



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

August 4, 2016

INA WILLIS
PO BOX 453
ATHOL ID 83801

RE: Address Change for Notice of Claim 95-10472

Dear Ms. Willis:

We have received the address change request you recently submitted and have completed the change. Thank you for advising us of your new address.

Sincerely,

A handwritten signature in blue ink that reads "Linda A. Werner". The signature is written in a cursive, flowing style.

Linda A. Werner
Water Resource Agent, Sr.

CHANGE IN ADDRESS OF NOTICE OF CLAIM

RECEIVED
AUG 03 2016
IDWR / NORTH

Adjudication Claim Number(s): 95-10472

Previous Mailing Address: 10165 E HWY 54
ATHOL ID 83801-8419

New Mailing Address: PO BOX 453
ATHOL ID 83801

Telephone Number: (208) 683-2804

Signature(s) of all Claimant(s): Ina R. Willis
INA R WILLIS
Print your name below your signature.

Please mail or FAX this completed form to the office nearest you:

Adjudication Section
Idaho Department of Water Resources
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763
Phone 208-762-2800
FAX 208-762-2819

Adjudication Section
Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Phone 208-334-2190
FAX 208-334-2348

Adjudication Section
Idaho Department of Water Resources
650 Addison Ave. W, Ste. 500
Twin Falls, ID 83301-5858
Phone 208-736-3033
FAX 208-736-3037

Adjudication Section
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-3653
Phone 208-525-7161
FAX 208-525-7177

Adjudication Section
Idaho Department of Water Resources
322 E. Front St.
P.O. Box 83720
Boise, ID 83720-0098
Phone 208-287-4800
FAX 208-287-6700

IDWR Use Only

Revised 02/14

Data Entry: LW

Date: 8-4-16

STATE OF IDAHO

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

RECEIVED
AUG 03 2015
IDWR / NORTH

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS PARENTS PREDECESSANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BURNELL, EDMUND WILLIS 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED]		4. AGE-Last Birthday 78 (Years) 4a. UNDER 1 YEAR Months Days Hours Minutes 4c. UNDER 1 DAY Hours Minutes 5. DATE OF BIRTH (Mo/Day/Yr) 10/03/1934 6. BIRTHPLACE (City and State, Territory, or Foreign Country) LOS ANGELES, CALIFORNIA 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY KOOTENAI 7c. CITY OR TOWN ATHOL 7d. STREET AND NUMBER E. 10165 HWY 54 7e. APT. NO., FL. OR CODE 83801 7f. 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) INA R. ZACHERY 10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) JESS WILLIS 11b. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LUCILLE MONTGOMERY 12b. BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA 13a. INFORMANT'S NAME (Type or print) INA WILLIS 13b. RELATIONSHIP TO DECEDENT SPOUSE 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) E. 10165 HWY 54 ATHOL, ID 83801 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: WILLIAM B. TOLLIVER 17b. LICENSE NUMBER (If license) M0943 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) 20. FACILITY NAME (If not facility, give street and number) KOOTENAI MEDICAL CENTER 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814 22. COUNTY OF DEATH KOOTENAI 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 29, 2013 24. TIME OF DEATH 08:55 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 29, 2013 26. TIME PRONOUNCED DEAD 08:56		
27. CAUSE OF DEATH PART I. Enter the <u>chain of events</u>—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) a. CARDIO-RESPIRATORY ARREST - WITNESSED DUPLICATE TO (or as a consequence of): b. END STAGE CARDIAC HEART DISEASE DUPLICATE TO (or as a consequence of): c. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE DUPLICATE TO (or as a consequence of): d. _____ Approximate Interval: Onset to Death MINUTES YEARS YEARS			
PART II. Enter <u>other significant conditions contributing to death</u>, but not resulting in the underlying cause given in Part I. 28a. WAS AN AUTOPTSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPTSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No 29. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined 30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 31. IF FEMALE (Ages 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) 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED] 33. TIME OF INJURY [REDACTED] 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED] 35. INJURY AT WORK? ☐ Yes ☒ No 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ 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 ☐ Pedestrian ☐ Other (Specify) 38a. WAS DECEDENT: ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 38b. WHAT SAFETY DEVICES 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 ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the 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. 39b. LICENSE NUMBER [REDACTED] 39c. DATE SIGNED 7 / 3 / 2013 MM DO YYYY 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DEBBIE L. WILKEY, 1808 N. 3RD COEUR D'ALENE, ID 83814 40a. REGISTRAR'S SIGNATURE James B. Gillette 40b. DATE SIGNED 7 / 8 / 2013 MM DO YYYY			

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: JUL 05 2013

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

PHNCO (Rev) 6/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JAMES B. AYDELOTTE
STATE REGISTRAR