

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?
95-14711	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: JAMES R MEYER
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): MARI LOU MEYER
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 15245 NORTH PINWOOD WAY HAYDEN ID 83835
Mailing address City State ZIP
- (208) 772-3506 _____
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: 4/22/2014
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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8. Signature: Mari Lou Meyer _____ 1/12/17
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 N/A Date N/A Receipt No. N/A Receipt Amt. N/A
Approved by [Signature] Processed by [Signature] Date 1/19/17

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

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

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DEC 30 2016

IDWR / NORTH

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 DEATH FOR ANY PURPOSES OTHER THAN STATISTICAL PURPOSES.

Local Reg. No.

DECEASED	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JAMES RICHARD MEYER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 67 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 11/05/1946	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	6. BIRTHPLACE (City and State, Territory, or Foreign Country) SANTA BARBARA, CALIFORNIA			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. CITY OR TOWN HAYDEN	
FOR INSTRUCTIONS SEE HANDBOOKS	7c. COUNTY KOOTENAI		7d. ZIP CODE 83835	
	7e. STREET AND NUMBER 15245 NORTH PINEWOOD WAY		7f. INSIDE CITY LIMITS? ☐ Yes ☒ No	
PARENTS	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) MARI LOU SCHNEIDER	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA	
INFORMANT	12a. FATHER'S NAME (First, Middle, Last, Suffix) FREDERICK MEYER		12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARJORIE ANDERSEN	
	13a. INFORMANT'S NAME (Type or print) MARI LOU MEYER		13b. RELATIONSHIP TO DECEASED SPOUSE	
DISPOSITION	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) RIVERVIEW CEMETERY 1001 LINCOLN WAY 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		17. LICENSE NUMBER (Of license) M0943	
PLACE OF DEATH	18a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
	19. FACILITY NAME (If not facility, give street and number) 15245 N. PINEWOOD WAY		20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE HAYDEN, ID 83835	
DATE OF DEATH	21. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 22, 2014		22. TIME OF DEATH (24hr) 17:35	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 22, 2014		24. TIME OF DEATH (24hr) 17:35	
CAUSE OF DEATH	25. CAUSE OF DEATH (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: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC DISEASE DUE TO (or as a consequence of): b. PAROTID GLAND CANCER DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. 		26. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 22, 2014	
	27. TIME OF DEATH (24hr) 17:35		28. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 22, 2014	
CERTIFIER	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. 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 ☐ Unknown if pregnant within the past year	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. INJURY AT WORK? ☐ Yes ☒ No	
REGISTRAR	33. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		34. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INVOLVED, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable	
	35. TRANSPORTATION: 35a. WAS DECEASED: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 35b. WHAT SAFETY DEVICES(S) DID DECEASED USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		36. 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 nature cause(s) as 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) as stated.	
SIGNATURE	37. SIGNATURE AND Title of Certifier ELECTRONICALLY SIGNED: SHANA D. FOGARTY, M.D.		38. LICENSE NUMBER M-08664	
	39. DATE SIGNED 4 / 29 / 2014 MM DD YYYY		40. DATE SIGNED 4 / 30 / 2014 MM DD YYYY	
REGISTRAR	41. REGISTRAR'S SIGNATURE James B. Galtte		42. REGISTRAR'S SIGNATURE James B. Galtte	
	43. REGISTRAR'S SIGNATURE James B. Galtte		44. REGISTRAR'S SIGNATURE James B. Galtte	

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 30 2014**

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

PHNCD (Rev) 6/012

JAMES B. AYDELOTTE
STATE REGISTRAR

SCANNED
JAN 19 2017



