

2

12/11/2006

NOTICE OF ERROR

REPLY

RECEIVED

DEC 21 2006

DEC 21 2006

DEPARTMENT OF
WATER RESOURCES

Please type or print clearly, fill out this form completely and mail it.

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: 12/11/2006

Water right number: 37-804

WILLIAM D BROWN
1838 ALTURAS DR
TWIN FALLS ID 83301
Telephone Number: (208)731-0491

BECKY BROWN
757 4TH AVE GANNETT
BELLEVUE ID 83313
Telephone Number: (208)788-2857

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: 12-15-06

SIGNATURE: Becky Brown

Please print your name: BECKY BROWN

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

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: NOVEMBER 23, 1998

STATE FILE NUMBER: 98-07689

DECEDENT: FRANCIS JOHN BROWN

DATE OF DEATH: NOV. 06, 1998
TIME OF DEATH: 4:45 P.M.

PLACE OF DEATH: GANNETT, IDAHO

DATE OF BIRTH: DEC. 08, 1931

PLACE OF BIRTH: IDAHO

AGE: 66 YEARS

SEX: MALE

VETERAN? YES

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN): BECKY ANN [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE: GANNETT, IDAHO

FATHER: WALTER BROWN

FATHERS BIRTHPLACE: SCOTLAND

MOTHER (MAIDEN): MARY ANN SULLIVAN

MOTHERS BIRTHPLACE: IRELAND

MORTUARY: WOOD RIVER CHAPEL

MORTICIAN: RUSSELL D. MIKEL

HAILEY, IDAHO

DISPOSITION: CREMATION

CERTIFYING PHYSICIAN: DAN S. FAIRMAN, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

SUDDEN CARDIAC DEATH

CHF

ASHD

-

5 YEARS

10 YEARS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

MANNER OF DEATH: NATURAL

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: NOVEMBER 24, 1998

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