



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov.

RECEIVED

AUG 19 2005

DEPARTMENT OF
WATER RESOURCES

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

August 9, 2005

deceased 1996

↑
~~FRANK~~ AND NANCY HASTINGS
1310 CARROLL RD
ELLENSBURG WA 98926

CHANGE OF OWNERSHIP
LETTER SENT 8-22-05

RE: Snake River Basin Adjudication (SRBA)
Notice of Claim to a Water Right #69-10037

Dear Claimants:

*Record Modified 8-22-05
Address only - ss*

Mail we sent to you was returned undeliverable. We have enclosed the returned mail. Although we have reached you at the address above, we need your written confirmation this is your correct mailing address before we can change our records.

Please sign your name at the bottom of this letter and return it to this office. Make corrections to your name and address if necessary before returning this letter, list any other water rights you have, and return this letter by August 23, 2005. Thank you for your help.

If your mail delivery address changes in any form, please contact us in writing so we can update our records. Be sure to list your water right numbers.

If there has been a change in ownership of the property connected with the water right claim(s) referenced above, please call this office toll-free at 1/800-451-4129 so we can contact the new owner(s) regarding their water right(s) and updating our records.

Sincerely,

Sally Sherman
Technical Records Specialist
Adjudication Bureau

SS:region

Enclosure:

Returned Mail

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The address is correct as shown above or as otherwise changed.

Nancy Hastings

Water Right Holder's Signature

509-968-3480

Telephone No.

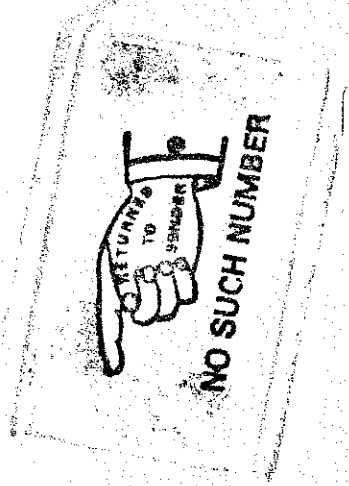
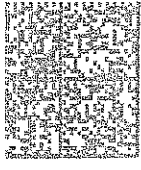
Dept. of Water Resources
Adjudication Bureau
P. O. Box 83720
Boise, ID 83720-0098

ADDRESS SERVICE
REQUESTED

69-10037

1310 ORRILL RD

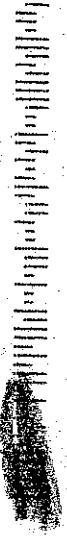
UNITED STATES POSTAL SERVICE
FIRST CLASS
02 1A
0004389393
AUG 04 2005
\$ 00.60
MAILED FROM ZIP CODE 83702



FRANK D HASTINGS

NANCY A HASTINGS
RT 2 BOX 1185
ELLENBURG WA 98926

RECEIVED
AUG 09 2005
DEPARTMENT OF
WATER RESOURCES



AUG 19 2005

Nancy A. Hastings

8-16-05

I'm enclosing my husband's
"Certificate of Death," also.

Mr. Cicill suggested
I do this to remove

Frank's name from
this business of obtaining
"water Right #69-10037".

69-10037

Thanks for your help
in this matter.

Nancy Hastings



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE
USE
ONLY

DISTRICT

COPIES

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCUPATION

PARENTS
DISBURSED

CERTIFIER

ACC LOC

QUERIES

CAUSE OF DEATH

216
LOCAL FILE NUMBER

1 NAME First Middle Last FRANK DESMOND HASTINGS				2 SEX (M / F) Male		3 DEATH DATE (Mo. Day, Yr) December 6, 1996	
4 AGE LAST BIRTHDAY (Yrs) 70		5 UNDER 1 YEAR MOS DAYS 		6 UNDER 1 YEAR HOURS MINS 		7 BIRTHDATE (Mo. Day, Yr) Nov 1, 1926	
8 BIRTHPLACE San Luis Obispo, California		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) YES		10 COUNTY OF DEATH Kittitas			
11 CITY, TOWN OR LOCATION OF DEATH Ellensburg,				12 PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1) 1310 Carroll Road			
13 SMOKING IN LAST 15 YEARS? (Yes / No) NO							
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (if wife, give maiden name) Nancy Schmale		16 SOCIAL SECURITY NO. 		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Fireman		19 KIND OF BUSINESS OR INDUSTRY Fire Fighting		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO		21 RACE (Specify) White	
22 RESIDENCE—NUMBER AND STREET 1310 Carroll Road		23 CITY/TOWN OR LOCATION Ellensburg		24 INSIDE CITY LIMITS? (Yes / No) NO		25A COUNTY Kittitas	
25B LENGTH OF RES. IN CO. 19 yrs		26 STATE WA.		27 ZIP CODE 98926			
28 FATHER'S NAME—FIRST, MIDDLE, LAST Francis Hastings				29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Ida Pusey			
30 INFORMANT—NAME Nancy Hastings (Wife)		31 MAILING ADDRESS STREET OR RFD NO. 1310 Carroll Road		CITY OR TOWN Ellensburg, Washington		STATE 98926	
32 BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation Dec 10, 1996		33 DATE (Mo. Day, Yr) Dec 10, 1996		34 CEMETERY/CREMATORY—NAME Steward & Williams Crematory		35 LOCATION—CITY/TOWN, STATE Ellensburg, Washington	
36 FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY Steward and Williams		38 ADDRESS OF FACILITY P. O. Box 306		39 ADDRESS OF FACILITY Ellensburg, Wa. 98926	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X				43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> Dep. Pros./ Dep. Coroner			
40 DATE SIGNED (Mo., Day, Yr) December 9, 1996		41 HOUR OF DEATH (24 Hrs.) 		44 DATE SIGNED (Mo., Day, Yr) December 9, 1996		45 HOUR OF DEATH (24 Hrs.) 0720	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 				46 PRONOUNCED DEAD (Mo., Day, Yr) December 6, 1996		47 HOUR PRONOUNCED DEAD (24 Hrs.) 0952	
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) L. Candace Hooper, Dep. Pros./Dep. Coroner, 205 W. 5th Ave., Ellensburg				49 ME/CORONER FILE NUMBER 			
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) 		A Probable Acute Cardiac Arrhythmia				INTERVAL BETWEEN ONSET AND DEATH Moments	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B DUE TO, OR AS A CONSEQUENCE OF 				INTERVAL BETWEEN ONSET AND DEATH 	
		C DUE TO, OR AS A CONSEQUENCE OF 				INTERVAL BETWEEN ONSET AND DEATH 	
		D DUE TO, OR AS A CONSEQUENCE OF 				INTERVAL BETWEEN ONSET AND DEATH 	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Coronary artery disease				52 AUTOPSY? (Yes / No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54 ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) Natural		55 INJURY DATE (Mo. Day, Yr) N/A		56 HOUR OF INJURY (24 Hrs.) N/A		57 DESCRIBE HOW INJURY OCCURRED N/A	
58 INJURY AT WORK? (Yes / No) N/A		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, LOCAL, ON—STREET OR RFD NO., CITY/TOWN, STATE N/A					
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE 				63 DATE RECEIVED (Mo., Day, Yr.) December 10, 1996			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)

DOH 01-003 (8/95)