



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 3, 2013

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 HuHot Mongolian Grill, 2525 Pine Lake Road Suite 200 requesting a class I liquor license.

Roger Kneivel has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a previously approved liquor license manager.

The required training was completed on March 10th 2010.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) HuHOT MONGOLIAN Grill

Street Address #1 2525 Pine Lake Rd Suite #200

Street Address #2 _____

City Lincoln County LANCASTER #2 Zip Code 68512

Premise Telephone number 402-697-0057 *Corp # Premise not open yet.

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

city

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

Name RESTAURANTS, INC.

Street Address #1 2242 S. 156th Cir

Street Address #2 _____

City omaha State NE Zip Code 68136

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DEC 3 2012
NEBRASKA LIQUOR CONTROL COMMISSION

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.

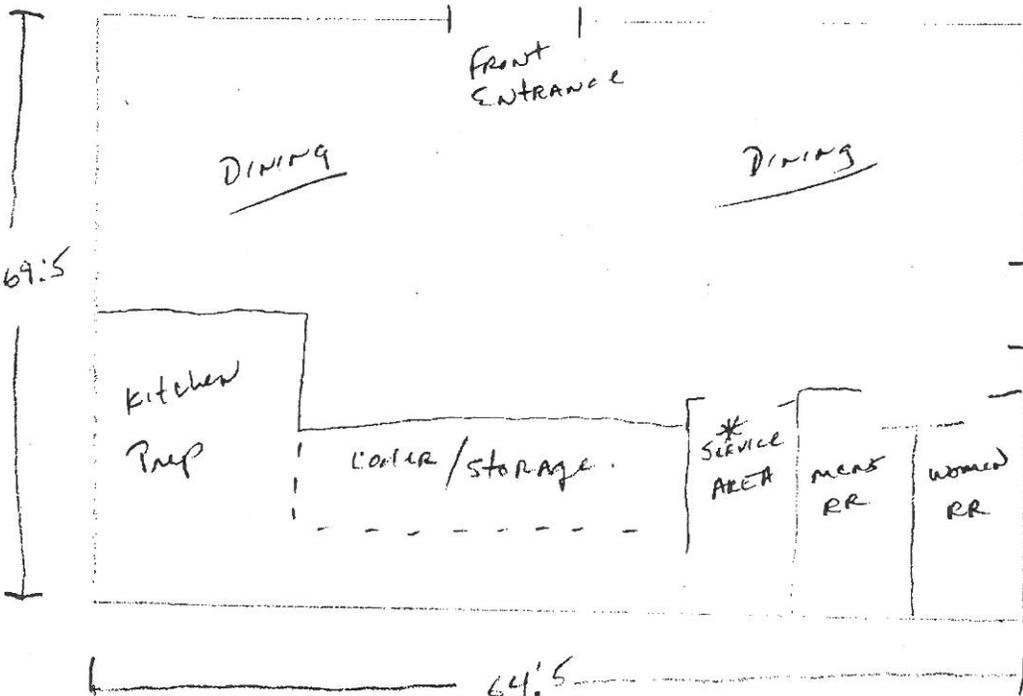
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 69.5 feet
Width 64.5 feet

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

Single Floor NT

FORM 100
REV 11/2010
PAGE 4



* NO BAR AREA
DINING ONLY
* SERVICE/BAR AREA

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

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 NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

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) Mutual of Omaha BANK

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: KNEIVEL First Name: Roger MI: J.

Home Address (include PO Box if applicable): 116 CITADEL DR.
 City: PAPILLION County: SARPY Zip Code: 68133

Home Phone Number: 402-932-0313 Business Phone Number: 402-697-0057

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

Date Of Birth: _____ Place Of Birth: West Point, 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: KNEIVEL First Name: Cathy MI: F

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

Date Of Birth: _____ Place Of Birth: Honolulu, HI

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

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
PAPILLION	8/98	Present	SAME		

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996	Present	REST. INC.	Luke Wilson	402-598-4970
1994	1996	GRISANTI'S	Tracy	402-330-0440

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

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
Roger Knivvel	May 1992	York NE	Possession of Mari.	Guilty

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NEBRASKA LIQUOR CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? YES NO
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? YES NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
 YES NO * Included copies of cards dated 2/27/12

5. List any alcohol related training and/or experience (when and where).
 25 yrs. Restaurant Mngt. Experience.

Roger Knivvel's prints on file 4-9-12

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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
AUG 23 1994
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.....

IS-796(VS)
IV, 12-54
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

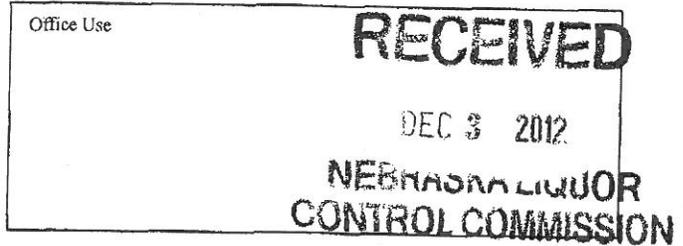
61

OK

PLACE OF BIRTH a. COUNTY Cuming		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Cuming	
b. CITY (If outside corporate limits, write RURAL) OR TOWN West Point		c. CITY (If outside corporate limits, write RURAL) OR TOWN West Point	
c. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS 102 N. Nippon St. Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CHILD'S NAME (Type or print) a. (First) Roger		b. (Middle) Jay c. (Last) Knievel	
SEX M.	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"/>	5. DATE OF BIRTH (Month) (Year)
FATHER OF CHILD K-514			
FULL NAME a. (First) James		b. (Middle) Knievel c. (Last) W.	
AGE (At time of this birth) 32 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) West Point, Nebraska	11a. USUAL OCCUPATION Banker	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
FULL MAIDEN NAME a. (First) Margaret		b. (Middle) Durkan c. (Last) W.	
AGE (At time of this birth) 32 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Omaha, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 5 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. James Knievel - mother		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
I hereby certify that this child was born alive the date stated above 11:49 ...a.m.		18a. SIGNATURE RH Scherer MD	
18c. ADDRESS West Point, Nebraska		19. MOTHER'S MAILING ADDRESS 102 N. Nippon St. West Point, N br.	
DATE REC'D BY LOCAL REG. 61	21. REGISTRAR'S SIGNATURE John & Knievel		

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: R. CRAIG FRY

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
CCW, LLC

LLC Address: 2242 S. 156th Cir

City: Omaha State: NE Zip Code: 68130

LLC Phone Number: 402-697-0057 LLC Fax Number 402-697-1125

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Wilson First Name: LUKE MI: E.

Home Address: 422 S. 154th St. City: Omaha

State: NE Zip Code: 68118 Home Phone Number: 402-496-2720

Luke Wilson

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

November 21, 2012

by Luke Wilson

Date
Susan M. Baker

name of person acknowledge



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: CARSTENS First Name: Gayle MI: R

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 80

BC
prints
signed

spousal
BC
signed

Last Name: Wilson First Name: LUKE MI: E.

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10

prints
BC
signed

spousal
BC
signed

Last Name: Crowley First Name: BRENDAN MI: P.

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10

prints
BC
signed

spousal
BC
signed

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

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DATE OF ISSUANCE
MAY 13 1993
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

3-

CERTIFICATE OF BIRTH

State File No. _____

C. 623

name of child Gayle Rodney Carstens

Male / White Color or Race Date of Birth _____

in the United States of America Lynch, Nebraska

name of father Marlin Carstens

of birth _____ Color or race White

citizenship American, U.S. Birthplace Meadow Grove, Nebraska

residence Naper, Nebraska Usual occupation Insurance Business

name of mother Iona P. Naver (Maiden Name)

of birth _____ Color or race White

citizenship American Birthplace Spencer, Nebraska

residence Naper, Nebraska

Dated the 26th day of January 19 59

by John P. Klassen
County Judge

Filed the 27th day of January 19 59

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NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
Division of Public Health Statistics

COUNTY NO. 68934

Transcript of Live Birth Certificate

PLACE OF BIRTH COUNTY Minnehaha		USUAL RESIDENCE OF MOTHER STATE South Dakota COUNTY Minnehaha	
CITY or TOWN Sioux Falls, South Dakota		CITY or TOWN Sioux Falls, South Dakota	
FULL NAME OF HOSPITAL OR INSTITUTION Sioux Valley Hospital		STREET ADDRESS 3606 W. 12th St.	
CHILD'S NAME (First) Jody		(Middle) Jaye	(Last) Weeg
SEX Female	THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	IF TWIN OR TRIPLET 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	DATE (Month) (Day) (Year) of BIRTH
FATHER OF CHILD			
FULL NAME (First) Donald		(Middle) Dean	(Last) Weeg
AGE 25 YEARS		BIRTHPLACE South Dakota	COLOR OR RACE White
USUAL OCCUPATION Operator		KIND OF BUSINESS OR INDUSTRY Trailer Court	
MOTHER OF CHILD			
FULL MAIDEN NAME (First) Coryill		(Middle) Kaye	(Last) Goodhope
AGE 22 YEARS		BIRTHPLACE South Dakota	COLOR OR RACE White
INFORMANT Mrs. Donald Weeg		Children previously Born to this Mother How many OTHER children are now living? 1	How many OTHER children were born alive but are now dead? 0
I hereby certify that this child was born alive on the date stated above.	NAME OF ATTENDANT Vernon H. Cutshall	ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/>	OTHER Specify
	ADDRESS Sioux Falls, South Dakota	DATE SIGNED 2-3-59	
DATE FILED BY LOCAL REGISTRAR Feb. 5, 1959	REGISTRAR'S SIGNATURE M. J. Schneider	DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

SDVS-1

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VIRGINIA L. MURPHY
COP. TELEPHONE

STATE OF NEBRASKA

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

DATE OF ISSUANCE
10/22/2007
LINCOLN, NEBRASKA

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

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

126- 70

BIRTH NUMBER

1. CHILD—NAME FIRST MIDDLE LAST Brandon Patrick Crowley			DATE OF BIRTH (MONTH, DAY, YEAR) Aug 5 1970		2. HOUR 9:08A.M.
3. SEX Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		4. COUNTY OF BIRTH Lancaster
5. CITY, TOWN, OR LOCATION OF BIRTH Lincoln			6. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7. HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) St. Elizabeth Community Health Center	
8. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Joyce Ellen Herron			9. AGE (AT TIME OF THIS BIRTH) 26	10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Cedar Rapids, Iowa	
11. RESIDENCE—STATE Nebraska		12. COUNTY Lancaster	13. CITY, TOWN, OR LOCATION Lincoln		14. STREET AND NUMBER 3110 High Street
15. FATHER—NAME FIRST MIDDLE LAST Michael Merle Crowley			16. AGE (AT TIME OF THIS BIRTH) 27	17. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Hastings, Nebraska	
18. INFORMANT—NAME OR SIGNATURE Mrs. Michael Merle Crowley			19. RELATION TO CHILD Mother		
20. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			21. DATE SIGNED (MONTH, DAY, YEAR) Aug 5 1970		22. ATTENDANT—M.D., D.O., OTHER (SPECIFY) M.D.
23. SIGNATURE CERTIFIER—NAME <i>William P. Kendrick M.D.</i>			24. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 130 Lakewood, Lincoln, Nebraska		
25. REGISTRAR—SIGNATURE <i>William Kendrick M.D.</i>			26. DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR JUL 10 1970		

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DEC 8 2010
NEBRASKA DEPARTMENT OF HEALTH
VITAL STATISTICS SECTION

OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT
 Division of Vital Statistics
 CERTIFICATE OF LIVE BIRTH

367224

CHILD - NAME Crystal Katherine Hayden			DATE OF BIRTH (MONTH, DAY, YEAR) 12-29-77		HOUR 10:35 A.
SEX Female	THIS BIRTH - SINGLE, TWIN, TRIPLE, ETC. Single	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH Douglas	
CITY, TOWN OR LOCATION OF BIRTH Omaha		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL - NAME (IF NOT IN HOSPITAL GIVE STREET AND NUMBER) University of Nebraska Hospital		
MOTHER - MAIDEN NAME Vickie Lynn Cunningham			AGE (AT TIME OF THIS BIRTH) 24	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) California	
RESIDENCE - STATE Nebraska	COUNTY Douglas	CITY, TOWN, OR LOCATION, ZIP CODE Omaha 68104	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER 6310 Spaulding	
FATHER - NAME Jeffrey Lewis Hayden			AGE (AT TIME OF THIS BIRTH) 23	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Nebraska	
INFORMANT - NAME OR SIGNATURE Vickie Hayden				RELATION TO CHILD Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND TIME AND ON THE DATE SAID ABOVE			DATE SIGNED (MONTH, DAY, YEAR) 12-29-77	ATTENDANT - D.D. OR OTHER SPECIALIST M.D.	
SIGNATURE /s/ C. J. LaBenz, M.D. CERTIFIER - NAME (TYPE OR PRINT)			MARITAL ADDRESS (PRINT OR TYPE AND CITY OR TOWN STATE ZIP) University of Nebraska Hospital		
REGISTRAR - SIGNATURE C. J. LaBenz, M.D.			DATE RECEIVED BY LOCAL REGISTRAR JAN 6 - 1978		

TELEPHONE NO. OF BIRTH PLACE
 001 22 2001
 VITAL STATISTICS, DOUGLAS
 CO. HEALTH DEPT., OMAHA, NE

Al J. Out
 REGISTRAR

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 DEC 8 2012
 REGISTRATION DIVISION

Omaha-Douglas County Health Department
 Bureau of Vital Statistics
 CERTIFICATE OF LIVE BIRTH

182174

SECURITY AGENCY
 HEALTH SERVICE

1. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Douglas	
c. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha	
d. STREET ADDRESS (If rural, give location) 2717 Dewey Ave.	
2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Douglas	
c. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha	
d. STREET ADDRESS (If rural, give location) 2717 Dewey Ave.	
3. NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR CLINIC St. Joseph's Hospital	
4. SEX (Specify) a. (First) Janine b. (Middle) Marie c. (Last) Myers	
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)	
7. FATHER OF CHILD a. (First) Leo b. (Middle) Myers c. (Last) Myers 8. COLOR OR RACE white	
9. BIRTHPLACE (City, town, or county) (State or foreign country) Gypsum, Kans.	
10. USUAL OCCUPATION Truck Driver	
11. KIND OF BUSINESS OR INDUSTRY Hauling	
12. MOTHER OF CHILD a. (First) Mary b. (Middle) Carolyn c. (Last) Lowe 13. COLOR OR RACE white	
14. BIRTHPLACE (City, town or county) (State or foreign country) Grealey, Nebr.	
15. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
16. SIGNATURE OR NAME—Relationship Myers - mother	
17a. SIGNATURE Robt. M. Langdon	
17b. M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
17c. ADDRESS Omaha, Nebr.	
18. MOTHER'S MAILING ADDRESS same as #2	
19. REGISTRAR'S SIGNATURE E. D. LYMAN, M. D.	
RECORDED BY 1958	

This certifies this document to be a true copy of an original record on file with the Vital Statistics Section of the Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Issued: JUN 4 1990

Daniel J. Hartung, M.P.H.
 (Registrar)

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DEC 3 2012

NEBRASKA DEPARTMENT OF HEALTH
 DIVISION OF VITAL RECORDS

DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH STATISTICS

COUNTY NO. 77978

Transcript of Live Birth Certificate

PLACE OF BIRTH		USUAL RESIDENCE OF MOTHER	
COUNTY Minnehaha	STATE South Dakota	COUNTY Minnehaha	
TOWN Sioux Falls	CITY Hartford		
FULL NAME OF HOSPITAL OR INSTITUTION McKenna		STREET ADDRESS Box 33	
CHILD'S NAME (First) (Middle) (Last)			
Louis		Enggaard	
Wilson III			
SEX Male	IF TWIN OR TRIPLET 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	DATE OF BIRTH (Month) (Day) (Year)	COLOR OR RACE
			White
FATHER OF CHILD (First) (Middle) (Last)			
Louis		Enggaard	
Wilson Jr.			
USUAL OCCUPATION U. S. Army, in Germany			
MOTHER OF CHILD (First) (Middle) (Last)			
Marjorie		Fitzgerald	
Leola			
USUAL OCCUPATION Children previously born to this Mother			
AGE 25	How many OTHER children were born alive but are now dead? 0	How many OTHER children were born alive but are now dead? 0	COLOR OR RACE White
INFORMANT Mrs. Louis E. Wilson			
NAME OF ATTENDANT Russell T. Orr		ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> OTHER Specify	
ADDRESS Sioux Falls, S. D.		DATE SIGNED 4-18-62	
REGISTRAR'S SIGNATURE M. J. Schneider		DATE ON WHICH GIVEN NAME ADDED BY	
I hereby certify that this child was born alive on the date stated above.		APR 11 27, 1962	
DATE FILED BY LOCAL REGISTRAR		SDVS-1	

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