

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESRECEIVED
AUG 12 2015
DEPT. OF WATER RESOURCES

Notice of Change in Water Right Ownership

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
94-8681	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: MONTE MILLER
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): GAIL K MILLER
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

25566 E MEADOW RD CATALDO ID 83810
Mailing address City State ZIP

208-682-2774
Telephone Email

4. If the water rights and/or adjudication claims were split, how did the division occur?
- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
- ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: 2007

6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:

- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
- If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
- New lessor(s) of record will receive payment after the following rental season.

7. This form must be signed and submitted with the following **REQUIRED** items:

- A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
- Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
- Filing fee (see instructions for further explanation):
 - \$25 per *undivided* water right.
 - \$100 per *split* water right.
 - No fee is required for pending adjudication claims.

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AUG 20 2015

8. Signature: Gail K Miller Title, if applicable Date 8/12/15
Signature of new owner/claimant

Signature: _____ Title, if applicable Date _____
Signature of new owner/claimant

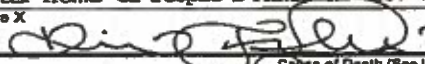
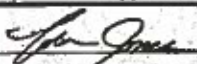
For IDWR Office Use Only:

Received by N/A Date N/A Receipt No. N/A Receipt Amt. N/A
Approved by [Signature] Processed by [Signature] Date 8/20/2015

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued : 4/30/2015

Local File Number 04462		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Monte Duane Miller		2. Death Date 04/25/2015			
3. Sex (M/F) Male	4a. Age - Last Birthday 63	4b. Under 1 Year Months Days 05/07/1951	4c. Under 1 Day Hours Minutes Kellogg	5. Social Security Number Idaho	6. County of Death King
7. Birthdate 05/07/1951		8a. Birthplace (City, Town, or County) Kellogg		8b. (State or Foreign Country) Idaho	
9. Decedent's Education Associate Degree		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			
11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 25566 E Meadow Road		13b. City or Town Cataldo		13c. Zip Code + 4 83810	
13d. Tribal Reservation Name (if applicable) Kootenai		13e. State or Foreign Country Idaho		13f. Inside City Limits? Yes ☐ No ☐ Unk ☐	
14. Estimated length of time at residence. 4 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Gail McClain	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED). Missionary		18. Kind of Business/Industry (Do not use Company Name) Ministry			
19. Father's Name (First, Middle, Last, Suffix) John Freeman Miller		20. Mother's Name Before First Marriage (First, Middle, Last) Beryl Whiteman			
21. Informant's Name Gail Miller		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 25566 E Meadow Road Cataldo ID 83810	
24. Place of Death, if Death Occurred in a Hospital: Inpatient		24. Place of Death, if Death Occurred Somewhere Other than a Hospital: -			
25. Facility Name (if not a facility, give number & street or location) University of Washington Medical Center		26a. City, Town, or Location of Death Seattle		26b. State WA	27. Zip Code 98195
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Service		30. Location-City/Town, and State Kent, Washington	
31. Name and Complete Address of Funeral Facility The Co-op Funeral Home of People's Memorial 1801 12th Ave Ste A, Seattle WA 98122		32. Date of Disposition 04/29/2015			
33. Funeral Director Signature X 					
34. 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hypoxemic respiratory failure Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Stenotrophomonas pneumonia c. Stenotrophomonas bacteremia d. Acute myeloid leukemia, status post chemotherapy					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? ☐ Yes ☒ No		37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No	
38. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending		39. If female ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		40. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ Unknown	
41. Date of Injury (mm/dd/yyyy) 04/25/2015		42. Hour of Injury (24hrs) 14:00		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Idaho	
44. Location of Injury: Number & Street: Idaho		45. City or Town: Idaho		46. State: Idaho	
47. Describe how Injury occurred Idaho		48. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) Idaho		49. Hour of Death (24hrs) 2120	
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. Kelda A. Gardner		48b. Medical Examiner/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. Kelda A. Gardner			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Kelda Gardner, PA-C 1959 NE Pacific St. Seattle, WA 98195		50. Date Signed (mm/dd/yyyy) 04/27/2015		51. Name and Title of Attending Physician (other than Certifier) (Type or Print) Andrew Prouse, MD	
52. Title of Certifier MD		53. License Number PA60042125		54. ME/Coroner File Number Idaho	
55. Registrar Signature 		56. Date Received (mm/dd/yyyy) APR 29 2015		57. Was case referred to ME/Coroner? ☐ Yes ☒ No	
58. Amendments					

Part 2 completed by Certifier

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