



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

September 9, 2010

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 Cobbler Inn Inc, d.b.a. Don and Randy Shoemakers Truck Station, 4800 West 'O' Street requesting a class C liquor license.

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

Background information on the applicant is as follows:

Randy Shoemaker was born in Ventura, California. He attended Lincoln High School graduating in 1978.

Mr. Shoemaker has been self employed since 1967.

The required training was completed on September 9, 2010.

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



**PREMISE INFORMATION**

Trade Name (doing business as) DON AND RANDY SHOEMAKER'S TRUCK STATION

Street Address #1 4800 WEST O ST

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

City LINCOLN

County LANCASTER

Zip Code 68528

Premise Telephone number 402-438-4800

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

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

Name DON AND RANDY SHOEMAKER'S TRUCK STATION

Street Address #1 4800 WEST O ST

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

City LINCOLN

State NE

Zip Code 68528

**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**

**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

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

JUL 29 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

**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 \_\_\_\_\_

Coenhusker 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, WEST O ST BRANCH. DON & RANDY 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.

*None*

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:

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 \_\_\_\_\_
- Deed
- Purchase Agreement

14. When do you intend to open for business? *Currently Open*

15. What will be the main nature of business? *Truck Station, Restaurant*

16. What are the anticipated hours of operation? *24hrs 7 Days*

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
<i>Lincoln NE.</i>	<i>1967</i>	<i>2010</i>	<i>Lincoln NE.</i>	<i>1980</i>	<i>2010</i>

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.

  
\_\_\_\_\_  
Signature of Applicant

  
\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse JUL 29 2010

\_\_\_\_\_  
Signature of Spouse RECEIVED

\_\_\_\_\_  
Signature of Spouse  
NEBRASKA LIQUOR CONTROL COMMISSION

\_\_\_\_\_  
Signature of Spouse

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NEBRASKA LIQUOR CONTROL COMMISSION

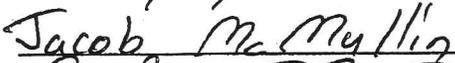
AUG 30 2010

NEBRASKA LIQUOR CONTROL COMMISSION

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this 7/26/2010 by

  
  
Notary Public signature

County of LANCASTER

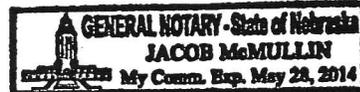
The foregoing instrument was acknowledged before me this 7/26/2010 by

  
  
Notary Public signature

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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](http://www.lcc.ne.gov)

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JUL 29 2010	
NEBRASKA LIQUOR CONTROL COMMISSION	

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: Cobbler INN, INC

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

COBBLER INN, INC

Corporation Address: 4800 WEST O ST

City: LINCOLN State: NE Zip Code: 68528

Corporation Phone Number: 402-438-4800 Fax Number: 402-438-4827

Total Number of Corporation Shares Issued: 10,000

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

Last Name: SHOEMAKER First Name: RANDY MI: GT.  
Home Address: 3935 Folsom City: Lincoln  
State: NE Zip Code: 68522 Home Phone Number: 402-423-7669

Randy Shoemaker

Signature of president

State of Nebraska  
County of lancaster

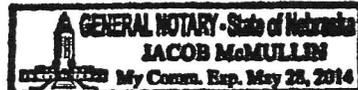
The foregoing instrument was acknowledged before me this

7/26/2010  
date

by Jacob McMullin  
name of person acknowledged

Jacob McMullin  
Notary Public signature

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

Last Name: SHOEMAKER First Name: RANDY MI: 6

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

Title: OWNER Number of Shares 10,000

Spouse Full Name (indicate N/A if single): ANNE SHOEMAKER

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

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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CONTROL COMMISSION

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: \_\_\_\_\_

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: \_\_\_\_\_

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 Ending Date: December

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Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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

**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)

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CONTROL COMMISSION

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 their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Cobbler Inn, INC

Premise information

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: Don & Randy Shoemaker's Truck Station

Premise Street Address: 4800 WEST O ST

City: LINCOLN State: NE Zip Code: 68529

Premise Phone Number: (402) 438-4800

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.



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: RANDY MI: G

Home Address (include PO Box if applicable): 3935 FOLSOM

City: LINCOLN State: NE Zip Code: 68522

Home Phone Number: 402-423-7669 Business Phone Number: 402-438-4800

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: 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: ANNE MI: M

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: IA

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

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
LINCOLN, NE	1967	2010	LINCOLN, NE	1980	2010

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER

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.

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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

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. List the training and/or experience (when and where)

Date:	Where:
9/9/10	Responsible Hospitality Council

**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.

*[Handwritten Signature]*

Signature of Manager Applicant

*[Handwritten Signature]*

Signature of Spouse

State of Nebraska

County of LANCASTER

County of LANCASTER

The foregoing instrument was acknowledged before me this 27<sup>th</sup>, July 2010 by

The foregoing instrument was acknowledged before me this 27<sup>th</sup>, July 2010 by

Randy Shoemaker

Anne Shoemaker

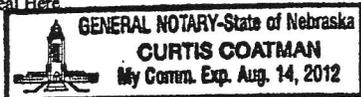
*[Handwritten Signature]*

*[Handwritten Signature]*

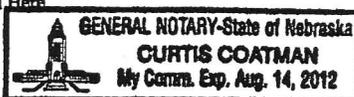
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Revised 9/2008

CERTIFICATION OF VITAL RECORD

# County of Ventura

800 SOUTH VICTORIA AVENUE  
VENTURA, CALIFORNIA 93009

STATE FILE NUMBER		582		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		5600	
1a. NAME OF CHILD—FIRST NAME				1b. MIDDLE NAME		1c. LAST NAME	
Randal				Gene		Shoemaker	
2. SEX		3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET?		3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?		4a. DATE OF BIRTH—MONTH, DAY, YEAR	
Male		Single				12-28	
5a. PLACE OF BIRTH—NAME OF HOSPITAL				5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION; DO NOT USE P. O. BOX NUMBERS)			
Poster Memorial				2800 Loma Vista Road <input checked="" type="checkbox"/> <small>INSIDE CITY LIMITS</small> <input type="checkbox"/> <small>OUTSIDE CITY LIMITS</small>			
5c. CITY OR TOWN				5d. COUNTY			
Ventura				Ventura			
5a. MAIDEN NAME OF MOTHER—FIRST NAME		5b. MIDDLE NAME		5c. LAST NAME		7. COLOR OR RACE OF MOTHER	
Yvonne		Nellie		Fluhrer		White	
6. AGE OF MOTHER (AT TIME OF THIS BIRTH)		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		10. MAILING ADDRESS OF MOTHER			
27 YEARS		Iowa		2381 So. James			
11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS				11b. IF INSIDE CORPORATE LIMITS CHECK ONE <input type="checkbox"/> ON A FARM <input checked="" type="checkbox"/> NOT ON A FARM			
2381 So. James							
11c. CITY OR TOWN				11d. COUNTY		11e. STATE	
Ventura				Ventura		California	
12a. NAME OF FATHER—FIRST NAME		12b. MIDDLE NAME		12c. LAST NAME		13. COLOR OR RACE OF FATHER	
Don		Marvin		Shoemaker		White	
14. AGE OF FATHER (AT TIME OF THIS BIRTH)		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		16a. PRESENT OR LAST OCCUPATION		16b. KIND OF INDUSTRY OR BUSINESS	
28 YEARS		Illinois		Self-Employed		Chevron Truck Sta.	
17a. PARENT OR OTHER INFORMANT—SIGNATURE						17b. DATE SIGNED BY INFORMANT	
<i>Yvonne Shoemaker</i>						August 22, 1959	
18a. PHYSICIAN OR OTHER PERSON WHO ATTENDED THIS BIRTH—SIGNATURE						18b. ADDRESS	
<i>Shirley Baker M.D.</i>						3003 Loma Vista Road	
19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME RECORD						20. LOCAL REGISTRAR—SIGNATURE	
						<i>Richard D. Dean</i>	
21. DATE RECEIVED BY LOCAL REGISTRAR						AUG 25 1959	

050564

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF VENTURA } SS.

DATE ISSUED **MAR 08 1993**

This is a true and exact reproduction of the document officially registered and placed on file with the VENTURA COUNTY RECORDER.

*Richard D. Dean*  
RICHARD D. DEAN  
COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder.



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AUG 30 2010

NEBRASKA LIQUOR CONTROL COMMISSION

IOWA STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics

CERTIFICATE OF LIVE BIRTH  
STATE OF IOWA

Birth No. 114 - 58

1. PLACE OF BIRTH a. COUNTY <b>Cerro Gordo</b>		2. USUAL RESIDENCE OF MOTHER'S (Where does mother live?) a. STATE <b>Iowa</b> b. COUNTY <b>Cerro Gordo</b>	
3. CITY, TOWN, OR LOCATION <b>Mason City</b>		4. STREET ADDRESS <b>900 1/2 Seventh Avenue North</b>	
5. NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Mercy Hospital</b>		6. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
7. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME (Type or print) First <b>ANNE</b> Middle <b>MARY</b> Last <b>JUHL</b>			
4. SEX In THIS BIRTH Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 5. SO. OF TWINS OR TRIPLET. WAS CHILD BORN 1ST <input type="checkbox"/> 2D <input type="checkbox"/> 3D <input type="checkbox"/>			
6. DATE Month <b>July</b> Day <b>23</b> Year <b>1958</b> Hour <b>8:56 P M</b>			
7. NAME First <b>Duane</b> Middle <b>Kenneth</b> Last <b>Juhl</b>			
8. AGE (At time of this birth) <b>22</b> YEARS		9. BIRTHPLACE (State or foreign country) <b>Garner, Iowa</b>	
10. USUAL OCCUPATION <b>Machine operator</b>		11. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
12. COLOR OR RACE <b>white</b>			
13. NAME First <b>Arlene</b> Middle <b>Carole</b> Last <b>Huebner</b>			
14. AGE (At time of this birth) <b>21</b> YEARS		15. BIRTHPLACE (State or foreign country) <b>Ackley, Iowa</b>	
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many fetal deaths (miscarriage) were there at ANY time after conception? <b>0</b>			
17. INFORMANT <b>Duane K. Juhl (Father)</b>			
17b. MOTHER'S MAILING ADDRESS <b>900 1/2 7th Avenue North - Clear Lake, Iowa</b>			
18. SIGNATURE <i>A. Braunstone</i> 18a. ADDRESS <b>Clear Lake, Iowa</b>		19. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
20. DATE RECD. BY LOCAL REG. <b>JUL 29 1958</b>		21. DATE ON WHICH GIVEN NAME ADDED <b>July 23 1958</b> (Registrar)	