

01/13/2004

**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:

Water right number: 25-7313

HENRY H BEYER
62 N 3700 E
RIGBY ID 83442
Telephone Number: (208)745-6041

PATRICK BEYER
60 N 3700 E
RIGBY ID 83442
Telephone Number: (208)745-8032

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: 11-14-04 SIGNATURE: *Patrick H. Beyer*
Please print your name: Patrick H. Beyer

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

To whom it may Concern:

My father, Henry H. Beyer, passed away February 22, 1993, enclosed is a copy of the death certificate.

I, Patrick H. Beyer, am currently living on the property.

If any further information is required, you may contact me through correspondence at 62 N3700 E

Rigby, ID.

83442

Thank you!

Patrick H. Beyer

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2143 & 39-215

State File No. _____
Local Reg. No. 82-17

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

NAME OF DECEDENT
For use by physician or institution

DECEDENT — NAME FIRST HENRY		MIDDLE H.		LAST BEYER		SEX Male	DATE OF DEATH (Month, Day, Year) February 22, 1993
SOCIAL SECURITY NUMBER 519-16-4087		AGE — Last Birthday (Yrs.) 70	UNDER 1 YEAR MONTHS _____ DAYS _____	UNDECEASED 1 DAY HOURS _____ MINUTES _____	DATE OF BIRTH (Month, Day, Year) October 26, 1922		BIRTHPLACE (City and State or Foreign Country) Idaho Falls, Idaho
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) HOSPITAL (1) ☐ Inpatient (2) ☒ Outpatient (3) ☐ DOA		OTHER (4) ☐ Home		Licensed Nursing Private (6) ☐ Licensed Shelter Home (5) ☐ Residence (7) ☐ Other (Specify) _____	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) Eastern Idaho Regional Medical Center					CITY, TOWN OR LOCATION OF DEATH Idaho Falls		COUNTY OF DEATH Bonneville
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Dorothy G. Lowe		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Millwright		KIND OF BUSINESS / INDUSTRY INEL	
RESIDENCE STATE Idaho	COUNTY Jefferson	CITY, TOWN OR LOCATION Rigby		STREET AND NUMBER 62 North 3700 East		ZIP CODE 83442	
INSIDE CITY LIMITS? ☐ Yes ☒ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) White		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) _____	

PARENTS

FATHER — NAME Otto J. Beyer	BIRTHPLACE Wisconsin	MOTHER — FULL MAIDEN NAME Marie Hoffman	BIRTHPLACE Germany
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INFORMANT

INFORMANT'S NAME (Type/print) Dorothy G. Beyer	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 62 N 3700 E, Rigby, Idaho 83442
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DISPOSITION

METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Annis-Little Butte Cemetery	LOCATION (City or Town, State) Annis, Idaho
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SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	LICENSE NUMBER (of Licensee) M-524	NAME AND ADDRESS OF FACILITY Buck-Sullivan Funeral Home 825 E. 17th Street, Idaho Falls, Idaho 8340
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TIME OF DEATH 2100	DATE PRONOUNCED DEAD (Month, Day, Year) February 22, 1993	WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined
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27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardio pulmonary arrest DUE TO (or as a consequence of) _____ b. _____ DUE TO (or as a consequence of) _____ c. _____ DUE TO (or as a consequence of) _____ d. _____	Approximate Interval Between Onset and Death Immed
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CAUSE OF DEATH

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.	WAS AN AUTOPSY PERFORMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1148 BOISE ID

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SRBA EASTERN

IDAHO DEPARTMENT OF WATER RESOURCES
PO BOX 83720
BOISE ID 83707-9815



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IF MAILED
IN THE
UNITED STATES

Splash
to an Ocean
of Fun!
Collect Stamps

