

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. Cortney Nelson Lieutenant Investigator (Legal) (801) 541-7439  
 Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
35 East 500 South Salt Lake City, Utah 84111  
 Covered Person's County Address/Volunteer's Address

B. State of Utah Medical Examiner's Office  
 Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
Part-time Employee / Investigator  
 Covered person's status, relationship or commitment to the institution, entity, business or person named above  
4451 South 2700 West Taylorsville, Utah 84129 Supervisor; Chief Kristy Hawkes (801) 231-9888  
 Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
  - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
  - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
  - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
  - I hold a personal interest that creates a potential or actual conflict with my public duties.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Conduct scene investigations of unattended deaths, gather information from law enforcement officers from death scenes and pass the information to the Medical Examiners for use during autopsy. All information from the scene is provided by on scene law enforcement officers except for the visual documentation of the scene and body conditions. Photographs of the scene are also provided to aide with the understanding of the scene circumstances.

Cortney Nelson Digitally signed by Cortney Nelson  
 Date: 2022.01.26 15:17:21 -07'00'  
 Covered Person's Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*