



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

RECEIVED
JUN 26 2017
IDWR/NORTHERN

May 23, 2017

GLENDA K STEFFEN
2900 N GOVERNMENT WAY #101
COEUR D'ALENE, ID 83815

RE: Ownership of Coeur D'Alene-Spokane River Basin Adjudication (CSRBA) Water Right No. 95-12549

Dear Property Owner,

Our office has been advised that you may be the new owner of Kootenai County Parcel Number 51N03W308000 which includes the water right claim referenced above.

We are in the process of recommending claims that have been filed in the CSRBA, and per data we have reviewed, it appears that water right claim 95-12549 is appurtenant to the property you own. Before we can modify our records to reflect your ownership of this right, we need to have the enclosed Notice of Change in Water Right Ownership form completed and submitted with the proper conveyance documents showing your ownership. A copy of the signed and notarized warranty deed works best for this purpose. Please follow the instructions included with this form and return it to our office with all the required information.

If you have any questions regarding this matter, please contact our adjudication staff at 208-762-2800.

Best Regards,

Evan W. Roda
Senior Water Resource Agent
Northern Region

*Here is the death certificate
of my husband.*

Glenda K Steffen

6-23-17

Enclosure(s): Parcel location map, Notice of Change in Water Right Ownership form, Instructions

SCANNED

JUL 05 2017

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

ONLY A COPY OF THIS DOCUMENT, INCLUDING ALL OTHER INFORMATION NOT REPRODUCED OR APPROPRIATELY OMITTED, SHALL BE KEPT AS PART OF THE RECORD OF THIS DEATH FOR THE PURPOSES OF THIS ACT.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) FREDRIC C. HANSEN		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 77 (Years)		4b. UNDER 1 YEAR: Months Days Hours Minutes 09/05/1936	
TYPE OF DEATH FOR INVESTIGATION FOR STATISTICS FOR RECORDING	5. DATE OF BIRTH (Mo/Day/Yr) 09/05/1936		6. BIRTHPLACE (City and State, Territory, or Foreign Country) MINNEAPOLIS, MINNESOTA	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. CITY OR TOWN COEUR D'ALENE	
FOR INSTRUCTIONS SEE HANDBOOK	7c. STREET AND NUMBER 2900 N. GOVERNMENT WAY		7d. APT. NO. 101	7e. ZIP CODE 83815
	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) GLENDIA STEFFEN	
PARENTS	10. FATHER'S NAME (First, Middle, Last, Suffix) WILLIAM HANSEN		11a. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA	
	10. MOTHER'S NAME (First, Middle, Last, Suffix) MARY M. MCCOON		11b. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA	
INFORMANT	12a. INFORMANT'S NAME (Type or print) GLENDIA STEFFEN HANSEN		12b. RELATIONSHIP TO DECEDENT SPOUSE	
	13. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2900 N. GOVERNMENT WAY APT. 101 COEUR D'ALENE, ID 83815			
DISPOSITION	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from state ☐ 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			
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: WILLIAM B. TOLLIVER		17b. LICENSE NUMBER (If known) M0843	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No
	19. IF DEATH OCCURRED IN A HOSPITAL: ☐ Hospital ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		20. FACILITY NAME (If facility, give street and number) HOSPICE HOUSE - HOSPICE OF NORTH IDAHO	
DATE OF DEATH	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83815		22. COUNTY OF DEATH KOOTENAI	
	23. DATE OF DEATH (Mo/Day/Yr) (Specify month) April 10, 2014		24. TIME OF DEATH (24hr) 17:05	
CAUSE OF DEATH	25. DATE PROCLAIMED DEAD (Mo/Day/Yr) (Specify month) April 10, 2014		26. TIME PROCLAIMED DEAD (24hr) 17:05	
	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 ventilator withdrawal without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. a. INTRACRANIAL HEMORRHAGE DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):			
ITEMS TO BE USED FOR EXTENSIVE CAUSE ONLY (CORONER)	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown		29. IF FEMALE (Aged 10-50): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	30. DATE OF INJURY (Mo/Day/Yr) (Specify month) 4/10/2014		31. PLACE OF INJURY (Decedent's home, farm, street, construction site, setting home, restaurant, hotel, etc.) Home	
CERTIFIER: Complete Within 72 Hours of Death	32. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		33. INJURY AT WORK? ☐ Yes ☒ No	
	34. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, Moped, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION 35a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 35b. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☐ 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. Signature and Title of Certifier: ELECTRONICALLY SIGNED: SHANA D. FOGARTY, M.D. 36a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SHANA D. FOGARTY, 8493 NORTH GOVERNMENT WAY HAYDEN, ID 83835			
REGISTRAR	36b. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		37. LICENSE NUMBER M-08854	
	38. DATE SIGNED 4/17/2014		39. DATE SIGNED 4/17/2014	

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 17 2014

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

PERC 0011 0213

JAMES B. AYDELOTTE
STATE REGISTRAR

SCANNED
JUL 05 2017

SCANNED

JUL 05 2017



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STATE OF IDAHO County of Kootenai

This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.

Jennifer Gibson
Local Vital Statistics Registration Official