

**SNAKE RIVER BASIN ADJUSTICATION
CHANGE IN ADDRESS OF NOTICE OF CLAIM**

Claim Number(s):

27-7376

Previous Mailing Address:

Ross and LaFay Chandler
422 East 500 North
Firth, Idaho 83236

New Mailing Address:

LaFay Chandler
343 N. 200E
Blackfoot, Id. 83221

Telephone Number:

(208) 782-2044

Signature of Claimant(s):

LaFay Chandler

Please return this completed form to the address indicated below:

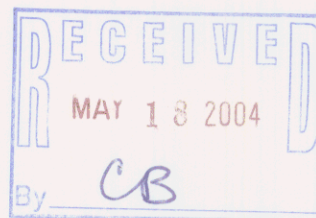
☐ Adjudication Bureau
Idaho Dept. of Water Resources
1301 N. Orchard St.
Boise, ID 83706-2237
Ph. 1/800/451-4129 or
FAX 208/327-5400

☐ Adjudication Bureau
Idaho Dept. of Water Resources
1341 Fillmore St., Ste. 200
Twin Falls, ID 83301-3380 or
FAX 208/736-3037

☐ Adjudication Bureau
Idaho Dept. of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Ph. 208/334-2190 or
FAX 208/334-2348

☐ Adjudication Bureau
Idaho Dept. of Water Resources
900 N. Skyline, Ste A.
Idaho Falls, ID 83402-3653 or
FAX 208/525-7177

☒ Adjudication Bureau
Idaho Dept. of Water Resources
15 West Center Street
Soda Springs, ID 83276
Ph. 208/547-3993 or
FAX 208/547-3939



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. 153

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 26-2410 & 26-224

DECEDENT	DECEDENT — NAME		SEX	DATE OF DEATH (Month, Day, Year)
	* <u>Ross Boyd Chandler</u>		<u>Male</u>	<u>Oct. 13, 2000</u>
	SOCIAL SECURITY NUMBER	AGE — Last Birthday	UNDER 1 YEAR	UNDER 1 DAY
	<u>[REDACTED]</u>	<u>68</u>	<u>1</u> MONTHS <u>1</u> DAYS	<u>1</u> HOURS <u>1</u> MIN.
FATHER	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)		CITY, TOWN OR LOCATION OF DEATH	
	<u>422 E. 500 N.</u>		<u>Firth</u>	
	COUNTY OF DEATH		COUNTY OF DEATH	
	<u>Bingham</u>		<u>Bingham</u>	
MOTHER	MOTHER — FULL MAIDEN NAME		BIRTHPLACE	
	<u>Dora Savage</u>		<u>ID</u>	
	INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	<u>LaFay Fallis Chandler</u>		<u>422 E. 500 N. Firth, Idaho 83236</u>	
DISPOSITION	METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
	☒ Burial ☒ Cremation ☐ Removal from Idaho		<u>Southeast Idaho Crematory</u>	
	☐ Donation ☐ Other (Specify)		<u>Blackfoot, Idaho</u>	
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		NAME AND ADDRESS OF FACILITY	
CAUSE OF DEATH	TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)	
	<u>2:00 A.M.</u>		<u>Oct. 13, 2000</u>	
	WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)	
	☒ Yes ☐ No		☒ Natural ☐ Homicide ☐ Suicide ☐ Accident	
CERTIFIER	IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	<u>Chronic obstructive pulmonary disease</u>		<u>years</u>	
	DUE TO (or as a consequence of):			
	DUE TO (or as a consequence of):			
REGISTRAR	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED?	
			☐ Yes ☒ No	
	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		☐ Yes ☐ No	
VITAL STATISTICS COPY	CERTIFIER (Check only one)		SIGNATURE AND TITLE OF 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.		<u>S. Doyle Jones</u>	
	☒ 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.		LICENSE NUMBER	
			<u>10-16-00</u>	
VITAL STATISTICS COPY	NAME AND ADDRESS OF CERTIFIER (Type/Print)		DATE SIGNED (Month, Day, Year)	
	<u>S. Doyle Jones, 501 N. Maple #303, Blackfoot, ID 83221</u>		<u>October 20, 2000</u>	
	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	<u>Oct. 13, 2000</u>		<u>2:00</u>	
VITAL STATISTICS COPY	INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify	
	☐ Yes ☒ No		☐ Driver ☐ Passenger ☐ Pedestrian	
	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Route Number, City/Town, or County, and State)	
	<u>At home</u>		<u>Blackfoot, Idaho</u>	
VITAL STATISTICS COPY	CORONER'S ACTION		CORONER'S SIGNATURE	
	<u>I have reviewed and/or amended, and certified.</u>		<u>[Signature]</u>	
	DATE SIGNED (Month, Day, Year)		DATE FILED (Month, Day, Year)	
	<u>October 20, 2000</u>		<u>October 20, 2000</u>	

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: October 20, 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