Signature of Applicant~~  
~~Signature of Applicant~~  
~~Signature of Applicant~~

~~Signature of Spouse~~  
~~Signature of Spouse~~  
~~Signature of Spouse~~  
~~Signature of Spouse~~

State of Nebraska

County of Lancaster

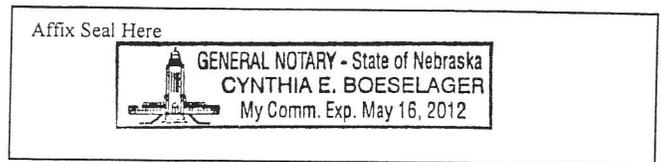
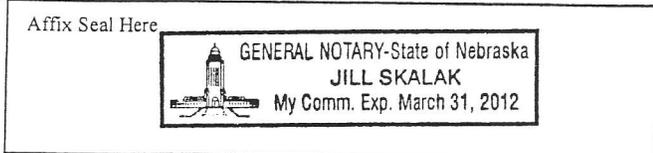
The foregoing instrument was acknowledged before me this 6/26/09 by

*David G Shoemaker*  
*Jill Skalak*  
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this 6/29/09 by

*Cynthia E Boeselager*  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov

Office Use

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: David G. Shoemaker

Name of Corporation that will hold license as listed on the Articles

Shoemaker's Truck Station, Inc.

Corporation Address: 4800 West "O" Street 151 SW 48th Street

City: Lincoln State: NE Zip Code: 68528 68522

Corporation Phone Number: 474-1771 Fax Number 402-474-2630

Total Number of Corporation Shares Issued: 2,250

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Shoemaker First Name: David MI: G.

Home Address: 6241 Eastshore Dr. City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 489-0859

SHOEMAKER'S TRUCK STATION, INC.

Handwritten signature of David G. Shoemaker

David G. Shoemaker, President Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

6/26/09

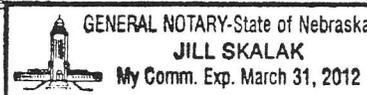
date

by David G. Shoemaker.

name of person acknowledged

Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Shoemaker First Name: David MI: G.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares 1,126

Spouse Full Name (indicate N/A if single): Karen Sue Shoemaker

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: Shoemaker First Name: Karen MI: S.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Secretary/Treasurer Number of Shares 1,124

Spouse Full Name (indicate N/A if single): David Glen Shoemaker

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Is the applying Corporation controlled by another Corporation?

YES

NO

If yes, provide the name of corporation and supply an organizational chart

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 Ending Date: December 31

---

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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# MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

### Corporation/limited liability corporation (LLC) information

Name of Corporation/LLC: Shoemaker's Truck Station, Inc.

### Premise information

Premise License Number:   
(if new application leave blank)

Premise Trade Name/DBA:

Premise Street Address: ~~4801 West "O" Street~~ 151 SW 48<sup>th</sup> Street

City: Lincoln Zip Code: ~~68528~~ 68522

Premise Phone Number: ~~not yet assigned~~ 474-1771

### The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Shoemaker's Truck Station, Inc.



David G. Shoemaker, President

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Shoemaker First Name: David MI: G.

Home Address (include PO Box if applicable): 6241 Eastshore Dr.

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: (402) 489-0859 Business Phone Number: (402) 474-1771

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Oxnard, CA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES  NO

Spouse's information

Spouses Last Name: Shoemaker First Name: Karen MI: S.

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Atkinson, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
6241 Eastshore Dr., Lincoln, NE	1991	present	6241 Eastshore Dr., Lincoln, NE	1991	present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
7/1/84	present	Shoemaker's Truck Station, Inc.	Dave Shoemaker	474-1771

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

YES       NO      If yes, please explain below or attach a separate page.


2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES       NO

Shoemaker's South Truck Stop, #D-43253

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES       NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES       NO

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

Date:	Where:
12/1999 - present	Shoemaker's Truck Station, Inc., Lincoln, NE

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

*David G. Shoemaker*  
Signature of Manager Applicant  
David G. Shoemaker

*Karen S. Shoemaker*  
Signature of Spouse  
Karen S. Shoemaker

State of Nebraska  
County of *Lancaster*

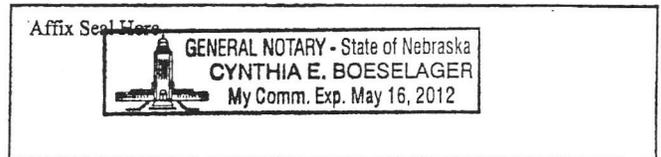
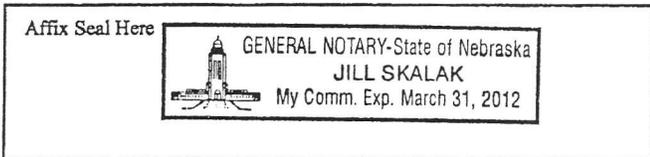
County of *Lancaster*

The foregoing instrument was acknowledged before me this *6/26/09* by *David G. Shoemaker*

The foregoing instrument was acknowledged before me this *6/29/09* by

*Jill Skalak*  
Notary Public signature

*Cynthia E. Boeselager*  
Notary Public signature



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

508

29385

STATE FILE NO.

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 5602

REGISTRAR'S NUMBER

30

THIS CHILD (TYPE OR PRINT NAME)	1a CHILD'S FIRST NAME David	1b MIDDLE NAME Glen	1c LAST NAME Shoemaker
	2 SEX Male	3a THIS BIRTH, SINGLE, TWIN, OR TRIPLET? Single	3b IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? ---
PLACE OF BIRTH	5a COUNTY Ventura	5b CITY OR TOWN Oxnard	4a DATE OF BIRTH—MONTH, DAY, YEAR 12:17
	5c FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital	5d ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS OF LOCATION DO NOT USE P. O. BOX NUMBER) 333 North "F" St.	
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	6a STATE California	6b COUNTY Ventura	6c CITY OR TOWN Montalvo
			6d STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBER) 6299 Bell Place
MOTHER OF CHILD	7a MAIDEN NAME OF MOTHER—FIRST NAME Marion	7b MIDDLE NAME Patricia	7c LAST NAME McGinn
	9 AGE OF MOTHER (AT TIME OF THIS BIRTH) 23 YEARS	10 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	11 MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION) Ventura
FATHER OF CHILD	12a NAME OF FATHER—FIRST NAME Harley	12b MIDDLE NAME Garden	12c LAST NAME Shoemaker
	14 AGE OF FATHER (AT TIME OF THIS BIRTH) 25 YEARS	15 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	16a USUAL OCCUPATION Service Operator
INFORMANT'S CERTIFICATION	1 I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a SIGNATURE OF PARENT OR OTHER INFORMANT (IF OTHER THAN MOTHER) <i>Marion Patricia McGinn</i>	17b DATE SIGNED BY PARENT OR OTHER INFORMANT 10-24-53
ATTENDANT'S CERTIFICATION	1 I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	18a SIGNATURE OF ATTENDANT <i>Robert L. Hamm</i>	18b ADDRESS 72 Eugene Dr. Ventura, Ca.
REGISTRAR'S CERTIFICATION	19 DATE RECEIVED BY LOCAL REGISTRAR 10-30-53	20 SIGNATURE OF LOCAL REGISTRAR <i>Frank E. Callahan R.P.</i>	21 DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME --

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE DOCUMENT FILED FOR RECORD IN THIS OFFICE.  
 OFFICE OF VENTURA COUNTY RECORDER. ROBERT L. HAMM, RECORDER  
 DATE: Oct 16, 1961 224 BY *Robert L. Hamm* DEPUTY.

NEBRASKA LIQUOR  
CONTROL COMMISSION

JUL 2 2009

RECEIVED

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH,  
IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE  
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR  
VITAL RECORDS.

DATE OF ISSUANCE  
JAN 17 1995

LINCOLN, NEBRASKA

*Stanley S. Cooper*

STANLEY S. COOPER, DIRECTOR  
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126

-017576

PHS-796(VS)  
REV. 12-64  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebr.</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL) OR X TOWN <u>Atkinson, Nebr.</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Star Route</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) X HOSPITAL OR INSTITUTION <u>Atkinson Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Atkinson, Nebr.</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Karen</u>		c. (Last) <u>Gettert</u>	
4. SEX F		5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	
		5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
		6. DATE OF BIRTH (Month) (Day) (Year) <u>6-2-93</u>	
7. FULL NAME a. (First) <u>Floyd</u> b. (Middle) <u>P</u> c. (Last) <u>Gettert</u> 8. COLOR OR RACE <u>W</u>			
9. AGE (At time of this birth) Yrs. <u>38</u>		10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Atkinson, Nebr.</u>	
		11a. USUAL OCCUPATION <u>Drag-Line Operator</u>	
11b. KIND OF BUSINESS OR INDUSTRY			
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Christine</u>		b. (Middle) <u>Margaret</u> c. (Last) <u>Vogel</u> 13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) Yrs. <u>38</u>		15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Stuart, Nebr.</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Floyd P Gettert Mother</u>		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>5</u> b. How many OTHER children were born alive but are now dead? <u>None</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
I hereby certify that this child was born alive on the date stated above at <u>1:10 A.</u> m.		18a. SIGNATURE <i>[Signature]</i> 18c. ADDRESS <u>Atkinson, Nebr.</u>	
19. DATE RECD BY LOCAL REG. <u>July 26</u>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) 19. MOTHER'S MAILING ADDRESS <u>Atkinson, Nebr.</u>	
		REGISTRAR'S SIGNATURE <i>[Signature]</i>	