

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

1. File Number: <b>14979</b>	2. Status Change Date:	3. Change Num: <b>C1</b>	4. Field Office: <b>04</b>	5. GMD: <b>03</b>
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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>11/27/18</b>
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8a. Applicant(s) WUC, Landowner New to system <input checked="" type="checkbox"/> Person ID _____ Add Seq# <b>1</b>  <b>CAROL QUILLEN</b> <b>2343 ROAD 11</b> <b>HUGOTON KS 67951-5218</b>  <b>(LARRY QUILLEN DECEASED)</b>	8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# <b>1</b>
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8b. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____	8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
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9. Documents and Enclosure(s):  DWR Meter(s) Date to Comply: **12/31/19**     N & P Date to Comply: **12/31/20**

Anti-Reverse Meter     Meter Seal     Check Valve     N & P Form     Water Tube     Driller Copy     H & E Letter  
 Conservation Plan    Date Required: \_\_\_\_\_    Date Approved: \_\_\_\_\_    Date to Comply: \_\_\_\_\_

10. Use Made of Water    From: \_\_\_\_\_    To: \_\_\_\_\_

Date Prepared: **11/28/18**    By: **MAM**  
 Date Entered: \_\_\_\_\_    By: \_\_\_\_\_

File No. **14979**      11. County: **SV**      Basin: **CIMARRON RIVER**      Stream:      Formation Code: **211**      Special Use:

12. Points of Diversion										Rate and Quantity				
CHK MOD DEL ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Authorized		Additional		Overlap PD Files
										Rate gpm	Quantity af	Rate gpm	Quantity af	
ENT		SWNESE	30	31	37 W		1448'	1223'		1350	638	1350	638	NONE
DEL 25884		NCSE	30	31	37W		1320'	1300'		1350	638	1350	638	NONE

13. Storage: Rate \_\_\_\_\_ NF      Quantity \_\_\_\_\_ ac/ft      Additional Rate \_\_\_\_\_ NF      Additional Quantity \_\_\_\_\_ ac/ft

14. Limitation: \_\_\_\_\_ af/yr at \_\_\_\_\_ gpm ( \_\_\_\_\_ cfs) when combined with file number(s) \_\_\_\_\_  
 Limitation: \_\_\_\_\_ af/yr at \_\_\_\_\_ gpm ( \_\_\_\_\_ cfs) when combined with file number(s) \_\_\_\_\_

15. 5YR Allocation:      Allocation Type \_\_\_\_\_      Start Year \_\_\_\_\_      5 YR Amount \_\_\_\_\_      Amount Unit \_\_\_\_\_      Base Acres \_\_\_\_\_      Comment \_\_\_\_\_

CHK MOD DEL ENT	PUSE	S	T	R	ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files		
						NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼						
MOD	23489	30	31	37W										40	40	40	40	40	40	40	40	40	40	320	8A	YES (modify)	NO
MOD	28577	25	31	38W														40	40	40	40		160	8A	yes (modify )	no	

Base Acres:      Year:      Minimum Reasonable Quantity:

Comments:

DEPARTMENT OF AGRICULTURE  
DIVISION OF WATER RESOURCES  
GARDEN CITY FIELD OFFICE  
2508 JOHNS STREET  
GARDEN CITY, KS 67846-2804

# STATE OF KANSAS



PHONE: (620) 276-2901  
FAX: (620) 276-9315  
www.agriculture.ks.gov

GOVERNOR JEFF COLYER, M.D.  
JACKIE McCLASKEY, SECRETARY OF AGRICULTURE

November 28, 2018

CAROL QUILLEN  
2343 ROAD 11  
HUGOTON KS 67951-5218

RE: Approval of Application to Change the Point of Diversion  
Water Right, File No. 14979

Dear Madam:

Enclosed is an 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 this order modifies the original documents referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate. Please also submit a copy of the current ownership deed to have our records changed.

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 to call this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

  
Michael A. Meyer  
Water Commissioner

MAM:  
enclosures

pc: GROUNDWATER MANAGEMENT DISTRICT NO. 3

**CERTIFICATE OF SERVICE**

On this 28<sup>th</sup> day of November, 2018, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 14,979, dated 28<sup>th</sup> day of November, 2018 was mailed postage prepaid, first class, US mail to the following:

CAROL QUILLEN  
2343 ROAD 11  
HUGOTON KS 67951-5218

With photocopies to:

GROUNDWATER MANAGEMENT DISTRICT NO. 3

  
\_\_\_\_\_  
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.

RECEIVED  
 2:50pm  
 NOV 27 2018

File No. 14979

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

Garden City Field Office  
 Division of Water Resources

2. Name and address of Applicant: LARRY QUILLEN

2343 ROAD 11 HUGOTON KS 67951-5218

Phone Number: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Name and address of Water Use Correspondent: SAME CAROL J. QUILLEN

Phone Number: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

3. The presently authorized place of use is:

Owner of Land --- NAME: LARRY QUILLEN CAROL J. QUILLEN

ADDRESS: 2343 ROAD 11 HUGOTON KS 67951-5218

(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 \$ <u>100.00</u> TR # _____	Receipt Date <u>11-27-18</u> Check # <u>12432</u>
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5. **Presently authorized point of diversion:**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ NC Quarter of the \_\_\_\_\_ SE Quarter  
 of Section \_\_\_\_\_ 30 \_\_\_\_\_, Township \_\_\_\_\_ 31 \_\_\_\_\_ South, Range \_\_\_\_\_ 37 \_\_\_\_\_ (W),  
 in STEVENS County, Kansas, 1320 feet North 1300 feet West of Southeast corner of section.  
 Authorized Rate 1350 GPM Authorized Quantity 638 AF Depth of well \_\_\_\_\_ (feet)  
**(DWR use only: Computer ID No. 01 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 \_\_\_\_\_ SW Quarter of the \_\_\_\_\_ NE Quarter of the \_\_\_\_\_ SE Quarter  
 of Section \_\_\_\_\_ 30 \_\_\_\_\_, Township \_\_\_\_\_ 31 \_\_\_\_\_ South, Range \_\_\_\_\_ 37 \_\_\_\_\_ (W),  
 in STEVENS County, Kansas, 1507 feet North 1257 feet West of Southeast corner of section.

Proposed Rate \_\_\_\_\_ Proposed Quantity \_\_\_\_\_ Proposed well depth (feet) ≈ 580'  
 This point is:  Additional Well  Geo Center List other water rights that will use this point  
1448' North 1223' West

6. **Presently authorized point of diversion:**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ (E/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 \_\_\_\_\_ (E/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) REPLACE EXISTING WELL

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

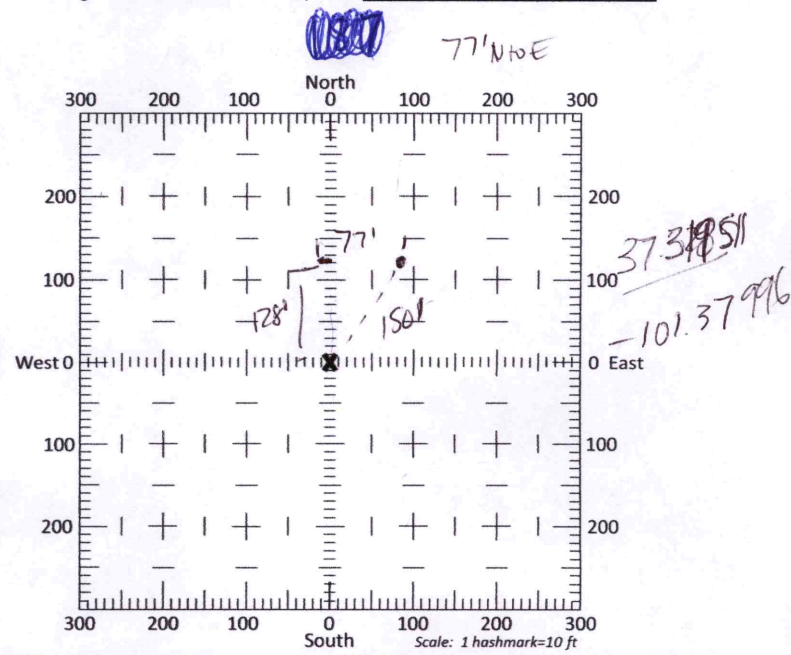
9. The change(s) (was)(will be) completed by?  
UPON APPROVAL

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

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 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

*diagonal is 150'*

Sec \_\_\_\_\_ Blk \_\_\_\_\_

Survey \_\_\_\_\_ Co STEVENS

N 37.31953' W -101.37999'

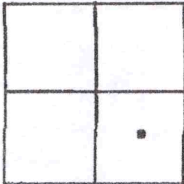


**Hydro**  
resources

No. 24318

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

CAROL QUILLEN



Test  Waterwell

DATE 11/19/18

NO. 1-18

FROM	TO	DESCRIPTION	SAND
0	135	top soil + clay w/ sand strips.	
135	380	fine, med and coarse sand w/ clay strips.	
380	400	fine, med and coarse fairly loose sand w/ clay strips.	14
400	420	fine to med fairly loose sand w/ clay strips.	11
420	440	fine to med fairly loose sand w/ clay strips.	15
440	460	fine, med and coarse fairly loose sand w/ clay strips.	10
460	480	fine, med and coarse fairly loose sand -	20
480	500	fine, med and coarse fairly loose sand	20
500	520	fine to med fairly loose sand w/ clay strips.	9
520	540	fine to med fairly tight sand w/ clay strip to Red clay	8
540	560	Red clay w/ hard Rock strips	
560	580	Red clay w/ shale	
		1 dragbit	
		1/4 SK GGHV	

Med some water

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).

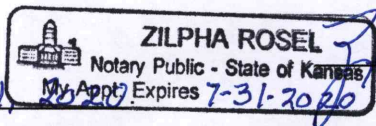
**I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application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

Dated at Stevens County, Kansas, this 27<sup>th</sup> day of November, 2018.

<u>Carol J. Quillen</u> (Owner)	(Spouse)
<u>Carol J. Quillen</u> (Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)

State of Kansas }  
 County of Stevens } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 27<sup>th</sup> day of November, 2018.



Zilpha Rosel  
 Notary Public

My Commission Expires July 31, 2020

**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. 14979

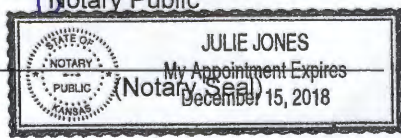
1. A change application was received on November 27, 2018 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use 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 \_\_\_\_\_ 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, 2019**, 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, 2019**, or within any authorized extension of time. By March 1, 2020 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: November 28, 2018  
 State of Kansas )  
 ) SS  
 County of Linney )  
 Acknowledged before me on November 28, 2018  
 by Michael A. Meyer  
 Signature: Julie Jones  
 (Notary Public)  
 My commission expires: \_\_\_\_\_  


Entered 10:44 Transfer Record by my office this May day of May

A.D. 2005

[Signature]  
County Clerk



STATE OF KANSAS SS  
COUNTY OF STEVENS

This instrument was filed for record on the 5<sup>th</sup> day of May A.D. 2005  
at 10:00 o'clock A.M. and duly recorded in  
Book 225 of page 56 Fee \$ 8.00

[Signature]  
Register of Deeds

**QUIT CLAIM DEED**

(Following Kansas Statutory Form)

Larry Quillen, a/k/a William L. Quillen and Carol J. Quillen, husband and wife, quit claim to William L. Quillen and Carol J. Quillen, husband and wife, as joint tenants with the right of survivorship, the whole estate to vest in the survivor in the event of the death of either, all of the following described real estate in the County of Stevens and the State of Kansas, to-wit:

The surface and surface rights only in and to the Southeast Quarter (SE/4) of Section Fourteen (14) and the South Half (S/2) of Section Thirty (30), all in Township Thirty-one (31) South, Range Thirty-seven (37) West of the 6th P.M.

To create a joint tenancy.

Dated 5-5, 2005.

[Signature]  
Larry Quillen

[Signature]  
Carol J. Quillen

No Kansas Real Estate Sales Validation Questionnaire is required pursuant to exception No. 9.

STATE OF KANSAS, STEVENS COUNTY, ss.

BE IT REMEMBERED, that on this 5<sup>th</sup> day of May, 2005, before me, the undersigned, a notary public in and for the County and State aforesaid came Larry Quillen, a/k/a William L. Quillen and Carol J. Quillen, husband and wife, who are personally known to me to be the same persons who executed the within instrument of writing and such persons 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.



[Signature]  
Notary Public

My appointment expires:  
CASUENDEEDSQUILLEN.WPD

**JAMES A. KUCHARIC**

ATTORNEY AT LAW

PHONE NO. (620) 544-8547

FAX NO. (620) 544-7594

KS SUPREME CT NO. 08952

HUGOTON, KANSAS 67951

POST OFFICE BOX 39

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

115-2009-10279

State File Number

1. Decedent's Legal Name (First, Middle, Last) <b>WILLIAM LARRY QUILLEN</b>		2. Sex <b>MALE</b>	3. Date Of Death (Month, Day, Year) <b>05/21/2009</b>	4. Social Security Number <b>512-40-7620</b>	5. Date Filed By State Registrar <b>06/17/2009</b>
6a. Date Of Birth (Month, Day, Year) <b>11/01/1941</b>	6b. Age <b>67 YEAR(S)</b>	7. Place Of Birth (City And State Or Foreign Country) <b>HUGOTON, KANSAS</b>		8. Decedent Ever In U.S. Armed Forces <b>NO</b>	
9a. Place Of Death <b>DECEDENT RESIDENCE</b>		9b. Facility Name (If Not Institution, Street And Number) <b>2343 ROAD 11</b>		9c. City Or Town Of Death <b>HUGOTON</b>	9d. Zip Code <b>67951</b>
9e. County Of Death <b>STEVENS</b>	10. Marital Status <b>MARRIED</b>	11. Surviving Spouse (If Wife, Name Before First Marriage) <b>CAROL SANDUSKY</b>		12a. Residence State or Foreign Country <b>KANSAS</b>	
12b. County or Province <b>STEVENS</b>	12c. City Or Town <b>HUGOTON</b>	12d. Street Address <b>2343 ROAD 11</b>		12e. Zip Code <b>67951</b>	12f. Inside City Limits <b>NO</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>SOME COLLEGE CREDIT, BUT NO DEGREE</b>		17. Decedent's Occupation <b>FARMER</b>		18. Decedent's Industry <b>FARMING</b>	
19. Father's Name (First, Middle, Last) <b>DELMAR QUILLEN</b>			20. Mother's Name Prior To First Marriage (First, Middle, Last) <b>ALICE LEONARD</b>		
21a. Informant's Name (First, Middle, Last) <b>CAROL QUILLEN</b>	21b. Mailing Address (Street, Number, City, State, And Zip Code) <b>2343 ROAD 11, HUGOTON, KANSAS, 67951</b>		21c. Relationship To Decedent <b>WIFE</b>		
22. Method Of Disposition <b>BURIAL</b>	23a. Place Of Disposition <b>HUGOTON CEMETERY</b>		23b. Location <b>HUGOTON, 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>PAUL'S FUNERAL HOME-HUGOTON, 314 VAN BUREN PO BOX 236, HUGOTON, KANSAS, 67951</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) <b>a. ACUTE MYOCARDIAL INFARCTION</b> Due To (Or As A Consequence Of): <b>b.</b> _____ Due To (Or As A Consequence Of): <b>c.</b> _____ Due To (Or As A Consequence Of): <b>d.</b> _____ Due To (Or As A Consequence Of):  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  _____ _____ _____ _____
<i>Part II. Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.</i>			28a. Autopsy <b>UNKNOWN</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>UNKNOWN</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>05/21/2009</b>	33b. Time Pronounced Dead <b>2:55 PM</b>	33c. Actual Or Presumed Time Of Death <b>2:00 PM</b>	33d. Name Of Person Pronouncing Death	33e. License No.	
34a. Pronouncing and Certifying Physician <b>/s/ RODRICK HEGER - DO</b>		34b. License No. <b>0529888</b>	34c. Date Certified (Month, Day, Year) <b>06/12/2009</b>	34d. Address And Zip Code Of Person Completing Cause Of Death <b>1006 JACKSON ST, HUGOTON, KANSAS, 67951</b>	



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.

2009 JUN 19 AM 11:12

*Elizabeth W. Saadi*

Elizabeth W. Saadi, Ph.D.  
Acting State Registrar  
Office of Vital Statistics  
Department of Health & Environment

A04536823

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

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