

Kansas Department of Agriculture
Division of Water Resources
APPROVAL OF CHANGE APPLICATION WORKSHEET

1. File No.: 11643	2. Status Change Date:	4. Field Office: 04 - Garden City GMD: 03 - Southwest Structures File No.: Filing/Priority Date: 03/14/2025 Application Complete Date: 03/19/2025
3. Package File No(s):		
5a. <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> WUC <input type="checkbox"/> Address Change STEVEN & VICKI KREHBIEL 5515 W GANO RD HOLCOMB, KS 67851-9020	5b. <input type="checkbox"/> Owner <input type="checkbox"/> WUC <input type="checkbox"/> Address Change	Person ID 60537 Add Seq#
5c. <input type="checkbox"/> Owner <input type="checkbox"/> WUC <input type="checkbox"/> Address Change	5d. <input type="checkbox"/> Owner <input type="checkbox"/> WUC <input type="checkbox"/> Address Change	Person ID Add Seq#
6. Change No.: 1 <input type="checkbox"/> PD <input checked="" type="checkbox"/> PU <input type="checkbox"/> UMW Base Acres: Year: Min Reasonable Q: Previous UMW: MDS Gauge: Active Admin? <input type="checkbox"/> Completion/Start Date: Perfection/Expiration Date:		7. Use of Water <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water UMW: IRR-Irrigation UMW: UMW:
8. Action Trail		
9. Special Conditions		
10. 5YR Allocation Type: Start Year: 5YR Quantity: Base Acres: Comment:		
11. Sand & Gravel Proj ID: <input type="checkbox"/> Active <input type="checkbox"/> Dredge <input type="checkbox"/> IND Evap <input type="checkbox"/> Jr Evap <input type="checkbox"/> Other Diversion <input type="checkbox"/> Rpt on Sr		
12. Waiver Rule ID: <input type="checkbox"/> New Date Requested: Applies: Rule No.: Justification: Rule Type: Rule SubType:		
Comments		Processed 03/20/2025 MAM Reviewed
		Entered

File No. 11643	13. County: FI Basin: ARKANSAS RIVER Stream:									
Structures File No:	Aquifer Code: 211					Special Use Area:				

14. Points of Diversion, Rates & Quantities										Qty AF		Rate gpm		Storage Qty		Storage Rate	
PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Auth	Add	Auth	Add	Auth	Add	Auth/Add	Overlaps	
CHK 8060																	

15. Limitations	Type:	Quantity:	Rate:	combined with file no(s):
	Type:	Quantity:	Rate:	combined with file no(s):

16. Metering	<input checked="" type="checkbox"/> Metering Required <input type="checkbox"/> Anti-Reverse Required <input type="checkbox"/> Seal Required Compliance Date: 12/31/2025			
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17. Place of Use							NE¼				NW¼				SW¼				SE¼				Total	Owner(s)	Chg?	Overlaps
PUSE	S	T	R	ID	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE						
ENT 9829	23	21	33W	1									40	40	40	40					160	8a	<input type="checkbox"/>	*		
CHK 27600	26	21	33W	1	40	40	40	40													160	8a	<input checked="" type="checkbox"/>	*		
																							<input type="checkbox"/>			
																							<input type="checkbox"/>			
																							<input type="checkbox"/>			
																							<input type="checkbox"/>			

18. Point of Diversion and Place of Use Overlaps	
* 11642	**
+	++
#	##
^	^^

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

Mike Beam, Secretary



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Laura Kelly, Governor

March 21, 2025

STEVEN & VICKI KREHBIEL
5515 W GANO RD
HOLCOMB, KS 67851-9020

RE: Field Office Application for Change
Water Right, File Nos. 11642, 11643

Dear Sir:

Enclosed are orders executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the applications for change under the above referenced file numbers.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in these approvals 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 orders modify the original documents referred to above, they should be recorded with the Register of Deeds as other instruments affecting real estate.

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 "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:
Enclosures

pc:
GMD3

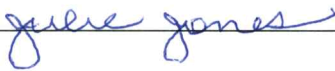
CERTIFICATE OF SERVICE

On this 21st day of March 2025, I hereby certify that the foregoing Approvals of Application for Change in Place of use, Water Right, File Nos. 11642 & 11643 dated 21st day of March 2025 was mailed postage prepaid, first class, US mail to the following:

STEVEN & VICKI KREHBIEL
5515 W GANO RD
HOLCOMB, KS 67851-9020

Pc:

GMD3



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. 11643

RECEIVED
2:14
MAR 14 2025

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

☒ Place of Use ☐ Point of Diversion

Garden City Field Office
Division of Water Resources

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: STEVEN & VICKI KREHBIEL

5515 W GANO RD HOLCOMB KS 67851 - 9020

Phone Number: (620) 271-2063

Email address: KREHBIELFARMS@GMAIL.COM

Name and address of Water Use Correspondent: SAME AS ABOVE

Phone Number: ()

Email address:

3. The presently authorized place of use is:

Owner of Land --- NAME: STEVEN & VICKI KREHBIEL

ADDRESS: 5515 W GANO RD HOLCOMB KS 67851 - 9020

(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	
26	21S	33W					40	40	40	40									160

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: STEVEN & VICKI KREHBIEL

ADDRESS: 5515 W GANO RD HOLCOMB KS 67851 - 9020

(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	
23	21S	33W									40	40	40	40					160
26	21S	33W					40	40	40	40									160

For Office Use Only: Code CPM Fee \$ 200.00 TR # _____ Receipt Date 3-14-25 Check # 10253

5. **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 _____

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) CREATE A COMPLETE OVERLAP
IN PLACE OF USE WITH WR FILE NOS. 11642 & 11643

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

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

UPON APPROVAL

10. If the point of diversion is a well:

(a) What are you going to do with the old well?

N / A

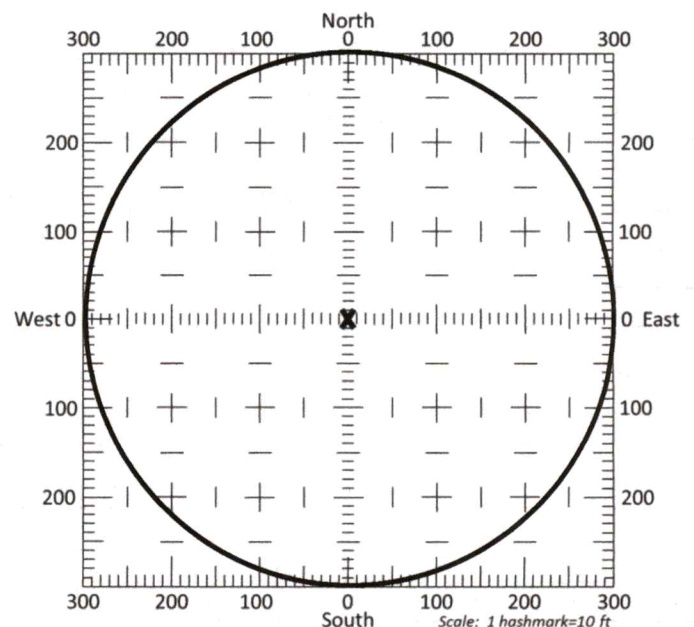
(b) When will this be done? _____

11. Groundwater Management District recommendation attached?

☐ Yes ☒ No

12. Assisted by AM / 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 Finney County, Kansas, this 14th day of March, 2025.

Vicki S Krehbiel

(Owner)

(Spouse)

Vicki S Krehbiel

(Please Print)

(Please Print)

Steven T Krehbiel

(Owner)

(Spouse)

Steven T. Krehbiel

(Please Print)

(Please Print)

(Owner)

(Spouse)

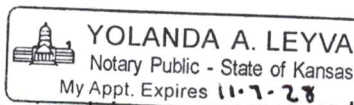
(Please Print)

(Please Print)

State of Kansas

County of Finney

SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 14th day of March, 2025.

Yolanda A. Leyva
Notary Public

My Commission Expires 11-7-28

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. 11643

1. A change application was received on March 14, 2025 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 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 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, 2025**, 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, 2025**, or within any authorized extension of time. By March 1, 2025 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: Michael A. Meyer
Duly Authorized Designee of the Chief Engineer

(Print Name): MICHAEL A. MEYER
Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: March 21, 2025

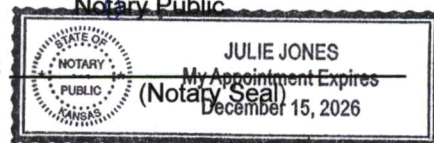
State of Kansas)

County of Shimney) SS

Acknowledged before me on March 21, 2025
by Michael A. Meyer

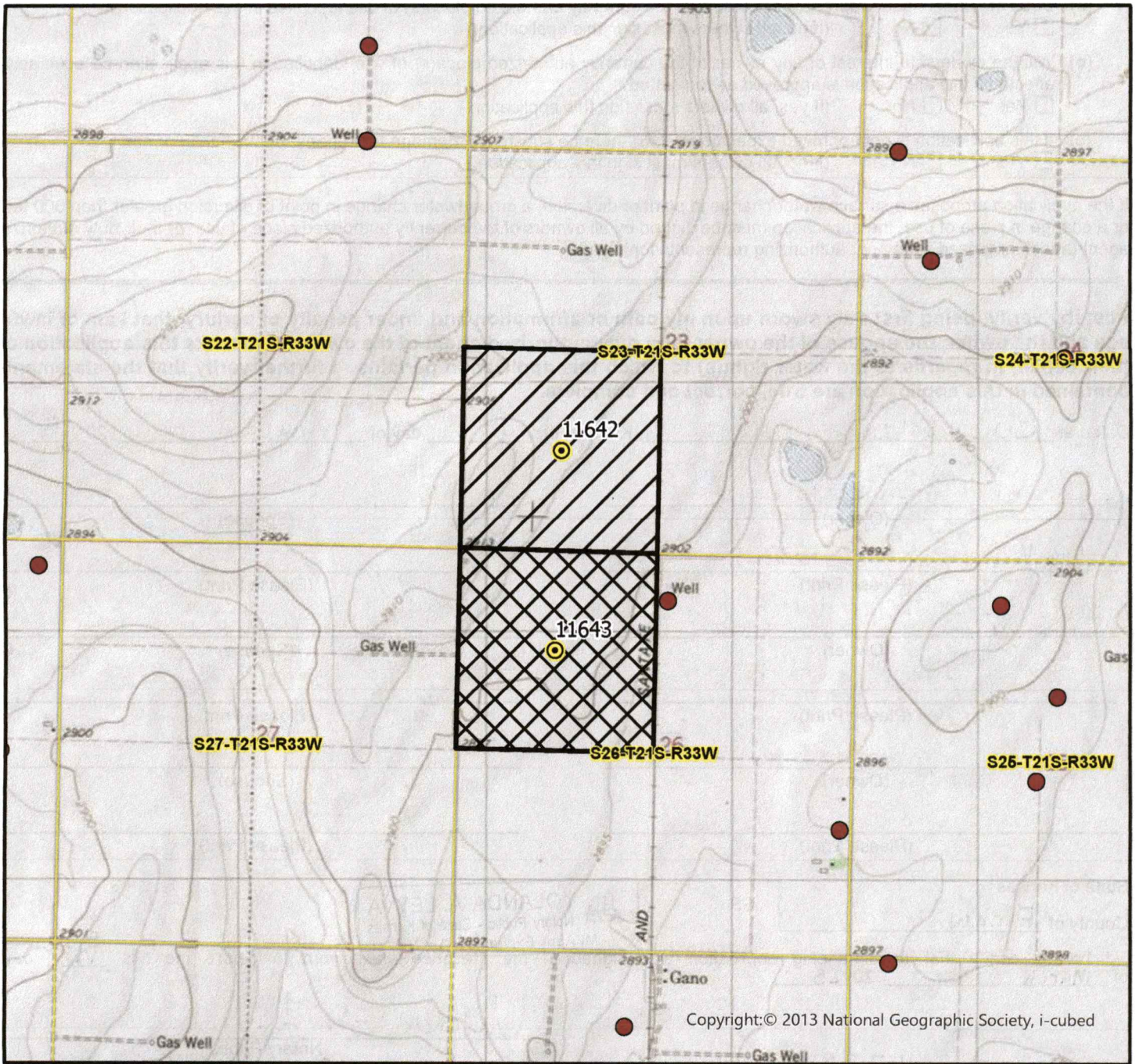
Signature: Julie Jones
Notary Public






My commission expires: December 15, 2026



CHANGE IN PLACE OF USE WATER RIGHT, FILE NO. 11643

Township 21 South Range 33 West Finney County



-  Authorized Point of Diversion
-  Permitted Water Right
-  Domestic Well within 1/2 mile
-  Authorized Place of Use
-  Proposed Place of Use

0 0.13 0.25 0.5 Miles

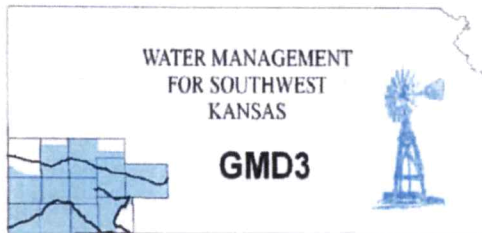


By signing below I agree that all wells, including domestic, and owners names and addresses within 1/2 mile of the proposed point of diversion have been shown on the map

AM/GCFO
1:24,000 Scale

(Signature)

Date



Southwest Kansas
Groundwater Management District No. 3
2009 E. Spruce Street
Garden City, Kansas 67846
(620) 275-7147 phone
www.gmd3.org

March 18, 2025

Michael A. Meyer
Division of Water Resources
4532 W Jones Ave., Suite B
Garden City, Kansas 67846

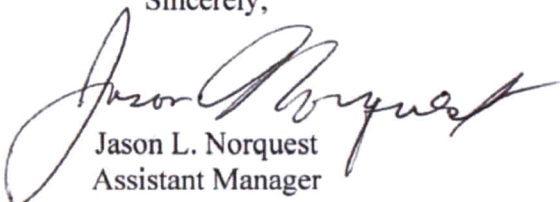
RE: Applications for Change in Place of Use
Water Right, File Nos. 11642 & 11643

Dear Mike:

We have completed a review of the applications for the above-mentioned water rights. The proposals are not in conflict with the Management Program of the Southwest Kansas Groundwater Management District No. 3 (GMD3). The proposed change in place of use will make a complete overlap in authorized place of use in accordance with K.A.R. 5-5-11(b). It is therefore recommended that the applications be approved at this time.

Thank you for the opportunity to review the applications and to provide a recommendation. If you have any questions, please don't hesitate to contact us.

Sincerely,



Jason L. Norquest
Assistant Manager

RECEIVED

MAR 18 2025

Garden City Field Office
Division of Water Resources

GMD3 Change Review

File No(s): 11642, 11643.

DWR office: GC.

App filed to change: PU.

Is Landowner(s) correct in WRIS: Steve & Vicki Krehbiel.

If NO, is documentation included?

Is Water Use Correspondent correct in WRIS? .

If NO, is documentation included?

Regulation(s) Reviewed: KAR 5-5-11(b)

Point of diversion ID No(s) being changed.

	ft. North	ft. West	
Authorized PD			
Proposed PD			
Difference	0	0	
a2 + b2 = c2	0	0	0

GPS for proposed PD: Lat: Long: .

Is proposed PD stacking on existing WRs? No Change.

Is Proposed PU overlapping existing WRs? Make complete overlap on WRs.

Neighboring certified well(s) notified: .

Name .

Address .

Zip .

Email: Phone: .

Domestic well(s) notified: .

Name .

Address .

Zip .

Base Acres: .

Perfected Acres: .

Irr. Return-Flow %

Finney Count

11642: 360AF @ 810gpm

160acres SW of 23-21-33

11643: 360AF @ 810gpm

160acres NW of 26-21-33

Is a waiver needed: No. Proposal is to overlap current acres, no new acres brought in.

Recommendation: After review of available information, it appears current area rules are met. Staff recommends approval of the application.



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

Mike Beam, Secretary

Laura Kelly, Governor

March 18, 2025

SOUTHWEST KANSAS GROUNDWATER
MANAGEMENT DISTRICT NO. 3
2009 E SPRUCE ST
GARDEN CITY KS 67846

Re: Request for Recommendation
Water Right, File Nos. 11642 & 11643

Dear Mr. Norquest:

This is to advise you that Steven & Vicki Krehbiel has filed applications for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the place of use.

We are delaying action on the change applications to allow you time to review and provide a recommendation. Please submit a recommendation within 15 days from the date of this letter.

Thank you and as always feel free to contact this office at any time.

Sincerely,


Michael A. Meyer
Water Commissioner

MAM
Enclosures

328 777

Entered in Transfer Record in my office this
13th day of March A.D., 20 17
Brita Garcia
Finney County Clerk



DATA ENTRY ✓
LAND INDEX ✓

State of Kansas, Finney County SS.
This instrument was filed for Record
03/10/2017 at 10:18 AM
& recorded in Book 0328 on Page 777
Fees: \$18.00
2017-00956
Ulrike Lappin
ULRIKE LAPPIN
FINNEY COUNTY REGISTER OF DEEDS

TRANSFER ON DEATH DEED

EVELYN A. BETTS, a single person, as OWNER, hereby transfers on death to VICKI S. KREHBIEL and STEVEN T. KREHBIEL, as GRANTEE BENEFICIARIES, the following described real estate in Finney County, Kansas:

Southwest Quarter (SW¼) of Section 23, Township 21 South, Range 33 West of the 6th P.M.

FOR THE SUM OF: TOD Gift Deed

THIS TRANSFER ON DEATH DEED IS REVOCABLE. IT DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE OWNER. IT REVOKES ALL PRIOR BENEFICIARY DESIGNATIONS BY THIS OWNER FOR THIS INTEREST IN REAL ESTATE.

EXCEPT AND SUBJECT TO: Reservations, restrictions and rights of way of record.

PURSUANT TO K.S.A. 79-1437(e), a real estate validation questionnaire is not required due to exception No. 4, transfer on death gift.

DATED: 3-09, 2017

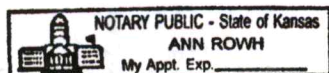
Evelyn A. Betts
Evelyn A. Betts

STATE OF KANSAS)

COUNTY OF Levy)

BE IT REMEMBERED, that on March 9, 2017, before me, the undersigned, a notary public in and for the County and State aforesaid, came **Evelyn A. Betts** who is known to me to be the same person who executed the within instrument of writing and such person duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, the day and year last above written.



Ann Rowh
Notary Public

My Term Expires:
11-20-17

SEND FUTURE TAX STATEMENTS TO:

Evelyn A. Betts
2611 N. Shamus St.
Garden City, KS 67846

KYLER G. KNOBBE
P.O. BOX 937
CIMARRON, KANSAS 67835
(620) 855-3100
knobbe@ucom.net

RECEIVED

MAR 20 2015

Garden City Field Office
Division of Water Resources

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

State File Number: 115-2024-23850

Decedent's Legal Name (First, Middle, Last):
EVELYN ANN BETTS

Last Name Prior to First Marriage:
RUPP

Date of Death: 11/07/2024
Age: 81 YEAR(S)

Date of Birth:
09/18/1943

Sex:
FEMALE

Social Security Number:
515-42-4662

Residence-Street Address:
2611 SHAMUS ST

City or Town:
GARDEN CITY

State or Foreign Country:
KANSAS

Zip Code:
67846

Place of Birth:
GARDEN CITY, KANSAS

Armed Forces:
NO

Marital Status:
WIDOWED

Surviving Spouse (Name prior to First Marriage):

Father/Parent Name Prior to First Marriage:
MICHAEL RUPP

Mother/Parent Name Prior to First Marriage:
ERMINA BRUNGARDT

Place of Death:
NURSING HOME

Facility Name:
THE RANCH HOUSE 2900 CAMPUS DR

City or Town of Death:
GARDEN CITY

County of Death:
FINNEY

Zip Code:
67846

Method of Disposition:
CREMATION

Place of Disposition:
VALLEY VIEW CEMETERY

Location of Disposition:
GARDEN CITY, KANSAS

Decedent's Occupation:
HOMEMAKER

Decedent's Industry:
OWN HOME

Decedent's Education:
HIGH SCHOOL GRADUATE OR GED COMPLETED

Decedent's Race:
WHITE

Decedent's Ancestry:
GERMAN

Informant's Name:
VICKI KREHBIEL

Relationship to Decedent:
DAUGHTER

Informant's Mailing Address:
5515 W GANO RD
HOLCOMB, KANSAS 67851
UNITED STATES

Name and Address of Firm:
GARNAND FUNERAL HOME - GARDEN CITY 412 N 7TH STREET GARDEN CITY, KANSAS 67846

Cause of Death:
ADVANCED METASTATIC RECTAL CANCER

Approximate Interval: Onset to Death:
UNKNOWN

Other Significant Conditions:
OLDER AGE AND DESIRE FOR PALLIATIVE HOSPICE CARE GOING FORWARD

Autopsy:
NO

Tobacco Contribute to Death?
NO

If Female:
NOT PREGNANT WITHIN THE PAST YEAR

Date of Injury:

Time of Injury:

Injury at Work:

Manner of Death:
NATURAL

Place of Injury:

Location of Injury:

How Injury Occurred:

Actual or Presumed Time of Death:
9:57 PM

Medical Certifier:
MICHAEL D JACKSON - MD

Date Certified:
11/10/2024

Date Filed By State Registrar:
11/14/2024

11/18/2024 V28000001502002 BETTS 202404023850 20 FH CEJ

STATE SEAL COLOR WILL FADE WHEN RUBBED

This is a true and correct copy of the official record on file in the Office of Vital Statistics,
Topeka, Kansas, certified on the date stamped below.

2024 Nov 18 PM 02:36



N3270552

Kay Haug

Kay Haug,
State Registrar
Office of Vital Statistics
Department of Health & Environment

It is in violation of KSA 65-2422d(g) to prepare or issue any certificate which purports to be an original, certified copy or abstract or copy of a certificate, except as authorized in the Uniform Vital Statistics Act or rules and regulations adopted under this act.

CERTIFIED COPIES WILL BE PRODUCED ON WATERMARKED MULTI-COLOR SECURITY PAPER.

STEPHANIE SHOCKLEY
REGISTER OF DEEDS - FINNEY COUNTY KANSAS

Book 363 Page 993

Total Fees: \$38.00

Receipt #: 181481

Pages Recorded: 2

Certifier Initials: shodley

Date Recorded: 11/02/24 10:08:45 AM



Entered in Transfer Record in my office this
9 day of Dec A.D., 2024

Shodley
Finney County Clerk

DATA ENTRY ✓
LAND INDEX