IN THE MATTER OF)
NOTICE OF CLAIM TO)
A WATER RIGHT NO.(S)) AFFIDAVIT
67-4002)
)
)
State of Idaho)
County of Washington)

RECEIVED
OCT 25 2005
DEPARTMENT OF
WATER RESOURCES

Lynn A Anderson being first duly sworn, deposes and says: I still own this property and have done for over 70 years. I first came to this country in 1928 and have known this property has been irrigated since 1928.

My current address is 270 Hwy 95 Weiser, Idaho and would like my Water Claim to be changed to that address.

My wife is deceased and would like to have her name off the claim I am sending her death certificate

(Signature)

Subscribed and sworn to before me this

day _____ of _____, 19____.

SEAL

(Notary Public)

Residing at _____.

My Commission Expires _____.

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: SEPTEMBER 01, 2000 STATE FILE NUMBER: 00-06074

DECEDENT: ROSAMOND HANNAH ANDERSON

DATE OF DEATH: AUG. 25, 2000 PLACE OF DEATH: WEISER, IDAHO
TIME OF DEATH: 1:00 P.M.

DATE OF BIRTH: FEB. 06, 1917 PLACE OF BIRTH: ALBERTA

AGE: 83 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: MARRIED SURVIVING SPOUSE: LYNN ANDERSON

SOCIAL SECURITY NUMBER: [redacted] RESIDENCE: WEISER, IDAHO

FATHER: DAVID FRANK
FATHERS BIRTHPLACE: UTAH
MOTHER (MAIDEN): AMY A. STANSFIELD
MOTHERS BIRTHPLACE: UTAH

MORTUARY: THOMASON FUNERAL HOME, INC. WEISER, IDAHO
MORTICIAN: ROBERT E. THOMASON DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: BRYAN L. DRAKE, D.O. AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: INTERVAL

DEMENTIA: MULTIINFARCT YEARS

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

ADVANCED AGE

MANNER OF DEATH: NATURAL

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

DATE ISSUED: SEPTEMBER 12, 2000

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE