

02/09/2018
RECEIVED

MAR 12 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: 95-8937

BEVERLY S KULINK
1413 E 15TH AVE
SPOKANE WA 99203
Telephone Number: 5095331895

EDWARD KULINK
1413 E 15TH AVE
SPOKANE WA 99203
Telephone Number: 5095331895

Deceased

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

April 1 — October 31
Summer Cabin

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: March 9, 2018 SIGNATURE: Beverly S. Kulink
Please print your name: Beverly S. Kulink

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: 2015-003504

LOCAL FILE NUMBER: 0508

DATE ISSUED: 02/12/2015

FEE NUMBER: 0003205068

GIVEN NAMES: EDWARD JAMES
LAST NAME: KULINK

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: FEBRUARY 04, 2015
HOUR OF DEATH: 10:20 A.M.

SEX: MALE
AGE: 82 YEARS

SOCIAL SECURITY NUMBER: 501-28-8695

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 11, 1932
BIRTHPLACE: JAMESTOWN, NORTH DAKOTA

MARITAL STATUS: MARRIED
SPOUSE: BEVERLY SUE HART

OCCUPATION: ACCOUNTANT
INDUSTRY: ACCOUNTING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: BEVERLY S KULINK
RELATIONSHIP: WIFE
ADDRESS: 1413 E 15TH AVE, SPOKANE, WA 99203

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1413 E 15TH AVE
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99203
INSIDE CITY LIMITS? YES
COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: EDWARD M KULINK
MOTHER: HELEN SCHALER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FOOTHILLS CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: FEBRUARY 06, 2015

FUNERAL FACILITY: SPOKANE CREMATION & FUNERAL SERVICE
ADDRESS: 2832 N RUBY
CITY, STATE, ZIP: SPOKANE WA 99207
FUNERAL DIRECTOR: NATHAN W. HOEKSEMA

CAUSE OF DEATH:
A. VENTRICULAR TACHYCARDIA
INTERVAL: MINUTES
B. ISCHEMIC CARDIOMYOPATHY
INTERVAL: YEARS
C. CORONARY ARTERY DISEASE
INTERVAL: YEARS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC LYMPHOCYTIC LEUKEMIA/PROLYMPHOCYTIC LEUKEMIA

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SANDRA FRIENDSHUH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 2555
CITY, STATE, ZIP: SPOKANE WA 99220
DATE SIGNED: FEBRUARY 06, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

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CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
SANDRA FRIENDSHUH MD

LOCAL DEPUTY REGISTRAR:
JUNE RICE-CRANER
DATE RECEIVED: FEBRUARY 06, 2015