

BURIAL REPORT
From Sexton to Secretary of Cemetery
(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7942.....

1. Place of Death Larimer Loveland, Colorado North Shore Health Center
(County) (Township or City) (Facility)
2. Name: Kelli Amanda Geist
3. Sex: Female 4. Color or Race: White
5. Single, Married, Widowed or Divorced Divorced
6. Date of Birth August 9, 1962 7. Age 49 Years 0 Months 22 Days
8. Occupation: Computer Programmer, Banking
9. Birthplace (State or County) Des Moines, Iowa
10. Name of Father Faylon Geist
11. Birthplace of Father _____
12. Maiden Name of Mother Ruth Hatten
13. Birthplace of Mother _____
14. Informant Death Certificate 15. Address _____
16. Date of Death: August 31, 2011
17. Name of Doctor (or Coroner or Health Officer) Joel Parliment, M.D.
18. Address 2923 Ginnala Drive, Loveland, Colorado 80538
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: September 29, 2011
21. Undertaker Allnutt Funeral Service, Hunter Chapel 22. Address 2100 N. Lincoln Avenue, Loveland, CO. 80538

BURIAL REPORT

No. 7942

Name Kelli Amanda Geist

Burial Date 09/29/2011

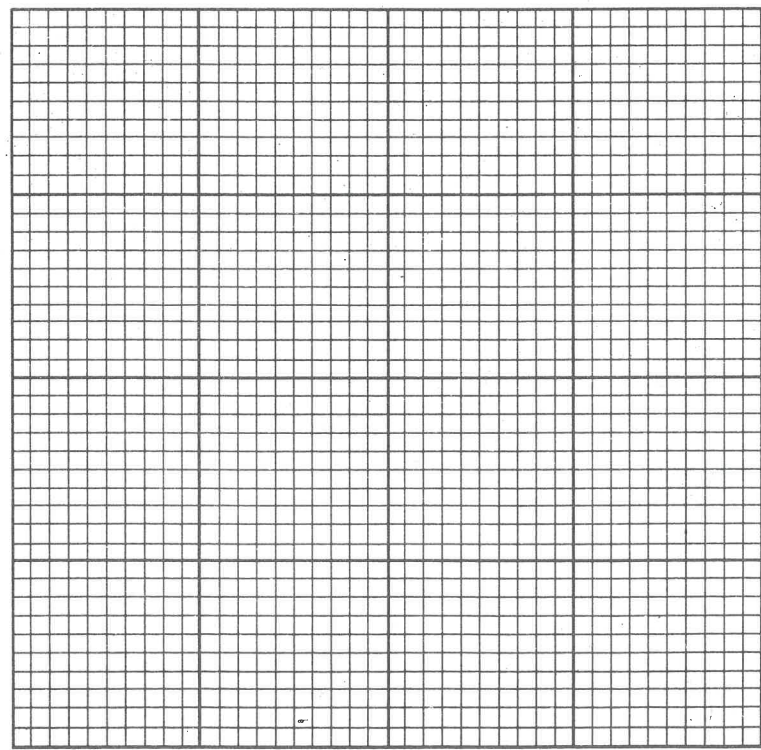
Date of Death 08/31/2011

Field Record of Previous Burials

These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

NOTE: Each small square represents a square foot of lot surface. For convenience each tenth foot is indicated by a heavy line. To make a record of previous burials, draw a diagram, with pencil, of each lot, beginning with Lot No. 1, and use a separate sheet for each lot. This can be done in the office from the plat and the owner's name and other data as to ownership secured from deed record. These blanks will then be taken to the cemetery and a record will be made from the lots, of the names of those buried and location of grave on lot. A number corresponding to name must be placed on plat to identify grave.

Description Owned Original, Block 29 W 80' E S 1/2 Lot No. 24, ^{Dimensions} 24 Ft. ^{PAID}
 Name of Owner _____ Address _____ Date Sold CITY CLERK
 Remarks: Cremation Price, \$ 200.00



Grave No.	FULL NAME OF DECEASED	REMARKS
1	<u>Kelli A. Geist</u>	
2		
3		<u>4' from West lot line of the South half to center of grave.</u>
4		
5		<u>9' from South lot line to edge of grave.</u>
6		
7		<u>Burial date Sept. 29, 2011</u>
8		
9		
10		
11		<u>Family Sev.</u>
12		

INDICATE DIRECTION BY N. S. E. OR W.