

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MENDOCINO

UKIAH, CALIFORNIA

RECEIVED

JAN 07 2019

IDWA / 10847

CERTIFICATE OF DEATH

3201623000206

USE BLACK INK ONLY / NO ERASURES, HIGHLIGHTS OR ALTERATIONS
(5-1-1987 3/09)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) SUSAN		2. MIDDLE JO		3. LAST (Family) ZOOK	
4. DATE OF BIRTH mm/dd/yyyy 01/24/1942					
5. AGE Yrs. 74		6. UNDER ONE YEAR Months Days		7. UNDER ONE YEAR Months Days	
8. BIRTH STATE/FOREIGN COUNTRY WA		9. SOCIAL SECURITY NUMBER [REDACTED]		10. MARRIAGE STATUS (at Time of Death) MARRIED	
11. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO		12. DATE OF DEATH mm/dd/yyyy 03/22/2016		13. HOURS (24 Hours) 1915	
14. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ESCROW OFFICER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TITLE COMPANY		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2211 PETERSON LANE					
21. CITY UKIAH		22. COUNTY/PROVINCE MENDOCINO		23. ZIP CODE 95482	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ROBERT L. ZOOK, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2211 PETERSON LANE, UKIAH, CA 95482					
28. NAME OF SURVIVING SPOUSE/SURVIVOR - FIRST ROBERT		29. MIDDLE LAWRANCE		30. LAST (BIRTH NAME) ZOOK	
31. NAME OF FATHER/PARENT - FIRST DELBERT		32. MIDDLE ELLOR		33. LAST BEVAN	
34. BIRTH STATE WA		35. NAME OF MOTHER/PARENT - FIRST EMILY		36. MIDDLE MAE	
37. LAST (BIRTH NAME) HORNBECK		38. BIRTH STATE MN			
39. DISPOSITION DATE mm/dd/yyyy 04/01/2016		40. PLACE OF FINAL DISPOSITION SANTA ROSA MEMORIAL PARK 1900 FRANKLIN AVENUE, SANTA ROSA, CA 95404			
41. TYPE OF DISPOSITION CREMATION/BURIAL/TRANSIT		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SANTA ROSA MORTUARY		45. LICENSE NUMBER FD1779		46. SIGNATURE OF LOCAL REGISTRAR CONSTANCE CALDWELL, MD	
47. DATE mm/dd/yyyy 03/31/2016					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE ☐ IP ☐ ER/OP ☐ DOK ☐ Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Nursing Home/UT ☒ Decedent's Home ☐ Other	
104. COUNTY MENDOCINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2211 PETERSON LANE		106. CITY UKIAH	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. CARDIORESPIRATORY ARREST B. MYOCARDIAL INFARCTION C. HYPERTENSION D. HIGH CHOLESTEROL E. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 BRONCHOLITIS OBLITERANS, DEPRESSION, SHOULDER PAIN 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) CORONARY ARTERY STENT - 1/1/2013 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Noted Last Seen At Decedent Last Seen At 115. SIGNATURE AND TITLE OF CERTIFIER HOWARD ANDREW COREN M.D. 116. LICENSE NUMBER G28969 117. DATE mm/dd/yyyy 03/30/2016 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HOWARD ANDREW COREN M.D. 242-B HOSPITAL DRIVE, UKIAH, CA 95482 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined 120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/yyyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					



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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF MENDOCINO } SS

DATE ISSUED

APR 06 2016

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, MENDOCINO COUNTY DEPARTMENT OF PUBLIC HEALTH.

LOCAL REGISTRAR
MENDOCINO COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene ID 83815-7763

Phone: (208) 762-2800 • Fax: (208) 762-2819

Website: idwr.idaho.gov • Email: northerninfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

January 8, 2019

JOHN BEVAN
PO BOX 2725
SANTA ROSA CA 95405

RE: Ownership of Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) Claim No. 95-12931

Dear Mr. Bevan,

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. 94-12931