



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
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C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

December 3, 2018

ERMAJEAN I FISHER
1607 E COEUR D ALENE AVE
COEUR D ALENE ID 83814

RE: Ownership of Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) Claim No. 94-13005

Dear Mrs. Fisher,

We received your Notice of Change in Water Right Ownership form with supporting documentation and have updated our records accordingly. I offer my sincerest condolences for your loss. Enclosed is a copy of your amended CSRBA Notice of Claim to a Water Right so you may review the document to confirm the accuracy of the updated information.

Please contact me if you have any questions or if any further changes need to be applied to your claim. I can be reached by phone during business hours at 208-762-2800 or by email at evan.roda@idwr.idaho.gov.

Best Regards,

Dawn R. Lenon
Technical Records Specialist 1
Northern Region

Enclosure: Notice of Claim to a Water Right for Claim No. 94-13005

SCANNED
DEC 04 2018

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

95-13005

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

Date Filed **SEPTEMBER 11, 2014**

State File No. **2014-08472**

DECEDENT - LEGAL NAME JAMES D. FISHER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 84 YEARS	DATE OF BIRTH OCTOBER 23, 1929
BIRTHPLACE GIBBS, IDAHO		PLACE OF RESIDENCE POST FALLS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) ERHAJEAN MCCAW	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME WILLIAM FISHER		BIRTHPLACE VERMONT	
MOTHER - MAIDEN NAME HELEN SHROMEK		BIRTHPLACE MICHIGAN	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DARIN BUTTERFIELD	
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., COEUR D'ALENE, IDAHO			
DATE OF DEATH SEPT. 08, 2014	TIME OF DEATH 1:00 A.M.	CITY, TOWN OR LOCATION OF DEATH POST FALLS, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. METASTATIC DISEASE			Approximate Interval Between Onset and Death 13 MONTHS
DUE TO (or as a consequence of): b. LUNG CANCER			13 MONTHS
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 ROBERT A. ANCKER, 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.

DATE ISSUED: **SEPTEMBER 11, 2014**

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

James B. Galt
JAMES B. NYDELOTTE
STATE REGISTRAR

SCANNED
DEC 04 2018

