MEMORANDUM

Date: August 11, 2005

To: File

From: Craig L. Saxton

Re: Change of ownership for 67-7089

History:

A c/o request was received by the IDWR Western Region Office on June 17, 2005. That c/o request was then forwarded by Western and received at State Office on July 8, 2005. Initial review found that the change of ownership was not signed. The son of the property owner (Douglas Scism) filled out and mailed in the c/o form. I contacted the son through e-mail and he called me back. I was instructed by the claimant to send the change of ownership back to his mother for signature. I did and the signed c/o form was received with a signature from Ninni H. Scism on August 1, 2005.

Problem:

The name filled out on the change of ownership form was **"J. Harold Scism and Ninni H. Scism Trustees"**. The **and** in the name indicated to IDWR that J. Harold Scism needed to sign the c/o form as well. However, Mr. Scism has passed away.

IDWR questioned what the name on the water right should actually be. What was the name of the Trust?

I contacted Douglas Scism on 8-1-05 and he told me to contact attorney Ed Arrons (395-0001). I contacted Ed Arrons and was faxed a copy of the Trustees Deed on August 10, 2005.

The name of the trust is:

> **"Trust A of the Scism Family Trust, U/T/A dated August 1, 1968, as restate on April 20, 2001"**

The trustees deed shows conveyance from Ninni H. Scism, Trustee of the **"Trust A of the Scism Family Trust, U/T/A dated August 1, 1968, as restate on April 20, 2001"**.

I spoke with Chris Bromley, Deputy Attorney General, and confirmed that we could make the change of ownership with the information submitted.

I will not change the name on the original change of ownership form submitted to preserve the original documentation. But IDWR will change ownership on SRBA claim 67-7089 as follows:

Trust A of the Scism Family Trust, U/T/A dated August 1, 1968, as restated on April 20, 2001
PO BOX 1026
EDMONDS WA 98020
(425) 775-5570

Form 42-248/42-1409(6) July, 2000

RECEIVED
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Department of Water Resources

RECEIVED
AUG 0 1 2005
DEPARTMENT OF WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
A67-07089					

2. The following **REQUIRED** information must be submitted with this form:

   A. The appropriate **FILING FEE**. See instructions for fee amounts.

   B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.

   C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
   PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

   OR

   If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The AERIAL PHOTO should be submitted in place of the PLAT OF PROPERTY or SURVEY MAP.

3. Name and Address of Former Owner/Claimant(s): J. Harold Scism

4. New Owner/Claimant(s): J. Harold Scism and Ninni H. Scism Trustees
   Name Connector (Check one): [ ] and, [ ] or, [ ] and/or

   New Mailing Address: P.O. Box 1026

   City, State and ZIP Code: Edmonds Wa 98020

   New Telephone Number: (425) 775-5570

5. Date you acquired the property: 8-29-1981

Change to name provided on Deed, [signature] 8-11-05

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JUN 17 2005
WATER RESOURCES
WESTERN REGION

6. **If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7.** If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT
(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number _____

Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation		
Stock		
Domestic		
Other _____		
Total		

DESCRIPTION OF YOUR PORTION OF WATER RIGHT
(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number _____

Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation		
Stock		
Domestic		
Other _____		
Total		

7. Signature of New Owner(s) or Claimant(s) Ninni H. Sciem trustee
(include title if applicable)

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only
Received by _____ Date _____ Fee _____
Receipted by _____ Date _____ Receipt No. _____
Processed by [illegible] AJ Date 8-1-05 WR _____ Date _____

OK to Change C [illegible] ~~8-1-05~~
8-11-05

(Optional)

Recorded	☐	Platted	☐	Key Punched	☐	To Treasurer	☐
Microfilmed	☐	Deed Card	☐	Master File	☐		☐
Indexed	☐	Compared	☐	Abstracted	☐		

(DO NOT WRITE ABOVE THIS LINE)

WARRANTY DEED

LORNE H. RICE and EDNA P. RICE, husband and wife, and DENNIS L. RICE, a single man, GRANTOR(S)
of Fruitvale, County of Adams, State of Idaho
hereby CONVEYS, GRANTS and WARRANTS TO J. HAROLD SCISM and NINNI H. SCISM, J. HAROLD SCISM and NINNI H. SCISM, Trustees FBO J. HAROLD SCISM and NINNI H. SCISM, andthe Survivor of them, under D of T. GRANTEE(S)
of Box 685, Solana Beach, County of San Diego dated July 7, 1961, State of ~~Idaho~~ CA
for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE / ~~Dollars~~ CONSIDERATION ($ 10.00)
the following described tract(s) of land in Adams County, State of Idaho:

IN SECTION 20 TOWNSHIP 18 NORTH, RANGE 1 WEST OF THE BOISE MERIDIAN:

The Southwest Quarter of the Southeast Quarter of the Southwest Quarter.

IN SECTION 29, TOWNSHIP 18 NORTH, RANGE 1 WEST OF THE BOISE MERIDIAN:

The West Half of the Southwest Quarter of the Northwest Quarter of the Northeast Quarter;

The South Half of the Northeast Quarter of the Northeast Quarter of the Northwest Quarter;

The West Half of the Northeast Quarter of the Northwest Quarter; and
The Southeast Quarter of the Northeast Quarter of the Northwest Quarter.

Together with all water and water rights, ditches and ditch rights and irrigating works of whatever nature, used upon, connected with or in anywise appurtenant to said premises.

Location of above described property _____
HOUSE NO. STREET

WITNESS the hand of said Grantors this day of August, A.D. 1981

Dennis L. Rice

Lorne N. Rice

Edna P. Rice

(NOTARY SEAL)

State of Idaho
County of Washington } ss. On the 29 day of August A.D. 19 81,

personally appeared before me Lorne H. Rice and Edna P. Rice, and Dennis L. Rice,

the signer(s) of the within instrument, who duly acknowledged to me that they executed the same.

Ina T Burton
(NOTARY PUBLIC)

Residing at: Weiser

My Commission expires: Sept 27, 1982

MAIL DEED TO:
J. HAROLD SCISM & NINNI H. SCISM
Box 685
Solana Beach, CA 92075

MAIL TAX NOTICE TO:
Name J. HAROLD SCISM & NINNI H. SCISM
Address Box 685
City & State Solana Beach, CA Zip 92075

WARRANTY DEED

Ahrens & DeAngeli, p.l.l.c.

Attorneys at Law

Boise Office:
Suite 601
101 South Capitol Boulevard
P.O. Box 6561
Boise, Idaho 83707-6561
Telephone: (208) 395-0001
Facsimile: (208) 395-0002

Date: 8-10-05

To: Craig Saxton

Client: Scism, Estate of Harold

Fax #: 208-287-6700

From: Kellie Kuster

Number of Pages Including this Page: 4 Original: ☒ Retained ☐ Mailed

If for some reason you do not receive all of the pages or transmission is not clear please call (208) 395-0001.

MESSAGE:

Craig,

The owner is:

Trust A of The Scism Family Trust, U/T/A dated August 1, 1968, as restated on April 20, 2001.

See attached trustee's deed. At Harold's death the property was allocated to Trust A. I did not see a death certificate in our file. It may be in Seattle.

Thanks, Kellie

PRIVILEGED AND CONFIDENTIAL
ATTORNEY WORK PRODUCT/ATTORNEY-CLIENT COMMUNICATIONS
This facsimile message is attorney privileged and confidential and is intended solely for the use of the individual named above. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution or copying of this communication is prohibited. If you have received this FAX in error, please immediately notify the sender by telephone and return the original FAX message to the sender by U.S. mail.

INSTRUMENT NO. 108282

Recording Requested By And
When Recorded Mail To:

Edward D. Ahrens
Ahrens & DeAngeli, p.l.l.c.
P.O. Box 6561
Boise, Idaho 83707-6561

Instrument # 108282
COUNCIL, ADAMS, IDAHO
2005-02-28 08:48:48 No. of Pages: 3
Requested for: EDWARD D AHRENS
MICHAEL PEEK Fee: 9.00
Ex-Officio Recorder Deputy
Index to: DEED

TRUSTEE'S DEED

Ninni H. Scism, Trustee of the Scism Family Trust, U/T/A dated August 1, 1968, as restated on April 20, 2001, hereinafter referred to as the "Grantor," hereby transfers and conveys to Ninni H. Scism, Trustee of Trust A of The Scism Family Trust, U/T/A dated August 1, 1968, as restated on April 20, 2001, hereinafter referred to as the "Grantee," whose mailing address is P.O. Box 1026, Edmonds, Washington 98020, the following described real property, situated in Adams County, State of Idaho, to wit:

Parcel I

IN SECTION 20, TOWNSHIP 18 NORTH, RANGE 1 WEST OF BOISE MERIDIAN:

The South Half of the Southwest Quarter of the Northwest Quarter of the Southwest Quarter;
The Southwest Quarter of the Southwest Quarter.

Parcel II

IN SECTION 20, TOWNSHIP 18 NORTH, RANGE 1 WEST OF BOISE MERIDIAN:

The Southwest Quarter of the Southeast Quarter of the Southwest Quarter.

Parcel III

IN SECTION 29, TOWNSHIP 18 NORTH, RANGE 1 WEST OF BOISE MERIDIAN:

The West Half of the Southwest Quarter of the Northwest Quarter of the Northeast Quarter; The South Half of the Northeast Quarter of the Northeast Quarter of the Northwest Quarter;

The West Half of the Northeast Quarter of the Northwest Quarter; and

The Southeast Quarter of the Northeast Quarter of the Northwest Quarter.

Together with all water and water rights, ditches and ditch rights and irrigating works of whatever nature, used upon, connected with or in anywise appurtenant to said premises.

TOGETHER WITH all improvements, easements, hereditaments, and appurtenances thereto, and all tenements, revisions, remainders, rights-of-way and water rights in anywise appertaining to the property herein described.

SUBJECT TO taxes and assessments for the year 2004 and all subsequent years, and to such rights, easements, liens, encumbrances, covenants, rights-of-way, reservations, restrictions, and zoning regulations as appear of record or based upon the premises, and to any state of facts an accurate survey or inspection of the premises would show.

The Grantor executes this instrument solely in its fiduciary capacity. Any further recourse hereunder is to be only against the aforenamed trust.

DATED this 19th day of March, 2004.

The Scism Family Trust, U/T/A dated August 1, 1968, as restated on April 20, 2001

By Ninni H. Scism
Ninni H. Scism, Trustee

STATE OF WASHINGTON)
: ss.
COUNTY OF Snohomish)

I certify that I know or have satisfactory evidence that Ninni H. Scism, as Trustee of the Scism Family Trust, U/T/A dated August 1, 1968, as restated on April 20, 2001, is the person who appeared before me, and said person acknowledges that she signed this instrument and acknowledged it to be her free and voluntary act for the purposes mentioned in the instrument.

Dated: March 19, 2004

Anna M. Barringer
(Signature)
Notary Public Anna M. Barringer
My appointment expires: 9-9-04

(SEAL OR STAMP)

ANNA M. BARRINGER
COMMISSION EXPIRES
NOTARY
PUBLIC
9-9-04
STATE OF WASHINGTON

6-16-5 DATE

RECEIVED
JUL 08 2005
Department of Water Resources

Dear Sirs

We are acquiring a U.S. Forest Service easement for a small water line. The water right # A67-07089 needs to be issued in the name of the trust. Enclosed is a copy of the deed for land, where the water is used.

Thankyou

Douglas M Susin

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JUN 17 2005
WATER RESOURCES
WESTERN REGION

PREPARED BY PAGE

United States Department of Agriculture | Forest Service | Intermountain Region | 324 25th Street, Ogden, UT 84401, 801-625-5605

File Code: 2720-3
Date: JAN 19 2005

Mrs. J. Harold Scism
P.O. Box 1026
Edmonds, WA 98020

Dear Mrs. Scism:

As part of processing your Ditch Bill application, on September 23, 2004, Sue Foster, Josh Drown, and Jill Kemp visited your property in Fruitvale with your son Doug. We inspected and mapped the water system associated with your Ditch Bill Application.

While visiting with Doug, he told us his Father is deceased and the property is in a family trust. Because of this change, we need you to update the name on the application. (Currently, it is in the name of "Mr. and Mrs. J. Harold Scism.") Doug indicated you might want your Ditch Bill Easement issued to "Scism Family Trust."

Please provide us the following information:

- The name to which you would like the Ditch Bill Easement issued.
- If you would like the easement issued to the family trust, please provide us with the document that established the trust. Please send the document to: Forest Service, Regional Office, Attention: Bob Klarich, 324 25th Street, Ogden, UT 84403
- If you so choose, you may designate Doug as the "Authorized Agent" to work with us on processing the Ditch Bill Easement.

Your water right document (Water Right A67-7089) will also need to be updated by changing the name from "J. Harold Scism" to the name you choose for the easement. To initiate this change, contact the Idaho Department of Water Resources at P.O. Box 83720, Boise, ID 83720-0098, or call 208-287-4800.

If you have any questions or need further assistance, contact Bob Klarich at 801-625-5159 or Sue Foster at 208-634-0498.

Sincerely,

FOR JEANNE A. EVENDEN
Director, Lands

Printed on Recycled Paper

(Optional)

Recorded	☐	Platted	☐	Key Punched	☐	To Treasurer	☐
Microfilmed	☐	Deed Card	☐	Master File	☐		☐
Indexed	☐	Compared	☐	Abstracted	☐		

(DO NOT WRITE ABOVE THIS LINE)

WARRANTY DEED

LORNE H. RICE and EDNA P. RICE, husband and wife, and DENNIS L. RICE, a single man,
of Fruitvale , County of Adams , State of Idaho GRANTOR(S)
hereby CONVEYS, GRANTS and WARRANTS TO J. HAROLD SCISM and NINNI H. SCISM, J.HAROLD SCISM and NINNI H. SCISM, Trustees FBO J. HAROLD SCISM and NINNI H. SCISM, andthe Survivor of them, under D of T. GRANTEE(S)
of Box 685, Solana Beach, County of San Diego, State of ~~Idaho~~ CA dated July 7, 1961
for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE / ~~Dollars~~ ($ 10.00)
CONSIDERATION
the following described tract(s) of land in Adams County, State of Idaho:

IN SECTION 20 TOWNSHIP 18 NORTH, RANGE 1 WEST OF THE BOISE MERIDIAN:

The Southwest Quarter of the Southeast Quarter of the Southwest Quarter.

IN SECTION 29, TOWNSHIP 18 NORTH, RANGE 1 WEST OF THE BOISE MERIDIAN:

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The Southeast Quarter of the Northeast Quarter of the Northwest Quarter.

Together with all water and water rights, ditches and ditch rights and irrigating works of whatever nature, used upon, connected with or in anywise appurtenant to said premises.

Location of above described property _____
HOUSE NO. STREET

WITNESS the hand of said Grantors this day of August, A.D. 1981

Dennis L. Rice

Lorne H. Rice

Edna P. Rice

(NOTARY SEAL)

State of Idaho
County of Washington } ss. On the 29 day of August A.D. 1981,

personally appeared before me Lorne H. Rice and Edna P. Rice, and Dennis L. Rice,

the signer(s) of the within instrument, who duly acknowledged to me that they executed the same.

Ila T Burton
(NOTARY PUBLIC)

Residing at: Weiser

My Commission expires: Sept 27, 1982

MAIL DEED TO:
J. HAROLD SCISM & NINNI H. SCISM
Box 685
Solana Beach, CA 92075

MAIL TAX NOTICE TO:
Name J. HAROLD SCISM & NINNI H. SCISM
Address Box 685
City & State Solana Beach, CA Zip 92075

WARRANTY DEED

Proofed by NVS.

MFG. BY KAYE-SMITH (425) 228-8600 (1-800-822-9987)

OFFICE USE ONLY
1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
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TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
JAMES	HAROLD	SCISM	Male	May 4, 2002

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	13. COUNTY OF DEATH
91			May 14, 1910	Illmo, MO	No	Snohomish

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — [X] BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. [X] HOME 2. [ ] IN TRANSPORT 3. [ ] EMERG. RM/OUT PTN 4. [ ] HOSP. 5. [ ] NUR HOME 6. [ ] OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Edmonds	18311 - 84th Ave. W.	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Ninni Viola Holmstrom	[redacted]		2

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Distributor	Chemical Sales	No	Caucasian

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
18311 - 84th Ave. W.	Edmonds	Yes	Snohomish	3 yrs.	WA	98026

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
James Eldon Scism	Nellie Harper

30. INFORMANT — NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Ninni V. Scism	18311 - 84th Ave. W., Edmonds, WA 98026			

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Rem./Burial	May 9, 2002	Hornet Creek Cemetery	Council, ID

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
x Roby L. Miller	Beck's Funeral Home	Box 1567, Edmonds, WA 98020

CERTIFIER

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 Robert Bettis MD	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 x
40. DATE SIGNED (Mo, Day, Yr) 5/16/02	41. HOUR OF DEATH (24 Hrs) 1045
44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jae Sim, MD	46. PRONOUNCED DEAD (Mo, Day, Yr)
	47. HOUR PRONOUNCED DEAD (24 Hrs)
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert Bettis, MD, 7315-212th St. SW, #203, Edmonds, WA 98026	49. ME/CORONER FILE NUMBER NJA#02SN0749

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Metastatic Prostate Cancer	
DUE TO, OR AS A CONSEQUENCE OF:	B.	
DUE TO, OR AS A CONSEQUENCE OF:	C.	
DUE TO, OR AS A CONSEQUENCE OF:	D.	

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Atherosclerotic Cardiovascular Disease	No	Yes

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE	62. REGISTRAR SIGNATURE x	63. DATE RECEIVED (Mo, Day, Yr)

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-160)

A