

67-2395

020

FAX Transmission

Number of pages including cover sheet 2

Attention: Legal Section

Company: Dept of Water Resources

Phone: _____

Fax: 287 - ~~6820~~ 6700

Comments: Thank you

Date: 12-22-06

From: Alice Barker

Company: _____

Phone: 208 - 642 - 6146

Fax: 208 - 642 - 6146

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

301240 CERTIFIED COPY OF DEATH CERTIFICATE

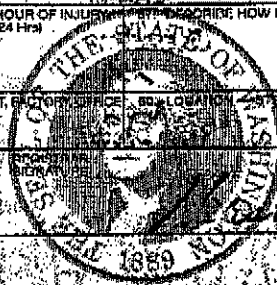
3909
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME (Last, First, Middle, Initial) Richard Harry Barker				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) April 11, 2002	
4. AGE LAST BIRTHDAY (Yrs) 76		5. UNDER 1 YEAR (Mo, Day, Yr) Oct 25, 1925		6. BIRTHPLACE (City, State or Foreign Country) New Meadows, ID		7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	
8. CITY, TOWN OR LOCATION OF DEATH Seattle				9. COUNTY OF DEATH King			
10. PLACE OF DEATH — (X) HOME OR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE VA Puget Sound Health Care System				11. SMOKING IN LAST 18 YEARS? (Yes / No) Yes			
12. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		13. SURVIVING SPOUSE (If wife, give maiden name) Alice Mildred Gray		14. SOCIAL SECURITY NO. [REDACTED]		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 8	
16. OCCUPATION (Specify) Owner/Operator		17. RACE (Specify) White		18. WIFE (2001-2002) (Specify) No			
19. RESIDENCE — NUMBER AND STREET 11435 Hwy. 95		20. CITY/TOWN OR LOCATION Payette		21. COUNTY Payette		22. LENGTH OF RES. IN CO. 7 Yrs.	
23. STATE ID		24. ZIP CODE 83661		25. FATHER'S NAME — FIRST, MIDDLE, LAST Walter Barker			
26. MOTHER'S NAME — FIRST, MIDDLE, LAST Loretta May Krinan		27. INFORMANT — NAME Alice Barker					
28. MARITAL ADDRESS 11435 HWY 95 Payette, ID 83661		29. MARITAL ADDRESS 11435 HWY 95 Payette, ID 83661					
30. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		31. DATE (Mo, Day, Yr) 4/12/2002		32. CEMETERY/CREMATORY — NAME Wilder Cemetery		33. LOCATION — CITY/TOWN, STATE Wilder, ID	
34. FUNERAL DIRECTOR SIGNATURE [Signature]		35. NAME OF FACILITY Haren-Wood Funeral Chapel		36. ADDRESS OF FACILITY 2534 SW 4th Ave. Ontario, OR 97914			
37. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 38. SIGNATURE AND TITLE [Signature] 39. DATE SIGNED (Mo, Day, Yr) 4/12/02 40. HOUR OF DEATH (24 Hr) 1726 Hours 41. NAME AND TITLE OF ATTENDING PHYSICIAN, OTHER THAN CERTIFIER (Type or Print) Richard V. Anderson, M.D. 42. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER Ani J. Fleisig, M.D., 1660 S. Columbian Way, Seattle, WA 98108				38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] 44. DATE SIGNED (Mo, Day, Yr) 4/12/02 45. HOUR OF DEATH (24 Hr) 1726 Hours 46. PRONOUNCED DEAD (Mo, Day, Yr) 4/12/02 47. HOUR PRONOUNCED DEAD (24 Hr) 1726 Hours 48. ME/CORONER FILE NUMBER [REDACTED]			
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Anoxic Brain Injury s/p Seizure Activity DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 5 Days	
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. Coronary Artery Disease s/p Rado M.V.R. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 7 Days	
		C. Cardio-Pulmonary Arrest with Resuscitation 4/6/02 DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 5 Days	
		D. [REDACTED]				INTERVAL BETWEEN ONSET AND DEATH [REDACTED]	
50. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				51. AUTOPSY? (Yes / No) No		52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
53. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		54. INJURY DATE (Mo, Day, Yr) 4/12/02		55. HOUR OF INJURY (24 Hr) 1726 Hours		56. HOW INJURY OCCURRED: [REDACTED]	
57. INJURY AT WORK? (Yes / No) No		58. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BOAT, LOCATION, STREET, OR RFD NO., CITY/TOWN, STATE [REDACTED]		59. RECORD AMENDMENT (Proprietary and only) REVIEWED BY: [Signature] DATE: 4/17/2002			



ATTN: Craig Sexton 287-9800

11/14/2006

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

RIGHT NUMBER: 67-2395
NAME AND ADDRESS: RICHARD H BARKER
926 GRAYS CREEK RD
INDIAN VALLEY ID 83632

ALICE M BARKER
926 GRAYS CREEK RD
INDIAN VALLEY ID 83632

SOURCE: UNNAMED STREAM TRIBUTARY: SNAKE RIVER
QUANTITY: 0.370 CFS
PRIORITY DATE: 11/04/1937
POINT OF DIVERSION: T09N R05W S14 SWNW Within PAYETTE County
PURPOSE AND PERIOD OF USE:

	<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
	IRRIGATION	03/01 11/15	0.370 CFS
PLACE OF USE:	<u>IRRIGATION in PAYETTE County</u>		
	T09N R05W S14 NENW 1.00	T09N R05W S14 NWNW	4.00
	T09N R05W S14 SWNW 8.00		
	13 ACRES TOTAL		

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 - License

Use of this right is combined with water from Lower Payette Ditch Company.

Note; Alice Barker
New address
Hwy 90
11435
Payette,
Idaho
83661