

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

95-12623

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-024679

LOCAL FILE NUMBER: 4519

DATE ISSUED: 12/30/2013

FEE NUMBER: 0003205060

GIVEN NAMES: JEFFREY DWIGHT
LAST NAME: AGER

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: DECEMBER 24, 2013
HOUR OF DEATH: 07:10 A.M.
SEX: MALE
AGE: 54 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 16, 1959
BIRTHPLACE: EVERETT, SNOHOMISH CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: LEANNE ZIMMER

OCCUPATION: PHYSICIAN
INDUSTRY: MEDICAL
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES? NO

INFORMANT: LEANNE Z. AGER
RELATIONSHIP: WIFE
ADDRESS: 4712 E. 40TH. COURT SPOKANE, WA 99223

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

RESIDENCE STREET: 4712 E. 40TH. COURT
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99223
INSIDE CITY LIMITS? YES
COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: RICHARD AGER
MOTHER: JEANNE LALONE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: DECEMBER 28, 2013

FUNERAL FACILITY: HERITAGE FUNERAL HOME
ADDRESS: 508 N. GOVERNMENT WAY
CITY, STATE, ZIP: SPOKANE WA 99224
FUNERAL DIRECTOR: RONALD C. STOSE

CAUSE OF DEATH:
A. CARCINOMA OF UNKNOWN PRIMARY
INTERVAL: 8 MONTHS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
INTERSTITIAL FIBROSIS, RHEUMATOID ARTHRITIS

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: TERESA M. OGDEN, ARNP
TITLE: ARNP
CERTIFIER
ADDRESS: 12615 E. MISSION, SUITE 200
CITY, STATE, ZIP: SPOKANE VALLEY WA 99216
DATE SIGNED: DECEMBER 27, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:
PEGGY WETMORE
DATE RECEIVED: DECEMBER 27, 2013



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

December 12, 2018

LEANNE AGER
4712 E 40TH
SPOKANE WA 99223

RE: Ownership of Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) Claim No. 95-12623

Dear Mrs. Ager,

We received your 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 feel free to call if you have any questions.

Best Regards,

A handwritten signature in blue ink that reads "Dawn R. Lenon". The signature is written in a cursive, flowing style.

Dawn R. Lenon
Technical Records Specialist 1
Northern Region

Enclosure: Notice of Claim to a Water Right for Claim No. 94-12623