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JUL 07 2004

RANDALL, BLAKE & COX, P.A.

LAWYERS

1106 IDAHO STREET

P.O. BOX 446

LEWISTON, ID 83501

(208) 743-1234

TELEFAX - (208) 743-1266

STEVE R. COX*
DAVID R. RISLEY*
SCOTT CHAPMAN*
KERRY A. WAGNER*
DERRICK A. ATER
* LICENSED IN IDAHO AND WASHINGTON

DEPARTMENT OF
OF COUNSEL WATER RESOURCES
WYNNE M. BLAKE

RUSSELL S. RANDALL
(1908-2004)

July 2, 2004

Idaho Department of Water Resources
P.O. Box 83720
Boise, ID 83707-9815

Attn: Carter Fritschle

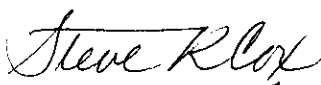
RE: John W. Myers & Donna L. Myers Water Rights

Dear Mr. Fritschle:

Enclosed please find two Notice of Error Reply forms which Donna L. Myers has signed.

Would you please put the water rights in the name of Donna L. Myers. John W. Myers passed away May 25, 2003, a copy of his death certificate is enclosed.

Very truly yours,


STEVE R. COX *7*

SRC:fw
encs.

05/18/2004

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DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: July 15, 2004

Water right number: 86-11877

JOHN W MYERS
3462 ELKS DR
LEWISTON ID 83501

DONNA L. MYERS
3462 ELKS DR
LEWISTON ID 83501

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 7-1-2004 SIGNATURE: Donna L Myers
Please print your name: DONNA L Myers PH # 208 798-8561

IDWR Regional Office, 1910 Northwest Blvd, Suite 210, Coeur D' Alene, ID 83814, 2087691450

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §§24-111 AND §§24-171, IDAHO CODE

Local Reg. No. 183

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) JOHN W. MYERS		2. SEX Male	3. SOCIAL SECURITY NUMBER 518-42-0505
	4a. AGE-Last Birthday 73 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
	4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) May 6, 1930	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Uniontown, Washington			
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Nez Perce	
	7c. CITY OR TOWN Lewiston		7d. STREET AND NUMBER 3462 Elks Drive	
	7e. APT. NO. 83501		7f. ZIP CODE 83501	
	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) Donna Lee Kuehn	
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) Washington	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) Washington		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Ruth Bibens	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) Washington		13a. INFORMANT'S NAME (Type or print) Donna L. Myers	
	13b. RELATIONSHIP TO DECEDENT Wife		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3462 Elks Drive Lewiston, Idaho 83501	
DISPOSITION	* 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Valley Crematory Lewiston, Idaho	
	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Vassar-Rowls Funeral Home 920-21st Avenue, Lewiston, Idaho 83501		* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
	* 17b. LICENSE NUMBER (Of licensee) M 775		18. WAS CORONER CONTACTED? ☐ Yes ☒ No	
	PLACE OF DEATH (19-22) * 19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) _____			
DATE OF DEATH CAUSE OF DEATH	* 20. FACILITY NAME (if not facility, give street and number) 3462 Elks Drive		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Lewiston 83501	
	* 22. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 25, 2003		24. TIME OF DEATH 1540 (24hr)	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 25, 2003		26. TIME PRONOUNCED DEAD 1540 (24hr)	
	27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Rectal cancer with liver metastases</u> Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I <u>Type 1 diabetes IHD</u>			
CERTIFIER: Complete Within 72 Hours of Death	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: <i>[Signature]</i>		39b. LICENSE NUMBER M-6680	
	* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Donald J. Greggain, M.D., 1271 Highland Avenue, Clarkston, Washington 99403		39c. DATE SIGNED 5/27/03	
	40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record. I have reviewed and if necessary amended the medical section.		40b. DATE SIGNED MM / DD / YYYY	
	41a. REGISTRAR'S SIGNATURE <i>[Signature]</i>		41b. DATE SIGNED 05/28/2003	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: May 28, 2003

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

[Signature]
JANE S. SMITH
STATE REGISTRAR