

11/20/2006

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: 12/13/2006

Water right number: 75-14066

DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467
Telephone Number: (208)756-3135

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467
Telephone Number: (208)756-3135

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

Legal Description Wrong

2. Describe the changes you wish to make in the proposed recommendation:

Should be 21N 22E S32 NWNW

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: 12-12-06

SIGNATURE: Sharon K Ackerman

Please print your name: Sharon K Ackerman

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, 2087622800

Ken completed it for phone call 12-12-06

11/20/2006

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 75-14066

NAME AND ADDRESS: DALE R ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SHARON K ACKERMAN
17 AIRPORT RD
SALMON ID 83467

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

PRIORITY DATE: 04/09/2002

POINT OF DIVERSION: T21N R22E S9 NESWSW Within LEMHI County

PURPOSE AND
PERIOD OF USE:

	<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
	DOMESTIC	01/01 12/31	0.040 CFS
PLACE OF USE:	<u>DOMESTIC in LEMHI County</u>		
	T21N R22E S09 SWSW	Wrong	

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
036 FILE NUMBER 907

CERTIFICATE OF DEATH

124 -

REGISTRAR'S NUMBER

1. DECEDENT'S NAME (First, Middle, Last) DALE RAY ACKERMAN		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 3, 2006	
4. SOCIAL SECURITY NO. [REDACTED]		5a. AGE - Last Birthday (Years) 65		6. DATE OF BIRTH (Month, Day, Year) April 17, 1941	
7. BIRTHPLACE (City and State or Foreign Country) Ottawa, KS		8. PLACE OF DEATH (Check only one) ☐ At home ☐ In institution, give street and number St. Luke's Hospital		9a. COUNTY OF DEATH Jackson	
9b. FACILITY NAME (If not institution, give street and number) St. Luke's Hospital		10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married		11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) Sharon Zielsdorf	
12a. RESIDENCE - STATE Idaho		12b. CITY, TOWN, OR LOCATION Salmon		12c. ZIP CODE 83467	
13a. STREET AND NUMBER 17 Airport Road		13b. INSIDE CITY LIMITS ☒ Yes ☐ No		13c. YEARS AT PRESENT ADDRESS 1	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12)	
17. FATHER'S NAME (First, Middle, Last) Edward Gerald Ackerman		18. MOTHER'S NAME (First, Middle, Last) Opal Darlene Brewbaker		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17 Airport Road, Salmon, ID 83467	
20a. BURIAL, CREMATION, Other (Specify) Cremation		20b. DATE OF DISPOSITION (Month, Day, Year) November 7, 2006		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wilbert Crematory	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		22a. NAME AND ADDRESS OF FACILITY Charter Funerals Kansas Chapel 10250 Shawnee Mission Pky, Merriam, KS 66203		22b. FUNERAL ESTABLISHMENT LICENSE NUMBER 480	
23. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Coronary heart failure DUE TO (OR AS A CONSEQUENCE OF): Acute fulminant myocarditis DUE TO (OR AS A CONSEQUENCE OF): [Blank] DUE TO (OR AS A CONSEQUENCE OF): [Blank] PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. [Blank]					
24. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide		25a. TIME OF INJURY (Month, Day, Year) M		25b. TIME OF DEATH (Month, Day, Year) 7:35 PM	
26. PLACE OF INJURY - At home, farm street, factory, office, building, etc. (Specify) [Blank]		27a. DATE OF INJURY (Month, Day, Year) [Blank]		27b. TIME OF INJURY (Month, Day, Year) [Blank]	
28a. CERTIFYING PHYSICIAN (Signature and Title) [Signature]		28b. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or Coroner) (Type or Print) Andrew Kao 4330 Wornall Rd #200 Kansas City, MO 64111		28c. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) November 22, 2006	
29a. CERTIFYING PHYSICIAN ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER		29b. MO. LICENSE NUMBER 2004018364		29c. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☒ No	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Blank]		31. SIGNATURE OF REGISTRAR [Signature]		32. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) November 22, 2006	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the deceased named above was embalmed by me, or by

Student Embalmer No. _____ working

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 1994)

STATE OF MISSOURI } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health and Senior Services this date of

November 22, 2006

Clifford A. Dennis
Registrar of Vital Statistics