

Kansas Department of Agriculture  
 Division of Water Resources  
**CHANGE: P/D WORKSHEET**

1. File Number: <b>3511</b>	2. Status Change Date:	3. Change Num: <b>C2</b>	4. Field Office: <b>4</b>	5. GMD: <b>3</b>
6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: <b>2/28/2023</b>
8a. Applicant(s) New to system <input type="checkbox"/>  <b>CHRISTINE E STAATS PO BOX 533 ULYSSES, KS 67880-0533</b>		Person ID <b>51467</b> Add Seq# _____		
8b. Landowner(s) New to system <input type="checkbox"/>  <b>8a</b>		Person ID _____ Add Seq# _____		
8c. Landowner(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____		
8d. WUC New to system <input type="checkbox"/>		Person ID <b>54269</b> Add Seq# _____		
<b>GASKILL FARMS Attn: GLEN GASKILL PO BOX 86 HUGOTON, KS 67951-0086</b>				
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <b>12/31/2023</b> <input checked="" type="checkbox"/> N & P Date to Comply: <b>3/1/2024</b>				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input type="checkbox"/> Driller Copy <input checked="" type="checkbox"/> H & E Letter <input type="checkbox"/> Conservation Plan    Date Required: _____    Date Approved: _____    Date to Comply: _____				
10. Use Made of Water    From: _____    To: _____				
Date Prepared: <b>3/6/2023</b> By: <b>AM</b> Date Entered: _____    By: _____				



Garden City Field Office  
4532 W. Jones, Suite B  
Garden City, KS 67846



Phone: 620-276-2901  
Fax: 620-276-9315  
[www.agriculture.ks.gov](http://www.agriculture.ks.gov)

Mike Beam, Secretary

Laura Kelly, Governor

March 7, 2023

CHRISTINE E STAATS  
PO BOX 533  
ULYSSES, KS 67880-0533

RE: Filed Office Application for Change  
Water Right, File No. 3511

Dear Sir or Madam:

Enclosed is the order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications. Please return the required notification of completion of the diversion works and installation of the required meter as soon as these actions are completed.

Since the order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

The abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Austin J. McColloch".

Austin J. McColloch  
Assistant Water Commissioner

AM:  
enclosures

pc: Gaskill Farms


**CERTIFICATE OF SERVICE**

On this 7<sup>th</sup> day of March, 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 3,511 dated 7<sup>th</sup> day of March, 2023 was mailed postage prepaid, first class, US mail to the following:

CHRISTINE E STAATS  
PO BOX 533  
ULYSSES, KS 67880-0533

Pc:

GASKILL FARMS  
Attn: GLEN GASKILL  
PO BOX 86  
HUGOTON, KS 67951-0086

  
\_\_\_\_\_  
Division of Water Resources Staff

Submit completed application to:  
 Kansas Department of Agriculture  
 Division of Water Resources  
 Field Office for your area.

Call for address:

Topeka -- (785) 296-5733  
 Stafford -- (620) 234-5311  
 Stockton -- (785) 425-6787  
 Garden City -- (620) 276-2901  
<http://agriculture.ks.gov/dwr>

## DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION



**STATE OF KANSAS**

**Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.**  
 Fee Schedule is on the third page of this application form.

**Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions.** If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

File No. 3511

RECEIVED

FEB 28 2023  
 11:53 pm  
 Garden City Field Office  
 Division of Water Resources

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use       Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is:       Groundwater       Surface water

2. Name and address of Applicant: Glen Gaskill

PO BOX 86, HUGOTON, KS 67951

Phone Number: (620)544-9401

Email address: GLENG@PLD.COM

Name and address of Water Use Correspondent: SAME AS ABOVE

SAME AS ABOVE

Phone Number: ( )

Email address:

3. The presently authorized place of use is:

Owner of Land --- NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES		
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼			

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land --- NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES			
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼				

**For Office Use Only:** Code \_\_\_\_\_ Fee \$ 100 TR # \_\_\_\_\_ Receipt Date 2/28/23 Check # 5033

5. **Presently authorized point of diversion:**  
 One in the NW Quarter of the CR Quarter of the SW Quarter of Section 22, Township 31 South, Range 37 W, in STEVENS County, Kansas, 2656 feet North 5304 feet West of Southeast corner of section. Authorized Rate 1,880 GPM Authorized Quantity 960 AF Depth of well \_\_\_\_\_ (feet)  
**(DWR use only: Computer ID No. 1 GPS \_\_\_\_\_ feet North \_\_\_\_\_ feet West)**  
 This point will not be changed  This point will be changed as follows:  No change, point better described with GPS as follows:  
**Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)**  
 One in the NW SW Quarter of the CR SW Quarter of the SW NW Quarter of Section 22, Township 31 South, Range 37 W, in STEVENS County, Kansas, 2889 feet North 5194 feet West of Southeast corner of section. Proposed Rate 1880 Gpm Proposed Quantity 960 AF Proposed well depth (feet) \_\_\_\_\_  
 This point is:  Additional Well  Geo Center List other water rights that will use this point \_\_\_\_\_

6. **Presently authorized point of diversion:**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ W, in \_\_\_\_\_ County, Kansas, \_\_\_\_\_ feet North \_\_\_\_\_ feet West of Southeast corner of section. Authorized Rate \_\_\_\_\_ Authorized Quantity \_\_\_\_\_ Depth of well \_\_\_\_\_ (feet)  
**(DWR use only: Computer ID No. \_\_\_\_\_ GPS \_\_\_\_\_ feet North \_\_\_\_\_ feet West)**  
 This point will not be changed  This point will be changed as follows:  No change, point better described with GPS as follows:  
**Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ W, in \_\_\_\_\_ County, Kansas, \_\_\_\_\_ feet North \_\_\_\_\_ feet West of Southeast corner of section. Proposed Rate \_\_\_\_\_ Proposed Quantity \_\_\_\_\_ Proposed well depth (feet) \_\_\_\_\_  
 This point is:  Additional Well  Geo Center List other water rights that will use this point \_\_\_\_\_

7. The changes herein are desired for the following reasons?  
 (please be specific) unable to bail  
90% plugged

8. If a well, is the test hole log attached?  Yes  No

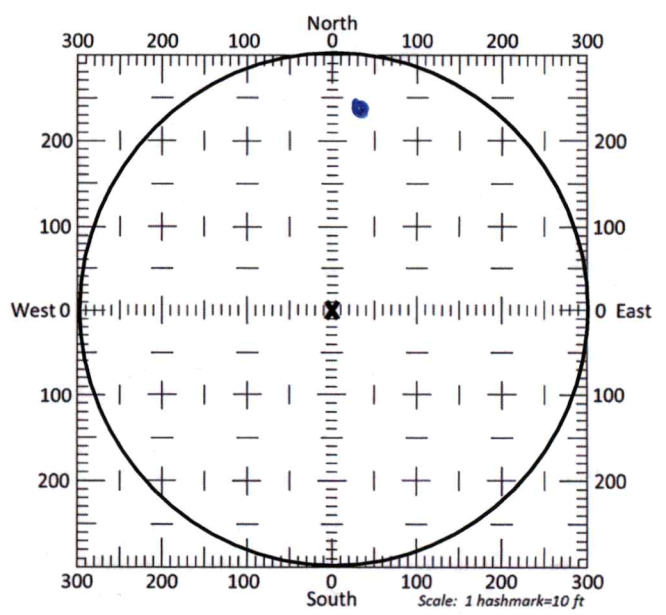
9. The change(s) (was)(will be) completed by?  
Hydro Survey

10. If the point of diversion is a well:  
 (a) What are you going to do with the old well?  
Plug  
 (b) When will this be done? -

11. Groundwater Management District recommendation attached?  
 Yes  No

12. Assisted by JG/GCFO

13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines



13b. If the proposed point of diversion will be relocated within a 300 foot radius of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. The proposed point of diversion must be located within the circle shown above. **(PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)**

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:

- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?  
 Yes     No    (If no, all owners must sign this application.)
- (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?  
 Yes     No    (If yes, all owners must sign this application.)
- (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?  
 Yes     No    (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

**I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.**

Dated at Wynsey, Kansas, this 28<sup>th</sup> day of February, 2023.

<u>Chris Staats</u> (Owner)	_____ (Spouse)
<u>Chris Staats</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of Kansas }  
 County of Grant } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 28 day of February, 2023.



Michelle Brungardt  
 Notary Public

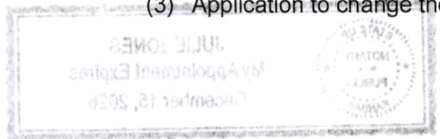
My Commission Expires 9-30-2024.

**ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.** To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

**FEE SCHEDULE**

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (1) Application to change a point of diversion 300 feet or less ..... **\$100**
- (2) Application to change a point of diversion more than 300 feet ..... **\$200**
- (3) Application to change the place of use ..... **\$200**



**SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS**

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder. With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 3511.

1. A change application was received on February 28, 2023 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use.  Applicable  Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a 50 foot radius of the authorized point(s) of diversion.  Applicable  Not Applicable
4. The point(s) of diversion described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application.  Applicable  Not Applicable
5. The point(s) of diversion authorized herein shall not actually be located more than 300 feet from the previously authorized point(s) of diversion.  Applicable  Not Applicable
6. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13.  Applicable  Not Applicable
7. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2023**, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year.  Applicable  Not Applicable
8. **Installation of the works for diversion of water shall be completed on or before December 31, 2023**, or within any authorized extension of time. By March 1, 2024 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e.  Applicable  Not Applicable
9. **The completed well log shall be submitted with the required notice.**  Applicable  Not Applicable
10. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c.  Applicable  Not Applicable
11. Additional Conditions are attached.  Yes  No
12. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

**Administrative Appeal and Effective Date of Order**

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

*For Use by Register of Deeds*

FOR OFFICE USE ONLY  
**APPLICATION APPROVED AND SUMMARY ORDER ISSUED**

By: Austin McColloch  
Duly Authorized Designee of the Chief Engineer  
(Print Name): Austin McColloch  
Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: March 7, 2023  
State of Kansas )  
County of Atterney ) SS

Acknowledged before me on March 7, 2023  
by Austin McColloch

Signature: Julie Jones  
Notary Public

My commission expires: December 15, 2026  
JULIE JONES  
My Appointment Expires  
December 15, 2026  
Notary Seal



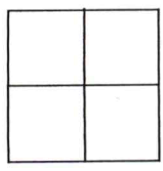
ec. 22 Blk T-31S  
 Survey R-37W Co. STEVENS  
 I. 37.33770 W. -101.33892



No. 31140

P.O. Box 784  
 Sunray, Texas 79086  
 (806) 948-4421

KRIS STAATS  
GLEN SACKILL



Test  Waterwell

DATE 2/16/23

NO. 1-23

FROM	TO	DESCRIPTION	SAND
0	180	top soil + brown clay w/ caliche strips + sand strips	
180	300	fine med + coarse sand w/ clay strips	
300	320	med and coarse sand w/ gravel	
320	340	med and coarse fairly loose sand w/ gravel	20
340	360	med and coarse sand w/ gravel	20
360	380	fine med and coarse sand w/ clay strips	16
380	400	med and coarse fairly loose sand w/ gravel + clay strips	17
400	420	fine med and coarse fairly loose sand w/ clay strips	16
420	440	fine med and coarse fairly loose sand w/ gravel + clay strips	14
440	460	med and coarse fairly loose sand w/ gravel + clay strips	18
460	480	med and coarse fairly loose sand w/ gravel + shale strips to fine little tight sand	17
480	500	fine little tight sand w/ sand stone strips + shale	14
500	520	little tight sand stone w/ shale strips to Red clay	4
		1 dragbit	
		1/2 SK HULR	
		1.5 BKTs Hydro pack Regular	

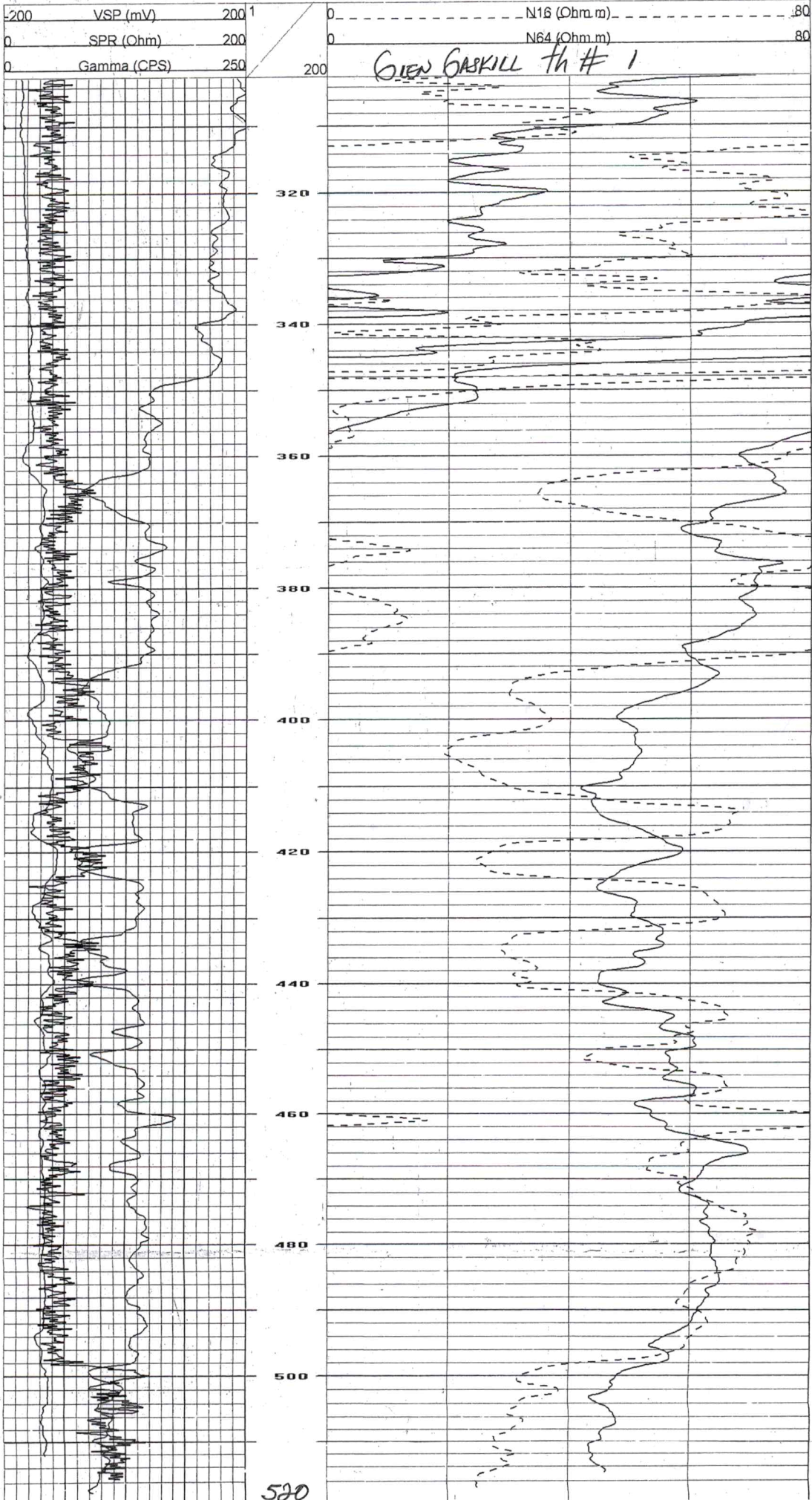
used some water  
 475 to 520

IS PRINTING CO.  
 1WL218

RECEIVED

FEB 27 2023

Garden City Field Office  
 Division of Water Resources



**RECEIVED**  
**FEB 27 2023**  
Garden City Field Office  
Division of Water Resources

STATE OF KANSAS SS  
COUNTY OF STEVENS  
This instrument was filed for record on the 5<sup>th</sup>  
day of December AD 20 08  
at 11:00 o'clock A.M. and duly recorded in  
Book 353 on page 519 Fee \$ 6.00  
John A. Oberknecht, Deputy  
Register of Deeds



Pursuant to K.S.A. 79-1437E (4)  
a real estate valuation questionnaire  
is not required due to exception no. \_\_\_\_\_

**KANSAS TRUSTEE'S DEED**

This indenture made this 20<sup>th</sup> day of October 20 08 by and between Irene A. Morris as Trustee of the Irene A. Morris Trust as set forth in the Trust Agreement dated November 16, 1990, as GRANTOR and Pat Staats and Chris Staats, aka, Christine Staats, as Joint Tenants with full right of survivorship and not as Tenants in Common as GRANTEE.

The surface and water rights only in and to the Southwest Quarter (SW/4) of Section Twenty-two (22), Township Thirty-one (31) South, Range Thirty-seven (37) West of the Sixth P.M., Stevens County, Kansas, with reservation of any and all royalty mineral interest by the Grantor.

The GRANTOR covenants that GRANTOR has good right to convey GRANTOR'S interest in the property conveyed by this Deed (the "Property") and warrants the quiet possession of the Property against the claims of those claiming any right, interest or title through GRANTOR, except as may be described above, and further covenants that the Property is free from all encumbrances created by GRANTOR, except as may be described above, and GRANTOR, will warrant and defend the Property against all lawful claims of those claiming any right, interest or title through GRANTOR, except as may be described above; but GRANTOR does not warrant title against those claiming a right, interest or title that arose prior to, or separate from, GRANTOR'S interest in the Property. GRANTOR executes this Deed as trustee and not in an individual capacity. By the acceptance hereof, it is agreed that GRANTOR is not and shall not be personally liable upon any covenant or warranty herein, whether express or implied, and the GRANTOR'S liability may be determined.

GRANTOR certifies that GRANTOR is the duly appointed, qualified and acting Trustee of the Irene A. Morris Trust dated November 16, 1990 and has full power and authority to convey GRANTOR'S interest in the Property, and has made this conveyance pursuant to the power and authority granted to GRANTOR in Article or Section \_\_\_\_\_ of such Trust Agreement, which agreement is in full force and effect and has not been amended or revoked.

TO HAVE AND TO HOLD the Property, together with the appurtenances and hereditaments and every part thereof, unto the GRANTEE, Pat Staats and Chris Staats, their successors, heirs and assigns.

Irene A. Morris as Trustee of the Irene A. Morris Trust as set forth in the Trust Agreement dated November 16, 1990.

*Irene A. Morris*  
Irene A. Morris

STATE OF KANSAS )  
 ) SS.  
COUNTY OF GRANT )

This instrument was acknowledged before me on October 20, 2008 by Irene A. Morris, as Trustee under the Trust Agreement dated November 16, 1990.

NOTARY PUBLIC - STATE OF KANSAS  
*DAENA GALLEGOS*  
My Commission Expires 12/13/08

*Daena Gallegos*  
Notary Public

(SEAL)  
My Appointment Expires: Dec 13, 2008

Entered in Transfer Record by my office this  
8 day of December  
A.D. 2008  
*John Benschel*  
County Clerk



519

WR  
3512  
3511  
17940

Kansas Department of Health and Environment  
Office of Vital Statistics  
**CERTIFICATE OF DEATH**

115-2008-20258

State File Number

1. Decedent's Legal Name (First, Middle, Last) <b>PATRICK M STAATS</b>		2. Sex <b>MALE</b>	3. Date Of Death (Month, Day, Year) <b>11/04/2008</b>	4. Social Security Number <b>510-46-0571</b>	5. Date Filed By State Registrar <b>11/14/2008</b>
6a. Date Of Birth (Month, Day, Year) <b>03/17/1943</b>	6b. Age <b>65 YEAR(S)</b>	7. Place Of Birth (City And State Or Foreign Country) <b>STAFFORD, KANSAS</b>		8. Decedent Ever In U.S. Armed Forces <b>NO</b>	
9a. Place Of Death <b>INPATIENT</b>		9b. Facility Name (If Not Institution, Street And Number) <b>BOB WILSON MEMORIAL HOSPITAL</b>		9c. City Or Town Of Death <b>ULYSSES</b>	9d. Zip Code <b>67880</b>
9e. County Of Death <b>GRANT</b>	10. Marital Status <b>MARRIED</b>	11. Surviving Spouse (If Wife, Name Before First Marriage) <b>CHRIS E HUDSON</b>		12a. Residence State or Foreign Country <b>KANSAS</b>	
12b. County or Province <b>GRANT</b>	12c. City Or Town <b>ULYSSES</b>	12d. Street Address <b>720 N HICKOK STREET</b>		12e. Zip Code <b>67880</b>	12f. Inside City Limits <b>YES</b>
13. Decedent's Ancestry <b>AMERICAN</b>		14. Decedent's Race <b>WHITE</b>			
15. Decedent's Hispanic Origin <b>NOT SPANISH, HISPANIC, LATINO</b>					
16. Decedent's Education <b>MASTER'S DEGREE</b>		17. Decedent's Occupation <b>OWNER AND MANAGER</b>		18. Decedent's Industry <b>CATTLE FEED YARD</b>	
19. Father's Name (First, Middle, Last) <b>WALTER STAATS</b>			20. Mother's Name Prior To First Marriage (First, Middle, Last) <b>MARNA MARK</b>		
21a. Informant's Name (First, Middle, Last) <b>CHRIS E STAATS</b>		21b. Mailing Address (Street, Number, City, State, And Zip Code) <b>720 N HICKOK STREET, ULYSSES, KANSAS, 67880</b>		21c. Relationship To Decedent <b>WIFE</b>	
22. Method Of Disposition <b>BURIAL</b>		23a. Place Of Disposition <b>SYLVIA CEMETERY</b>		23b. Location <b>SYLVIA, KANSAS</b>	
24. Funeral Service Licensee And License Number <b>/s/ JERRY L ROBSON - 1541</b>			25. Name Of Embalmer And License Number <b>HARRY B BEAULEAU - 3647</b>		
26. Name And Address Of Firm <b>GRANT COUNTY FUNERAL HOME, 218 S MAIN, ULYSSES, KANSAS, 67880</b>					
27. Cause Of Death <i>Part I. Events (diseases, injuries, or complications) that directly caused the death.</i>  IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death)  Conditions, if any, leading To cause listed on line a. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LISTED LAST					Approximate Interval: Onset To Death
a. <u>CARDIOPULMONARY ARREST</u> Due To (Or As A Consequence Of): b. <u>PULMONARY EMBOLUS</u> Due To (Or As A Consequence Of): c. <u>COLON CANCER</u> Due To (Or As A Consequence Of): d. _____ Due To (Or As A Consequence Of):					<u>3 MIN</u>  <u>3 MONTHS</u>  _____  _____
Part II. Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.			28a. Autopsy <b>NO</b>	28b. Autopsy Findings Available To Complete The Cause Of Death	28c. Coroner Contacted <b>NO</b>
29. Did Tobacco Use Contribute To Death? <b>NO</b>		30. If Female:			31. Manner Of Death <b>NATURAL</b>
32a. Date Of Injury (Month, Day, Year)	32b. Time Of Injury	32c. Injury At Work	32d. How Injury Occurred		
32e. Place Of Injury		32f. Location (Street And Number Or Rural Route, City Or Town, State, And Zip Code)			
33a. Date Pronounced Dead (Month, Day, Year) <b>11/04/2008</b>	33b. Time Pronounced Dead <b>2305</b>	33c. Actual Or Presumed Time Of Death <b>2305</b>		33d. Name Of Person Pronouncing Death	33e. License No.
34a. Pronouncing and Certifying Physician <b>/s/ DOUGLAS JOHNSON - DO</b>		34b. License No. <b>527920</b>	34c. Date Certified (Month, Day, Year)		34d. Address And Zip Code Of Person Completing Cause Of Death <b>202 W KANSAS, ULYSSES, KANSAS, 67880</b>