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**RECEIVED**

**JUL 29 2002**

Department of Water Resources

July 25, 2002

State of Idaho  
Department of Water Resources  
1301 North Orchard Street  
Boise, ID 83706

37-7484

To whom it may concern:

As legal counsel to Mr. David Smith and pursuant to a conversation with Cynthia in your Department, I am writing this letter on behalf of the late Mrs. Lois Smith.

At Mr. David Smith's direction, I hereby request that Mrs. Lois Smith's name be removed from all proceedings and records regarding water right number 37-7484.

Enclosed, please find a copy of Mrs. Lois Smith's death certificate as required according to Cynthia.

Thank you for your prompt attention to this matter.

Sincerely,



Anne S. Taylor

Enclosure

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: OCTOBER 13, 1994

STATE FILE NUMBER: 94-06066

DECEDENT: LOIS ALINE SMITH

DATE OF DEATH: SEPT. 28, 1994 PLACE OF DEATH: TWIN FALLS, IDAHO

DATE OF BIRTH: JUNE 25, 1913 PLACE OF BIRTH: KANSAS

AGE: 81 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: [REDACTED] RESIDENCE: GOODING, IDAHO

FATHER: HORATIO ADAMS  
FATHERS BIRTHPLACE: KANSAS  
MOTHER (MAIDEN): SARA ESBAUGH  
MOTHERS BIRTHPLACE: KANSAS

MORTUARY: DEMARAY FUNERAL SERVICE  
MORTICIAN: DWAIN MARK DEMARAY

CERTIFYING PHYSICIAN: RANDALL J. SKEEM, MD

GOODING, IDAHO  
DISPOSITION: BURIAL

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

ARDS  
PNEUMONIA

3 DAYS  
1 WEEK

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

PARKINSON'S DIS., RECENT CVA

MANNER OF DEATH: NATURAL

DATE OF INJURY: SEPTEMBER 10, 1994

HOUR OF INJURY: 7:20 P.M.

INJURY AT WORK: NO

HOW INJURY OCCURRED: GETTING OUT OF WHEELCHAIR, STUMBLER AND FELL

PLACE OF INJURY: HOME

LOCATION OF INJURY: 1828 BRDGVW EST BLVD #527 TWIN FALLS, IDAHO

REVIEWING CORONER: GENE TURLEY

CORONERS ACTION: REVIEWED AND/OR AMENDED, AND CERTIFIED

37-7484

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

JUNE 16, 1995

DATE ISSUED: \_\_\_\_\_

JANE S. SMITH  
Public Health Officer