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FEB 20 2007

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

- 1 Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case IDWR will produce new water right number(s) for the split(s)

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
	2-7299	✓			

- 2 The following **REQUIRED** information must be submitted with this form:

- ☒ A. The appropriate **FILING FEE**. See instructions for fee amounts
- ☐ B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**
- ☐ C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are on file with the county Planning and Zoning or Recorder's Office).
- OR**
- ☐ D. If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency or equivalent **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

- 3 Name and Address of Former
Owner/Claimant(s)

Michael John & Letty D. Perci Field
 (Died & deeded to spouse)

- 4 New Owner/Claimant(s)

Letty D. Perci Field
 Name Connector (Check one): [] and [] or, [] and/or

New Mailing Address

Same

City, State and ZIP Code

New Telephone Number

(208) 459-9277

5. Date you acquired the property _____

6. **If the change in ownership affects the entire water right for each water right or adjudication claim number listed in line 1, then skip this line and go to line 7.** If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (you may copy this page, if necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Water Right and/or Adjudication Claim Number _____		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number _____		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number _____		
Irrigation		
Stock		
Domestic		
Other		
Totals		

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

7. Signature(s) of New Owner(s) or Claimant(s) _____
 (title if applicable)

 (title if applicable)

IT IS IMPORTANT TO FILE THIS COMPLETED FORM AT THE APPROPRIATE IDWR OFFICE, WITH PAYMENT OF THE FILING FEE AND THE OWNERSHIP DOCUMENT(S), AS REFERRED TO IN LINE 2.

For IDWR Office Use Only:

Received by _____	Date _____	Receipt Amt. _____
Received by _____	Date _____	Receipt No. _____
Processed by _____ AJ	Date _____	WR _____ Date _____

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §59-241(1) AND §59-274, IDAHO CODE

Local Reg. No. 3-069

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Michael John Percifield		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 53 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) May 5, 1950	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Nampa, ID		7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho	
	7b. COUNTY Canyon		7c. CITY OR TOWN Caldwell	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7d. STREET AND NUMBER 20347 True Road		7e. APT. NO. 83607	
	7f. ZIP CODE 83607		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Letty Keen	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Wade Percifield	
PARENTS	11b. BIRTHPLACE (State, Territory, or Foreign Country) Missouri		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Alpha Muldoon	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) South Dakota		13a. INFORMANT'S NAME (Type or print) Letty Percifield	
	13b. RELATIONSHIP TO DECEDENT Spouse		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 20347 True Road, Caldwell, ID 83607	
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Marsing/Homedale Cemetery Marsing, ID	
DISPOSITION	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Flahiff Funeral Chapel 624 Cleveland Blvd. Caldwell, ID		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
	17b. LICENSE NUMBER (Of licensee) M-587		18. WAS CORONER CONTACTED? ☒ Yes ☐ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) West Valley Medical Center		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Caldwell, 83605	
PLACE OF DEATH	22. COUNTY OF DEATH Canyon		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) January 25, 2004	
	24. TIME OF DEATH 0917 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) January 25, 2004	
	26. TIME PRONOUNCED DEAD 0917 (24hr)		27. CAUSE OF DEATH PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute Myocardial Infarction		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
CAUSE OF DEATH	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No		29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	
	30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable			
	TRANSPORTATION INJURY ONLY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			
	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the natural cause(s)/manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner stated.			
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	Signature and Title of Certifier <i>Wick DeGeus-Morris</i>		39b. LICENSE NUMBER 39c. DATE SIGNED 01/24/2004	
	* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Wick DeGeus-Morris 1115 Albany, Caldwell 83605		40b. DATE SIGNED 41b. DATE SIGNED 01/27/2004	
	40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record		41a. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
	I have reviewed and if necessary amended the medical section		41b. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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:

JAN 27 2004

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar

JANE S SMITH
STATE REGISTRAR