

RECEIVED

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DEPARTMENT OF
WATER RESOURCES

29 March, 2007

To: The State of Idaho, Department of Water Resources
322 East Front Street, P.O. Box 83720
Boise, ID
83720-0098

From: Water right holder: Charlotte Anderson (Sinclair)
C/O Erich Estes
2050 Aliso Ave.
Costa Mesa, CA
92627

71-7084 } P.D.
71-10072 }

database
updated
4-3-07
-js

Dear Department Representative,

I am writing to you today to inform you of changes to the mailing information for the water right holder Charlotte Anderson (Sinclair). My mother, Charlotte, passed away in February of last year, and her estate in California is currently in probate. A probate process will be initiated soon for her interest in the property in question in Stanley, ID which is serviced by your department. As soon as a transfer of ownership has occurred I will contact you to make the appropriate changes to your records.

In the meantime, my mother's former residence at 29 Starfish Ct. in Newport Beach, CA where she continues to receive correspondence from your department is being sold. I would like to request to be added to your records and ask that in the future you direct any correspondence to my late mother to my attention at the Costa Mesa, CA address listed above. This will ensure that we continue to receive any information from you regarding the water rights at our property in Stanley.

I am enclosing a copy of my mother's death certificate for you to hold in your records as documentation of the need to make this change of address. If you require any additional information or have any questions you may contact me at the above address or by phone at (949) 678-8449.

Thank you for your attention in this matter.

Yours,



Erich B. Estes

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
SANTA ANA, CALIFORNIA

CERTIFICATE OF DEATH

3 2006 30 002138

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		3. LAST (Family)	
CHARLOTTE		ANDERSON	
2. MIDDLE		4. DATE OF BIRTH	
KAY		12/26/1947	
5. AGE Yrs.		6. SEX	
58		F	
7. DATE OF DEATH			
02/05/2006			
8. HOURS (24 Hours)			
1100			
9. BIRTH STATE/FOREIGN COUNTRY			
ID			
10. SOCIAL SECURITY NUMBER			
[REDACTED]			
11. EVER IN U.S. ARMED FORCES			
YES ☐ NO ☒ UNK ☐			
12. MARITAL STATUS (at time of death)			
MARRIED			
13. EDUCATION -- (highest level/degree) (see instructions on back)			
BACHELOR'S			
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)			
YES ☐ NO ☒			
15. DECEDENT'S RACE -- (Up to 3 races may be listed (see worksheet on back))			
WHITE			
16. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED			
OFFICE MANAGER			
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			
RELIGIOUS BUSINESS OFFICE			
18. YEARS IN OCCUPATION			
10			
19. DECEDENT'S RESIDENCE (Street and number or location)			
29 STARFISH CT			
20. CITY			
NEWPORT BEACH			
21. COUNTY/PROVINCE			
ORANGE			
22. ZIP CODE			
92663			
23. YEARS IN COUNTY			
36			
24. STATE/FOREIGN COUNTRY			
CA			
25. INFORMANT'S NAME, RELATIONSHIP			
JAMES L ANDERSON, HUSBAND			
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
29 STARFISH CT NEWPORT BEACH CA 92663			
27. NAME OF SURVIVING SPOUSE -- FIRST			
JAMES			
28. MIDDLE			
L			
29. LAST (Maiden Name)			
ANDERSON			
30. NAME OF FATHER -- FIRST			
CHARLES			
31. MIDDLE			
WILDER			
32. LAST			
JOSLYN			
33. BIRTH STATE			
ID			
34. NAME OF MOTHER -- FIRST			
GRACE			
35. MIDDLE			
ELIZABETH			
36. LAST			
ARNOLD			
37. BIRTH STATE			
ID			
38. DISPOSITION DATE			
02/16/2006			
39. PLACE OF FINAL DISPOSITION			
RES: JAMES L ANDERSON 29 STARFISH CT NEWPORT BEACH CA 92663			
40. TYPE OF DISPOSITION(S)			
CR/RES			
41. NAME OF FUNERAL ESTABLISHMENT			
NEPTUNE SOCIETY ORANGE COUNTY			
42. LICENSE NUMBER			
FD 1305			
43. SIGNATURE OF EMBALMER			
NOT EMBALMED			
44. SIGNATURE OF LOCAL REGISTRAR			
[Signature]			
45. LICENSE NUMBER			
A 53257			
46. DATE			
02/14/2006			
101. PLACE OF DEATH			
RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE			
IP ☐ ENOP ☐ DCA ☐ Hospital ☐ Nursing Home ☐ Other ☐			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. COUNTY			
ORANGE			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
29 STARFISH CT			
106. CITY			
NEWPORT BEACH			
107. CAUSE OF DEATH			
Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
(A) METASTATIC HEMANGIOPERICYTOMA			
(B)			
(C)			
(D)			
(E)			
108. DEATH REPORTED TO CORONER?			
YES ☒ NO ☐			
109. AUTOPSY PERFORMED?			
YES ☐ NO ☒			
110. ALTOPIRY PERFORMED?			
YES ☐ NO ☒			
111. USED IN DETERMINING CAUSE?			
YES ☐ NO ☒			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
Decedent Attended Since			
Decedent Last Seen At			
115. SIGNATURE AND TITLE OF CERTIFIER			
[Signature]			
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
ELEANOR QUAN MD 19582 BEACH BLVD HUNTINGTON BEACH CA 92648			
117. DATE			
02/10/2006			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
Manner of Death: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined			
119. INJURED AT WORK?			
YES ☐ NO ☒ UNK ☐			
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
121. INJURY DATE			
122. HOUR (24 Hours)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER			
126. DATE			
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
128. STATE REGISTRAR			
A B C D E			
FAX AUTH. #			
3513-G			
CENSUS TRACT			

046113



001738998

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

} SS

DATE ISSUED MAR 29 2007

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

TOM DALY
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

