

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 recommendation or you want to let IDWR know that you agree with its

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: 01/05/2007

Water right number: 37-11830

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

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

1. Describe the portion of the proposed recommendation with priority date, period of use, source):
2. Describe the changes you wish to make in the proposed rec
3. Give a brief explanation as to why you disagree with thes

☒ I AGREE with this proposed recommendation: no changes need to b

DATE: 12-18-2006 SIGNATURE: Becky Brown

Please print your name: BECKY BROWN

IDWR Regional Office, 322 E Front St
PO Box 83720, Boise, ID 83720-0098, 20828741

STATE OF IDAHO

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

CERTIFICATE OF DEATH

DATE FILED: NOVEMBER 23, 1998

STAT

DECEDENT: FRANCIS JOHN BROWN

DATE OF DEATH: NOV. 06, 1998

PLACE OF DEATH: C

TIME OF DEATH: 4:45 P.M.

DATE OF BIRTH: DEC. 08, 1931

PLACE OF BIRTH: I

AGE: 66 YEARS

SEX: MALE

VETERAN? YES

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN):

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE:

FATHER: WALTER BROWN

FATHERS BIRTHPLACE: SCOTLAND

MOTHER (MAIDEN): MARY ANN SULLIVAN

MOTHERS BIRTHPLACE: IRELAND

MORTUARY: WOOD RIVER CHAPEL

MORTICIAN: RUSSELL D. MIKEL

CERTIFYING PHYSICIAN: DAN S. FAIRMAN, MD

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

SUDDEN CARDIAC DEATH

CHF

ASHD

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UN

NONE LISTED

MANNER OF DEATH: NATURAL