

RECEIVED

MAR 22 2006

DEPARTMENT OF
WATER RESOURCES

March 19, 2006

Sally
IDWR
P O Box 83720
Boise, ID 83720-0098

Subject: Address change for 85-7233

Please change our address

from: 3521 28th Street, Lewiston, ID 83501

to: 3511 28th Street, Lewiston, ID 83501

Also, please remove my deceased wife's name, Pat Allmon.

Thank you,

Victor Allmon

Victor Allmon

Enc: Death Certificate Copy

*SRBA Court has correct address, too.
Record previously changed.
- m 3-23-06*

CHANGE OF OWNERSHIP
LETTER SENT earlier

*after t/c w/
Present + wife + Victor.*

*NCAP prepared; made change
3-23-06. m*

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed MAY 03, 2001

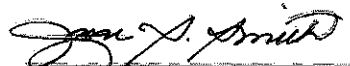
State File No. 2001-03046

DECEDENT - NAME PATRICIA A. ALLMON				AGE 68 YEARS	
DATE OF DEATH APR. 20, 2001		SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH JUNE 25, 1932	
BIRTHPLACE WASHINGTON		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS MARRIED	
SURVIVING SPOUSE (If wife, maiden name) VIC ALLMON		CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO			
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION LEWISTON			
FATHER - NAME RUSSEL M. KENNEDY				BIRTHPLACE NORTH DAKOTA	
MOTHER - FULL MAIDEN NAME IRIS ANIETA SAVAGE				BIRTHPLACE OREGON	
NAME AND ADDRESS OF MORTUARY MOUNTAIN VIEW FUNERAL HOME, LEWISTON, IDAHO					
FUNERAL SERVICE LICENSEE JERRY BARTLOW					
METHOD OF DISPOSITION CREMATION		TIME OF DEATH 1:30 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause first) a. METASTATIC ADENOCARCINOMA OF UNKNOWN PRIMARY SITE					Approximate Interval Between Onset and Death 3 YEARS
DUE TO (or as a consequence of): b.					
DUE TO (or as a consequence of): c.					
DUE TO (or as a consequence of): d.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE LISTED					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER MICHAEL T. ROONEY, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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

DATE ISSUED: NOVEMBER 02, 2001

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


JANE S. SMITH
STATE REGISTRAR

copy