

March 27, 2018

RECEIVED

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IDWR / NORTH

Dawn R. Lenon
State of Idaho
Department of Water Resources
7600 N. Mineral Drive - Ste 100
Coeur d'Alene ID 83815

Dear Ms. Lenon:

As requested in your March 23 letter, I am enclosing a copy of the death certificate of my husband, Gerald House.

Thank you for your kind words and for your help removing his name from the Ownership Water Right claim 95-184.

Sincerely,



Patricia S. House

Enclosure

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed JULY 05, 2012

State File No. 2012-05826

DECEDENT - LEGAL NAME GERALD DAVID HOUSE			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 73 YEARS	DATE OF BIRTH APRIL 14, 1939
BIRTHPLACE COEUR D'ALENE, IDAHO		PLACE OF RESIDENCE HAYDEN LAKE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) PATRICIA STAFFORD	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME MARK R. HOUSE		BIRTHPLACE COLORADO	
MOTHER - MAIDEN NAME VIOLA STEELE		BIRTHPLACE IDAHO	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE JULIE ANDERSON	
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., COEUR D'ALENE, IDAHO			
DATE OF DEATH JUNE 30, 2012	TIME OF DEATH 9:16 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. MULTIPLE MYELOMA		Approximate Interval Between Onset and Death 6 YEARS	
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above N/A			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER SHANA D. FOGARTY, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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.

JULY 05, 2012

DATE ISSUED: _____

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

FORM 10 (Rev) 4/91

