

08/31/2006

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: September 29, 2006

Water right number: 73-2A

JERALDINE WHITWORTH

PO BOX 2290

MAY ID 83253

Telephone Number: (208)876-4221

ROBERT WHITWORTH

PO BOX 2290

MAY ID 83253

Telephone Number: (208)876-4221

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:

Sept 20 06

SIGNATURE:

Robert Whitworth

Maureen Betscher P.O.A

attorney in fact

Please print your name:

Robert Whitworth

Maureen Betscher

IDWR Regional Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, 2082874800

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

CERTIFICATE OF DEATH

Date Filed MARCH 15, 1999

State File No. 1999-01704

DECEDENT - NAME MARY JERALDINE WHITWORTH		AGE 75 YEARS	
DATE OF DEATH MAR. 03, 1999	SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH OCT. 02, 1923
BIRTH-PLACE IDAHO		CITY, TOWN OR LOCATION OF DEATH MAY, IDAHO	
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	MARITAL STATUS MARRIED	SURVIVING SPOUSE (if wife, maiden name) BOB WHITWORTH	
RESIDENCE STATE IDAHO	CITY, TOWN OR LOCATION MAY		
FATHER - NAME CHARLIE MCKELVEY		BIRTH-PLACE IDAHO	
MOTHER - FULL MAIDEN NAME MARIE GILBOY		BIRTH-PLACE IDAHO	
NAME AND ADDRESS OF MORTUARY JONES & CASEY FUNERAL HOME, SALMON, IDAHO			
FUNERAL SERVICE LICENSEE BARTON D. CASEY			
METHOD OF DISPOSITION BURIAL	TIME OF DEATH 5:04 P.M.	MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. CARDIAC ARRHYTHMIA		Approximate Interval Between Onset and Death MIN.	
DUE TO (or as a consequence of): b. CORONARY ARTERY DISEASE		YEARS	
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 C. DOUG GRIFFITH		TITLE OF CERTIFIER CORONER	
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		

AMENDED: 04/26/1999

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: OCTOBER 21, 2002

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

268465

234623

GENERAL POWER OF ATTORNEY
(With Durable Provision)

County Clerk of _____ Title _____
Time 10:50 A.M. Date 8-9-06
Ethel M. Beck, Clerk
Deputy Betsy Doughty \$ 6.00

TO ALL PERSONS, be it known, that ROBERT T. WHITWORTH, of May, Idaho, County of Custer, the undersigned grantor, does hereby make and grant a general power of attorney to MAUREEN BETSCHER, of Boise, Idaho, County of Ada, and does thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall have full powers and authority to do and undertake all acts on my behalf that I could do personally, with full power of substitution and revocation, including but not limited by said authority the right to sell, deed, buy, trade, lease, mortgage, assign, rent or dispose of any of my present or future real or personal property; the right to execute, accept, undertake and perform any and all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box; the right to borrow, lend, invest or reinvest funds on any terms; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity, and the right to retain any accountant, attorney or other advisor deemed necessary to protect my interests generally or relative to any foregoing unlimited power.

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as she in her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

This power of attorney shall not be affected by disability of the Grantor, and shall otherwise continue in full force and effect until revoked by subsequent writing.

Signed under seal this 7 day of Jan, 2000.

Signed in the presence of:

Grantor

Attorney-in-Fact

State of IDAHO)
)ss.
County of CUSTER)

January 7th, 2000

Then personally appeared ROBERT T. WHITWORTH, the above named Grantor, who known to me, signed or acknowledged the foregoing executed Power of Attorney as his free act and deed, before me.

Notary Public for Idaho

Residing CHARLES

My commission expires: 4-4-2000

