

CERTIFICATION OF VITAL RECORD

STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

34
TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT-NAME FIRST MIDDLE LAST GEORGE HARVEY KENNINGTON		2. SEX MALE	3. DATE OF DEATH (Mo., Day, Yr.) JULY 12, 1998
4. SOCIAL SECURITY NUMBER 519-22-8203		5a. AGE-Last Birthday (Years) 91	5b. UNDER 1 YEAR Months Days Hours Minutes
7a. PLACE OF DEATH (Check only one) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)		6. DATE OF BIRTH (Mo., Day, Yr.) NOVEMBER 9, 1906	
7b. FACILITY NAME (If not institution, give street and number) STAR VALLEY CARE CENTER		7c. CITY, TOWN, OR LOCATION OF DEATH AFTON	7d. COUNTY OF DEATH LINCOLN
8. STATE OF BIRTH (If not in U.S.A., name country) WYOMING		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10. SURVIVING SPOUSE (If wife, give maiden name)		11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) NO	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RANCHER		12b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
13a. RESIDENCE - STATE WYOMING	13b. COUNTY LINCOLN	13c. CITY, TOWN OR LOCATION FAIRVIEW	13d. STREET AND NUMBER 4023 BITTERCREEK ROAD
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - if yes, specify Cuban, Mexican, Puerto Rican, Etc.) No ☒ Yes ☐ (Specify)		15. RACE - American Indian, Black, White, Etc. (Specify) WHITE	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12
17. FATHER'S NAME First Middle Last ALONZO RICHARD KENNINGTON		18. MOTHER'S NAME First Middle Maiden Surname SUSAN IDA DIXON	
19a. INFORMANT-NAME (Type or Print) LYNETTE BEUS		19b. RELATIONSHIP TO DECEDENT DAUGHTER	
19c. MAILING ADDRESS STREET OR R.F.D. NUMBER CITY OR TOWN STATE ZIP CODE BOX 30 FAIRVIEW WYOMING 83119			
20a. Burial, Cremation, Removal from State, Other (Specify) BURIAL		20b. DATE (Mo., Day, Yr.) JULY 15, 1998	
20c. CEMETERY OR CREMATORY-NAME FAIRVIEW CEMETERY		20d. LOCATION CITY OR TOWN STATE FAIRVIEW WYOMING	
21a. FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>[Signature]</i>		21b. NAME OF FACILITY SCHWAB MORTUARY	21c. ADDRESS OF FACILITY 44 EAST FOURTH AVE., AFTON
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) K. Paul Head MD		23a. 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) stated. (Signature and Title) <i>[Signature]</i>	
22b. DATE SIGNED (Mo., Day, Yr.) 7/16/98		22c. HOUR OF DEATH 3:40 A.M.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) K. Paul Head MD		23b. DATE SIGNED (Mo., Day, Yr.)	
23c. HOUR OF DEATH M		23d. PRONOUNCED DEAD (Mo., Day, Yr.)	
23e. PRONOUNCED DEAD (Hour) M			
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) K PAUL HEAD MD 110 HOSPITAL LANE AFTON WYOMING 83110			
25a. REGISTRAR (Signature) <i>[Signature]</i>		25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 7-20-98	
PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardio pulmonary arrest b. lower gastro intestinal bleeding c. Septic ulcer disease d. 2 days			
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I. 27. AUTOPSY (Specify yes or no) NO 28. WAS CASE REFERRED TO CORONER (Specify yes or no) NO			
29. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Could not be Determined ☐ Suicide ☐ Homicide		30a. DATE OF INJURY (Month, Day, Year) 30b. TIME OF INJURY M 30c. INJURY AT WORK? (Specify yes or no) 30d. DESCRIBE HOW INJURY OCCURRED	
30e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

VR 2-89
8/97 15M

058223

This is a true and exact reproduction of the document on file in the office of Vital Records Services, Cheyenne, Wyoming.

DATE ISSUED: JUL 23 1998

Lucinda McCaffrey
Lucinda McCaffrey
Deputy State Registrar

This copy is not valid unless prepared on paper with an engraved border displaying the date, seal and signature of the Deputy State Registrar.



G. HARVEY KENNINGTON
REVOCABLE TRUST

THIS AGREEMENT made the 10th day of June, 1991, between **G. Harvey Kennington**, of Caribou County, State of Idaho, (mailing address: P. O. Box 31, Fairview, Wyoming 83119) (the "Grantor"), and **G. Harvey Kennington**, (the "Trustee").

WITNESSETH:

WHEREAS, the Grantor desires to create a trust of the property hereinafter specified for the purposes hereinafter set forth,

NOW, THEREFORE, in consideration of the premises and of the mutual covenants herein contained, the Grantor does hereby assign, convey, transfer and deliver to the Trustee the property set forth in the schedule hereto annexed, to hold the same and any other property which the Trustee may hereafter at any time hold or acquire hereunder (the "trust estate") IN TRUST, NEVERTHELESS, for the following uses and purposes and subject to the terms and conditions hereinafter set forth.

Grantor has five living children: Phillip Kennington, Donald Kennington, Lynette K. Beus, Grant Kennington and Anna Mae K. Anderson and one deceased child, Lavell Kennington, LaVell is survived by his wife, Anna Beth Kennington, all children of his marriage to Virginia Beyeler Kennington, deceased.

I
DISTRIBUTION

The Trustee shall hold, manage, invest and reinvest the trust estate, shall collect the income thereof, and shall pay over the net income to the Grantor or shall apply the same for his benefit if under any incapacity, in convenient installments but at least quarterly during his life. In addition, the Trustee is hereby authorized, at any time and from time to time, in his absolute discretion (a) to pay to the Grantor for his care, support, maintenance, education or general welfare, or to apply for any such purpose, any part or all of the trust estate, and (b) to pay to, or on behalf of, the Grantor the amount of any and all taxes caused by the sale of any of the assets comprising the trust estate. Upon the Grantor's death, the trust estate shall be distributed to Grantor's issue surviving Grantor

RECEIVED

MAY 10 1999

4/11/1989

BA CLAIMS RECEIVING CHECKLIST #

CLAIMANT'S NAME

Kennington

CLAIM IDENT. NO.

A24-04018

DATE RECEIVED

1/29/90

CK #

AMOUNT \$

YES

NO Required Info?

1. Is the name and address complete with zip code? ☐
2. Is a priority date entered? ☐
Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required. ☐
3. (a) Is a source entered? ☐
(b) Is a tributary to entered? (if required) ☐ N/A
4. Is the legal description of the p.d. sufficient? ☐ X
5. Is there a description of the diverting works? ☐
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. ☐ *
Is the period of use included? ☐
Is a quantity claimed for each use? ☐ *
7. Is a total quantity claimed entered? ☐
8. If required is a consumptive use entered? ☐ X N/A
Is the consumptive use correct? ☐ X N/A
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. ☐ N/A *
10. Is (are) the place(s) of use and purpose(s) indicated? ☐ *
11. Is (are) the county(ies) entered? ☐
12. Is the ownership of p.u. checked? ☐
13. Are other water rights listed or "none" indicated? ☐
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) ☐ N/A
15. Is the basis of the claim indicated? ☐
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☐ N/A
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☐ *
18. Has the claim been signed, sealed, and dated by a notary? ☐ *
19. Was this claim filed on time, or was an extension granted? ☐ *
20. Is the fee enclosed correct? ☐ Exempt *
21. If this claim is based on an existing water right, has the identification number been entered? ☐ N/A
22. Should this claim be data entered? ☐

Claim checked by: DC

Date: 1/30/90

Claim must be returned to claimant:

(Yes) ☒ (No)

Claimant must be notified of modifications:

X (Yes) (No)

Receipt Prepared by:

Claim data entered by: DC

Sent to claimant by:

Date:

Date: 4/30/90

Checked by:

Date:

Comments: Notify claimant that total consumptive use should be

NOV 06 1992

#8 is 125 AF/ANNUUM and PD is NW 1/4 of SE 1/4 of sec 29.
point of diversion?

FRED BEYLER

AFFIDAVIT

FILED: August 23, 1956 at 1:53 P.M.
Instrument No. 38,157
Recorded: Book 6 of Miscellaneous Records, at
Page 23, records of Caribou County, Idaho.

STATE OF IDAHO)
COUNTY OF BEAR LAKE) SS.

FRED BEYLER, being first duly sworn upon oath deposes and says: That he is a citizen of the United States over the age of Sixty five years; That he is the owner of a certain ranch situated at the junction of Sage Creek and Crow Creek Canyons, in Caribou County Idaho, situated in Sections 20, 21, 28 and 29, in Township 9 South, Range 46 East of the Boise Meridian, comprising approximately 760 acres, of which approximately 120 acres are irrigated, approximately 80 acres being irrigated from Sage Creek and 40 acres from Crow Creek.

That affiant homesteaded 600 acres of the above mentioned ranch and purchased 160 acres thereof, said 160 acres being known as the Stephen Green homestead.

That affiant commenced to homestead the said 600 acres in the year 1914 but prior to that time to-wit in the year 1907 was working on the said Green place and knows of his knowledge that at said time approximately 30 acres thereof was being irrigated from Sage Creek, well defined ditches being visible and in use at said time and affiant has been informed by others that said place had been irrigated for several years prior to said year 1907.

That since the year 1914 when affiant commenced to homestead said ranch as above stated, he has increased the irrigated portion of same, particularly in the year 1930 at which time affiant built a diversion ditch from the North side of Crow Creek and conveyed water therefrom on to approximately 40 acres of said land. That in the year 1932 affiant diverted from Sage Creek water through what is known as Halls Sage Creek ditch which has been constantly used since said time in the irrigation of 20 additional acres of said land.

That in the year 1919 affiant diverted from Crow Creek on the South side thereof through what is known as the Hall and Beyler Ditch water for the irrigation of approximately 30 acres of said land, and has continuously irrigated 30 acres of said land from said source ever since said time with the exceptions of the years 1931 and 1932, and at the present time there is now irrigated on said ranch a total of approximately 120 acres.

Fred Beyler

Subscribed and sworn to before me this 12th day of July, 1956.

Albert E. Leeright
Notary Public for Idaho
Residing at Montpelier, Idaho
My Commission Expires March 9, 1957

(Seal)

Receipt Details for ID E011889

9/26/05

To Cindy
From: Jen

file

Status	Adjustment Type	Version
	Adjusted Receipt	1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
1/30/1990 11:10:06 AM	1/30/1990	Eastern	\$415.00	Check
Payer		KENNINGTON, G.H.		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
1218			
Card Expiration Date	Credit Card Transaction #		

Comment

OVERPAYMENT

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$393.00	ADJUDICATION FEE	410162	9337	0	0	6490
\$22.00	OVERPAYMENT	410162	9337	0	0	6490

Refund(s):

Amount	Payee	Date	Document Number
\$22.00	G. HARVEY KENNINGTON	10/19/1990	

Water Right Information:

Basin Number	Sequence Number	Split Suffix	Amount	Type
24	4000		\$25.00	Claim
24	4018		\$100.00	Claim
24	4022		\$70.00	Claim
24	4020		\$110.00	Claim
24	4019		\$88.00	Claim

Print Report