



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

February 1, 2011

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 Twotwins Cafe, 333 North Cotner requesting a class C liquor license.

This location previously had a class C liquor license which expired on October 31st 2010.

Denise Korinek has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Denise Korinek was born in Oakland, Nebraska. She attended Omaha Burke High School graduating in 1974.

Denise Korinek employment history is as follows:

| | | |
|----------------|-----------------|--------------|
| 2009 - Present | Owner, Twotwins | Lincoln, NE. |
| 1997 - 2008 | Owner, Subway | Lincoln, NE. |

The required training was completed on June 11th 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

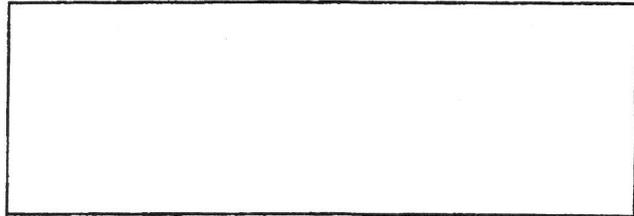


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

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

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name _____ Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) TwoTwins Cafe'

Street Address #1 333 N Cotner Blvd #1 (Lincoln NE 68505)

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68505

Premise Telephone number 402 464 8946

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

Mailing address (where you want to receive mail from the Commission)

Name Same as above

Street Address #1 _____

Street Address #2 _____

City _____ State _____ Zip Code _____

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

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, 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. 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**

Length _____ feet
Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET on attached

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.

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted (city & state) | Description of Charge | Disposition |
|-------------------|------------------------------|--------------------------------|-----------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number _____

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

3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number Two Twins Cafe # 85295

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) Al and Susan Bongers, Mike and Kim Anderson, Phil and Mary Jo Thielen, Dennis Korinek, Diane and Mark Johnson, Karen and Ray Filipowicz, James Smith

6. 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)

No silent partners

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

YES NO

If yes, list such item(s) and the owner.

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

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

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

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Cornhusker Bank Bethany Branch Kimberley Smith
Denise Korihel

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.

#C-85295 expired 10-30-10 not able to pay for license renewal
by 10-30-10

12. List the alcohol related 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) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

| Applicant Name | Date Trained (mm/yyyy) | Name of program where trained (name, city) |
|----------------|------------------------|--|
| Denise Kornek | 06-2009 | Responsible Hospitality Council Management |
| | | |
| | | |

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 August 2019

Deed

Purchase Agreement

14. When do you intend to open for business? already open
15. What will be the main nature of business? restaurant
16. What are the anticipated hours of operation? 7AM - 200pm & 500pm - 900pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

| RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE | | | | | |
|--|------|---------|----------------------|------|----|
| APPLICANT: CITY & STATE | YEAR | | SPOUSE: CITY & STATE | YEAR | |
| | FROM | TO | | FROM | TO |
| Kimberley Smith | 2002 | present | | | |
| Lincoln NE | 200 | | | | |
| Frazier Park CA | 1985 | 2001 | | | |
| | | | | | |
| | | | | | |

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background 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.

Kimberly A. Smith
Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

ACKNOWLEDGEMENT

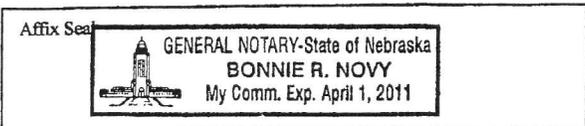
State of Nebraska
County of LANCASTER

The foregoing instrument was acknowledged before me this

14th day of December 2010 by _____
date

KIMBERLEY A SMITH
name of person acknowledged

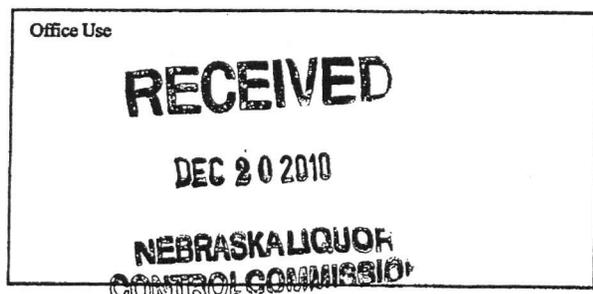
Bonnie R. Novy
Notary Public signature



In compliance with the ADA, this application 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



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: Forcynthia Inc. (William Farewell)

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

TwoTwins Inc

Corporation Address: 900 "L" Street 68510

City: Lincoln State: NE Zip Code: _____

Corporation Phone Number: 402-464-8946 Fax Number 402-464-8948

Total Number of Corporation Shares Issued: _____

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

Last Name: Smith First Name: Kimberley MI: A.

Home Address: 5310 Stockwell St. City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: 402-580-7416

Kimberley A. Smith
Signature of president

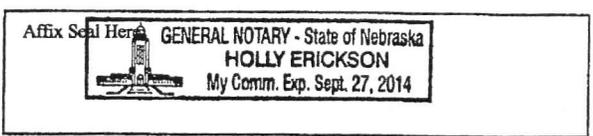
State of Nebraska
County of LANCASTER

The foregoing instrument was acknowledged before me this

21st day of December 2011
date

by KIMBERLEY A. SMITH
name of person acknowledged

Holly Erickson
Notary Public signature



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

Last Name: Kimberley A. Smith First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 100

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

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: _____

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

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 #.

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.

REVISED 5/2007

**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

Office Use

RECEIVED

DEC 20 2010

**NEBRASKA LIQUOR
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

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: TwoTwins Inc

Premise information

Premise License Number: _____

(if new application leave blank)

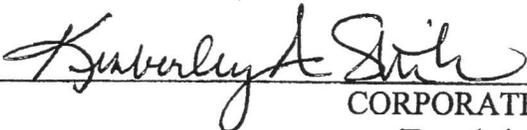
Premise Trade Name/DBA: TwoTwins Cafe

Premise Street Address: 333 N. Cotner Blvd #1

City: Lincoln State: NE Zip Code: 68505

Premise Phone Number: 402.464.8946

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: Korinek First Name: Denise MI: A.

Home Address (include PO Box if applicable): 5310 Stockwell St.

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: 402.580.1318 Business Phone Number: 402.464.8946

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Oakland NE

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: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

| APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS | | | | | | | |
|---|------|----------------------|---------|--------------------|--|------------------|--|
| APPLICANT | | | SPOUSE | | | | |
| CITY & STATE | | YEAR FROM TO | | CITY & STATE | | YEAR FROM TO | |
| Lincoln NE | | 2001 | Present | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| MANAGER'S LAST TWO EMPLOYERS | | | | | | | |
| YEAR FROM TO | | NAME OF EMPLOYER | | NAME OF SUPERVISOR | | TELEPHONE NUMBER | |
| 1997 | 2008 | Subway Sandwich Shop | | owner | | 414-4300 | |
| | | | | | | | |

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

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 on file

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

| Date: | Where: |
|---------------|---|
| Junell 2009 | Hospitality Insider Training - Korinek RB RHCM |
| August 1 2009 | RBST - Smith |
| | |

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

Signature of Spouse

State of Nebraska

County of LANCASTER

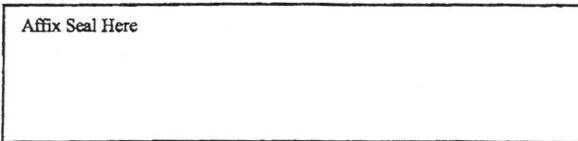
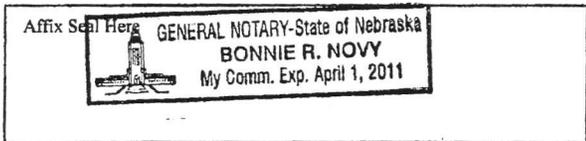
County of _____

The foregoing instrument was acknowledged before me this 14th DAY December by 2010

The foregoing instrument was acknowledged before me this _____ by _____

Denise A Korinek
Bonnie R Novy
Notary Public signature

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

STATE OF NEBRASKA

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

DATE OF ISSUANCE

01/28/2008

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

RECEIVED

DEC - 4 2011

NEBRASKA LIQUOR CONTROL COMMISSION

| STATE OF NEBRASKA DEPARTMENT OF HEALTH DIVISION OF VITAL SERVICES | | | |
|---|--|--|------------------------------------|
| FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE | | 56-96 | |
| CERTIFICATE OF LIVE BIRTH | | | |
| 1. PLACE OF BIRTH COUNTRY: <u>USA</u> | | 4. VITAL RESIDENCE OF MOTHER (If not same as father) | |
| TOWN: <u>Oakland</u> | | CITY: <u>Lincoln</u> | |
| 3. FULL NAME OF THE MOTHER (Last, first, middle) | | STREET ADDRESS | |
| <u>Kimberley Ann</u> | | <u>Kennick</u> | |
| 6. SEX <u>Female</u> | 7. THIS BIRTH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 8. IS A TWIN OR TRIPLET BIRTH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 9. DATE OF BIRTH <u>1/28/56</u> |
| FATHER OF CHILD | | | |
| 10. FULL NAME <u>Dennis James</u> | 11. BIRTH <u>1/28/18</u> | 12. OCCUPATION <u>Teacher</u> | 13. OTHER OR SAME <u>None</u> |
| 14. PLACE OF BIRTH <u>Stanhaven Nebraska</u> | 15. USUAL OCCUPATION <u>Teacher</u> | 16. TYPE OF BUSINESS OR INDUSTRY <u>High School</u> | |
| MOTHER OF CHILD | | | |
| 17. FULL MOTHER NAME <u>Margaret Jean</u> | 18. BIRTH <u>1/28/18</u> | 19. OCCUPATION <u>None</u> | 20. OTHER OR SAME <u>None</u> |
| 21. PLACE OF BIRTH <u>David City Nebraska</u> | 22. USUAL OCCUPATION <u>None</u> | 23. TYPE OF BUSINESS OR INDUSTRY <u>None</u> | |
| 24. SIGNATURE OF FATHER <i>Dennis James</i> | | 25. SIGNATURE OF MOTHER <i>Margaret Jean</i> | |
| 26. SIGNATURE OF REGISTRAR <i>Stanley S. Cooper</i> | | 27. SIGNATURE OF WITNESS <i>Mrs. Dennis J. Kennick</i> | |
| 28. DATE OF BIRTH <u>1/28/56</u> | | 29. PLACE OF BIRTH <u>Lincoln Nebraska</u> | |

ATTN: RANDY ☺



STATE OF NEBRASKA

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RECEIVED

DATE OF ISSUANCE

12/27/2010

DEC. 4 2011

LINCOLN, NEBRASKA

Stanley A. Cooper
 STANLEY A. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 NEBRASKA LIQUOR CONTROL COMMISSION

| | | | | | |
|--|--|--|--|--|--|
| 1. PREFIX OR SUFFIX NONE | | 2. STATE OF NEBRASKA JURISDICTION OR TERRITORY COUNTY OF NEBRASKA | | 3. SERIAL NUMBER OF SOURCE FROM WHICH OBTAINED 56 | |
| 4. ONE OF THE FOLLOWING: (SEE INSTRUCTIONS) a. DATE OF BIRTH: 01/15/1944 b. DATE OF DEATH: NONE c. DATE OF MARRIAGE: NONE d. DATE OF DIVORCE: NONE e. DATE OF ANNULMENT: NONE f. DATE OF ADOPTION: NONE g. DATE OF CHANGE OF NAME: NONE h. DATE OF CHANGE OF SEX: NONE i. DATE OF CHANGE OF RACE: NONE j. DATE OF CHANGE OF RELIGION: NONE k. DATE OF CHANGE OF ETHNICITY: NONE l. DATE OF CHANGE OF COMPLEXION: NONE m. DATE OF CHANGE OF HAIR COLOR: NONE n. DATE OF CHANGE OF EYE COLOR: NONE o. DATE OF CHANGE OF BUILD: NONE p. DATE OF CHANGE OF HEIGHT: NONE q. DATE OF CHANGE OF WEIGHT: NONE r. DATE OF CHANGE OF COMPLEXION: NONE s. DATE OF CHANGE OF HAIR COLOR: NONE t. DATE OF CHANGE OF EYE COLOR: NONE u. DATE OF CHANGE OF BUILD: NONE v. DATE OF CHANGE OF HEIGHT: NONE w. DATE OF CHANGE OF WEIGHT: NONE | | 5. SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | 6. RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER | |
| 7. FULL NAME OF FATHER OR MOTHER: <i>Walter J. Cooper</i> | | 8. FULL NAME OF MOTHER: <i>Elizabeth M. Cooper</i> | | 9. FULL NAME OF SOURCE: <i>Walter J. Cooper</i> | |
| 10. FULL NAME OF SOURCE: <i>Walter J. Cooper</i> | | 11. FULL NAME OF SOURCE: <i>Elizabeth M. Cooper</i> | | 12. FULL NAME OF SOURCE: <i>Walter J. Cooper</i> | |
| 13. FULL NAME OF SOURCE: <i>Walter J. Cooper</i> | | 14. FULL NAME OF SOURCE: <i>Elizabeth M. Cooper</i> | | 15. FULL NAME OF SOURCE: <i>Walter J. Cooper</i> | |
| 16. FULL NAME OF SOURCE: <i>Walter J. Cooper</i> | | 17. FULL NAME OF SOURCE: <i>Elizabeth M. Cooper</i> | | 18. FULL NAME OF SOURCE: <i>Walter J. Cooper</i> | |
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