

Nov 15, 66

To the Department of Water Resources,

My husband Terrell J. Johnson passed
away on January 1, 66.

I ask at this ^{time} if you would please
change the ownership of water right
claim to my name Patricia A. Johnson

I am sending a copy of my husband's
death certificate, if you need more info
please let me know.

Sincerely

Patricia A. Johnson

(new address) 18 Heinrich Lane
same property McCall, Idaho 83638
208-634-8409

Sneke River Basin Adjudication
Claim # A65-17276

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed JANUARY 11, 2006

State File No. 2006-00044

DECEDENT - LEGAL NAME TERRELL THOMAS JOHNSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 64 YEARS	DATE OF BIRTH APRIL 15, 1941
BIRTHPLACE PAULS VALLEY, OKLAHOMA		PLACE OF RESIDENCE MCCALL, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) PATRICA CARLSON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME HOYDT JOHNSON			BIRTHPLACE OKLAHOMA
MOTHER - MAIDEN NAME ELSIE CARPENTER			BIRTHPLACE OKLAHOMA
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE MARVIN HEIKKILA	
NAME AND ADDRESS OF FUNERAL FACILITY HEIKKILA FUNERAL CHAPEL, MCCALL, IDAHO			
DATE OF DEATH JAN. 01, 2006	TIME OF DEATH 8:30 A.M.	CITY, TOWN OR LOCATION OF DEATH MCCALL, IDAHO	COUNTY OF DEATH VALLEY
CAUSE OF DEATH (underlying cause last) a. GASTRIC CANCER			Approximate Interval Between Onset and Death 2 MONTHS
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER MARCIA LEANNE WITTE, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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

DATE ISSUED: JANUARY 12, 2006

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

JANE S. SMITH
STATE REGISTRAR



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. BOX 83720, Boise, Idaho 83720-0098
Phone: (208) 327-7900 FAX: (208) 327-7866

RECEIVED

FEB 17 2006

DEPARTMENT OF
WATER RESOURCES

PHILIP E. BAIT
GOVERNOR

KARL J. DREHER
DIRECTOR

November 18, 1997

TERRELL T & PATRICIA JOHNSON

~~13950 RUSTIC RD~~ 18 Heinrich Lane
MCCALL ID 83638

RE: Snake River Basin Adjudication (SRBA)
Notice of Claim #A65-17276

Dear Mr. & Mrs. Johnson:

Notice of the change in ownership of the water right claim referenced above has been received. Our records have been changed accordingly.

Enclosed is a computer-generated copy of your claim. Please refer to this record number in any future inquiries or correspondence.

If your mail delivery address changes in any form, please contact us in writing so we can update our records to assure you receive important notices concerning your water right claim.

Sincerely,

Anita L. Warntjes
Administrative Assistant
Adjudication Bureau

ALW:region

Enclosures:

Copy of Notice of Claim Referenced Above
"How You Will Receive Notice...."