

02/18/2003

Craig

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: April 21, 2003

Water right number: 29-2224M

ROSALIE THOMAS
2105 BANNOCK HWY
POCATELLO ID 83204
Telephone Number: (208)232-7649

J C THOMAS
2105 BANNOCK HWY
POCATELLO ID 83204
Telephone Number: (208)232-7649

RECEIVED

MAR 10 2003

WATER RESOURCES
WESTERN REGION

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: 2-27-03 SIGNATURE: Rosalie Thomas
Please print your name: ROSALIE THOMAS

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

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 29-2224M
Date Received: 4/19/1990
Receipt No: X777777
Received By:

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

ROSALIE THOMAS Phone: (208)232-7649

2105 BANNOCK HWY
POCATELLO ID USA 83204

2. Date of Priority: 10/04/1919

3. Source: PORTNEUF RIVER Trib. to: SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
07S	34E	1	SE NW NW	BANNOCK	

5. Description of diverting works:

1 HP CENTRIFUGAL PUMP IN RIVER, SPRINKLERS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/05	0.02	

7. Total Quantity Appropriated is:
0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres	
07S	34E	1	NW	NW	4	IRRIGATION	0.2
			NE	NW	3	IRRIGATION	0.8

Section Acres 1
Total Acres 1

11. Place of use in counties: BANNOCK

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

SOUTH 80' OF TRACT 2, MIRABELLA TRACTS.
*THIS RIGHT PAID FOR UNDER RECEIPT #E013332. CHANGE IN OWNERSHIP 8-8-95 GJT.

15. Basis of Claim: License

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

State File No. _____
Local Reg. No. 6-4799

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE FILED AS PRIMARY EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2401 & 39-274

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	DECEDENT — NAME (FIRST, MIDDLE, LAST)		DATE OF DEATH (Month, Day, Year)	
	Jasper Charles Thomas		September 9, 2000	
	SOCIAL SECURITY NUMBER		BIRTHPLACE (City and State or Foreign Country)	
	260-36-1615		Marion County, Georgia	
AGE — Last Birthday (Yrs., Mo., Day)		DATE OF BIRTH (Month, Day, Year)		
76		May 3, 1924		
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No				
PLACE OF DEATH (Check only one) (1) ☒ Inpatient (4) ☐ Long-Term Care Facility (6) ☐ Other Private Residence (2) ☐ ER/Outpatient (3) ☐ DOA (5) ☐ Own Residence (7) ☐ Other (Specify) _____				
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)			CITY, TOWN OR LOCATION OF DEATH	
Portneuf Valley Rehab & Hospital			Pocatello	
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	
Married			City of Pocatello	
SURVIVING SPOUSE (If wife, give maiden name)			KIND OF BUSINESS, INDUSTRY	
Rosalie A. LoPresto			Street Sweeper	
RESIDENCE STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER
Idaho		Bannock	Pocatello	2105 Bannock Hwy
INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — if yes, specify Mexican, Puerto Rican, etc.)		RACE — American Indian, Black, Japanese, White, etc. (Specify)
☒ Yes ☐ No		☐ Yes ☒ No		White
		DECEDENT'S EDUCATION (Specify only highest grade completed)		
		Elementary/Secondary (0-12)		College (1-4 or 5+)
		3rd		
PARENTS				
FATHER — NAME		BIRTHPLACE	MOTHER — FULL MAIDEN NAME	BIRTHPLACE
Jack Thomas		Georgia	Annie Barker	Georgia
INFORMANT				
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
Rosalie Thomas		2105 Bannock Hwy, Pocatello, ID 83204		
DISPOSITION				
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION — City or Town, State
☐ Burial ☒ Cremation ☐ Removal from Idaho		Grove City Crematory		Blackfoot, Idaho
☐ Donation ☐ Other (Specify) _____				
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH				
<i>[Signature]</i>		LICENSE NUMBER (of Licensee)	NAME AND ADDRESS OF FACILITY	
		M 765	Grove City Funeral Home 288 N. Shilling Ave Blackfoot, Idaho 83211	
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)	WAS CASE REFERRED TO CORONER?	MANNER OF DEATH (Check One)
7:00 P.M.		September 9, 2000	☐ Yes ☒ No	☒ Natural ☐ Homicide ☐ Suicide ☐ Accident
				☐ Pending Investigation ☐ Could Not Be Determined
CAUSE OF DEATH				
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. <u>Coronary Heart Failure</u>				
DUE TO (or as a consequence of):				
b. _____				
DUE TO (or as a consequence of):				
c. _____				
DUE TO (or as a consequence of):				
d. _____				
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.				
<u>Diabetes Type II</u>				
WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
☐ Yes ☒ No		☐ Yes ☐ No		
CERTIFIER				
☒ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER	DATE SIGNED (Month, Day, Year)	
<i>[Signature]</i>		140300	9/11/00	
NAME AND ADDRESS OF CERTIFIER (Type/Print)				
DR. Clifford Field 755 Hospital Way, Pocatello, ID 83201 (208) 238-1000				
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
TO BE USED FOR EXTERNAL CAUSES ONLY				
INJURY AT WORK? IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY — At home, farm, school, factory, office building, etc. (Specify)		
☐ Yes ☐ No		Driver ☐ Passenger ☐ Pedestrian		
☐ Other _____				
CORONER'S REVIEW AREA				
CORONER'S ACTION		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)
I have reviewed and/or amended, and certified.		<i>[Signature]</i>		
REGISTRAR				
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)		
<i>[Signature]</i>		Sept 13, 2000		

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: Sept. 13, 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

29-2224M

RECEIVED

DEC 20 2001

Department of Water Resources
Eastern Region

I Rosalie Thomas 12-19-01
would like to have J.C. Thomas
name taken off the Water Right Prop
of 2105 Gannock Hwy he pass away
Sept 9-2000 and just have my
Name on them

Thank you
Rosalie Thomas