

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

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IDWR/NORTHERN

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?
94-7922	Yes ☐		Yes ☐		Yes ☐
94-7940	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Jerry A. James Valerie A. James
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Valerie A. James
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

24707 S. Evans Creek Road Medimont ID 83842
Mailing address City State ZIP

208-689-9007
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: April 10, 2015
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.

8. Signature: Valerie A. James 9-22-2015
Signature of new owner/claimant Title, if applicable Date

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

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. _____ Receipt Amt. _____

Approved by _____ Processed by _____ Date _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH UNDER §§24-301 AND §§24-302, IDAHO CODE.

Local Reg. No. _____

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JERRY ALLEN JAMES		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 66 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 08/11/1948	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) GREAT FALLS, MONTANA			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. CITY OR TOWN MEDIMONT	
	7c. STREET AND NUMBER 24707 S. EVANS CREEK RD		7d. APT. NO., FL. ZIP CODE 83842	
	7e. INSIDE CITY LIMITS? ☐ Yes ☒ No			
	8. SURVIVING SPOUSE'S NAME (If wife, give maiden name) VALERIE CORBIN			
	9. MARRIAGE STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown			
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No			
	PARENTS	11a. FATHER'S NAME (First, Middle, Last, Suffix) FRANK JAMES		11b. BIRTHPLACE (State, Territory, or Foreign Country) MISSOURI
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARGARET GUTENBERG		12b. BIRTHPLACE (State, Territory, or Foreign Country) MONTANA		
13a. INFORMANT'S NAME (Type or print) VALERIE JAMES		13b. RELATIONSHIP TO DECEDENT SPOUSE		
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 24707 S. EVANS CREEK RD. MEDIMONT, ID 83842				
14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814				
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: AMIELYA M BAILEY-LANDON		17b. LICENSE NUMBER (Or license) F1124		
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No				
19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ OCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) _____		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____		
MORTICIAN: Complete/Verify and File Within 5 Days of Death		20. FACILITY NAME (If facility, give street and number) 24707 S. EVANS CREEK RD		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE MEDIMONT, ID 83842
	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 10, 2015		23. TIME OF DEATH (24hr) Estimated 08:15 - 01:48	
	24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 10, 2015		25. TIME PRONOUNCED DEAD (24hr) 01:45	
	26. COUNTY OF DEATH KOOTENAI			
	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. END STAGE EMPHYSEMA DUE TO (or as a consequence of): TOBACCO DUE TO (or as a consequence of): ASTHMA DUE TO (or as a consequence of): BRONCHITIS		Approximate Interval: Onset to Death 5 YEARS 40 YEARS YEARS RECENT	
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. RECENT RESPIRATORY VIRUS			
	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown		29. IF FEMALE (Aged 15-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 43 days of death ☐ Unknown if pregnant within the past year	
	30. DATE OF INJURY (Mo/Day/Yr) (Spell month) 32. TIME OF INJURY (24hr)		31. PLACE OF INJURY (Decedent's home, farm, street, construction site, running home, restaurant, forest, etc.) 33. INJURY AT WORK? ☐ Yes ☐ No	
	34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
	CERTIFIER: Complete Within 72 Hours of Death	35. 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 - 35a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____		35b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown
36a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>above</u> cause(s)/manner stated.		36b. LICENSE NUMBER 14725		
36c. 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.		36d. DATE SIGNED 4 / 17 / 2015 MM DD YYYY		
36e. SIGNATURE AND Title of Certifier ELECTRONICALLY SIGNED: SARA MEMON, M.D.				
36f. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SARA MEMON, 815 WEST EMMA AVENUE COEUR D'ALENE, ID 83814				
36g. REGISTRAR'S SIGNATURE James B. Galtte		36h. DATE SIGNED 4 / 23 / 2015 MM DD YYYY		
36i. IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE				
36j. NEWS 35-38 TO BE USED FOR EXTERNAL CAUSES ONLY (current)				
36k. REGISTERAR				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **APR 23 2015**

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

JAMES B. AYDELOTTE
STATE REGISTRAR