

RECEIVED

02/09/2018

FEB 23 2018

DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 30, 2018

Water right number: 95-8461

CRAIG W MC DONALD

15120 E 8TH

SPOKANE VALLEY WA 99037

Telephone Number: 5099240426

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 2-20-18

SIGNATURE:

Janice K. McDonald

Please print your name:

Janice K. McDonald

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (208) 762-2800

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-051016

LOCAL FILE NUMBER: 4558

DATE ISSUED: 11/29/2017

FEE NUMBER: 28887

FIRST AND MIDDLE NAME(S): CRAIG W
LAST NAME(S): MCDONALD

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: NOVEMBER 27, 2017
HOUR OF DEATH: 02:15 PM
SEX: MALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: 518-52-4144

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: OCTOBER 14, 1946
BIRTHPLACE: TWIN FALLS, ID

MARITAL STATUS: MARRIED
SPOUSE: JANICE ROSAMOND

OCCUPATION: WOODWORKING/CONTRACTOR
INDUSTRY: CONSTRUCTION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: JANICE MCDONALD
RELATIONSHIP: WIFE
ADDRESS: 15120 E 8TH AVE SPOKANE VALLEY WA 99037

CAUSE OF DEATH:

A: RESPIRATORY ARREST
INTERVAL: MINUTES
B: METASTATIC LUNG CANCER
INTERVAL: 6 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 15120 E 8TH AVE
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99037

RESIDENCE STREET: 15120 E 8TH AVE
CITY, STATE, ZIP: SPOKANE VALLEY, WA 99037
INSIDE CITY LIMITS: YES COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER/PARENT: WILLIAM H MCDONALD
MOTHER/PARENT: MARILYN J MASON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PACIFIC NW CREMATORY

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: NOVEMBER 29, 2017

FUNERAL FACILITY: PACIFIC NW CREMATION

ADDRESS: 12209 E MISSION AVE, SUITE 4
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99206
FUNERAL DIRECTOR: CRYSTAL L WEAVER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: STEPHANIE A. HART, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 12615 E. MISSION, SUITE 200
CITY, STATE, ZIP: SPOKANE VALLEY, WA 99216
DATE SIGNED: NOVEMBER 28, 2017

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: STEPHANIE HART

LOCAL DEPUTY REGISTRAR: DIANNA SCHROEDER
DATE RECEIVED: NOVEMBER 28, 2017

JAN 02 2018

Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SPOKANE

In re the Matter of the Estate of:

CRAIG W. McDONALD,
Deceased.

No. 17-4-01879-3

NOTICE OF APPOINTMENT

NOTICE IS GIVEN that on December 26, 2017, Janice K. McDonald was appointed personal representative of the Estate of Craig W. McDonald, Deceased, and probate of that estate is now pending in the Spokane County Superior Court.

DATED this 2nd day of January 2018.

WITHERSPOON • KELLEY

BY 

DAVID M. KNUTSON, WSBA #24099
Attorneys for the Estate

NOTICE OF APPOINTMENT - 1

{S1639097; 1 }

WITHERSPOON • KELLEY
ATTORNEYS & COUNSELORS

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