

RECEIVED

APR 08 2019

IDWR / NORTH

CHANGE IN ADDRESS OF NOTICE OF CLAIM

Adjudication Claim Number(s): 95-12303

Previous Mailing Address: DONALD & MICHELLE McVEY
6956 E ARTHUR RD
ATHOL ID 83801

New Mailing Address: ~~DONALD &~~ MICHELLE McVEY
PO BOX 216
ATHOL ID 83801

Telephone Number: (307) 321 7739

Signature(s) of all Claimant(s): Michelle McVey

MICHELLE McVEY
Print your name below your signature.

Please mail or FAX this completed form to the office nearest you:

Adjudication Section
Idaho Department of Water Resources
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763
Phone 208-762-2800
FAX 208-762-2819

Adjudication Section
Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Phone 208-334-2190
FAX 208-334-2348

Adjudication Section
Idaho Department of Water Resources
650 Addison Ave. W, Ste. 500
Twin Falls, ID 83301-5858
Phone 208-736-3033
FAX 208-736-3037

Adjudication Section
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-3653
Phone 208-525-7161
FAX 208-525-7177

Adjudication Section
Idaho Department of Water Resources
322 E. Front St.
P.O. Box 83720
Boise, ID 83720-0098
Phone 208-287-4800
FAX 208-287-6700

IDWR Use Only

Revised 02/14

Data Entry: JD

Date: 4-9-2019

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PROOF OF DEATH. THIS DEATH UNDER §15-2101 AND §15-2102, IDAHO CODE. Local Reg. No.

DECEDENT TYPE OR PRINT NAME PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DONALD DANIEL MCVEY		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 78 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 09/15/1934	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	
	7c. CITY OR TOWN ATHOL		7d. ZIP CODE 83801	
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MICHELLE SIMMONS	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
PARENTS 11a. FATHER'S NAME (First, Middle, Last, Suffix) JACK MCVEY 11c. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ADELINE PETTICREW	12a. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
	13a. INFORMANT'S NAME (Type or print) MICHELLE MCVEY			
DISPOSITION 14. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) BELL TOWER FUNERAL HOME & CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BELL TOWER FUNERAL HOME AND CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854	
	17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MICHAEL R. ROSSEY			
PLACE OF DEATH 18. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)	19. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: NORTHERN IDAHO ADVANCED CARE HOSPITAL			
	20. FACILITY NAME (If not facility, give street and number) POST FALLS, ID 83854			
DATE OF DEATH 21. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 23, 2013	22. TIME OF DEATH (24hr) 12:30		23. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 23, 2013	
	24. TIME PRONOUNCED DEAD (24hr) 12:30			
CAUSE OF DEATH PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.	25. IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIAC ARREST			
	26. DUE TO (or as a consequence of): VENTRICULAR FIBRILLATION			
27. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) ISCHEMIC CARDIOMYOPATHY	28. DUE TO (or as a consequence of): CAD			
	29. END STAGE RENAL DISEASE			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY (24hr) 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? ☐ Yes ☒ No	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
	37. DESCRIBE HOW INJURY OCCURRED; IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER M-10094	
	Signature and Title of Certifier: ELECTRONICALLY SIGNED: SHERWIN S. FOSTER, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SHERWIN S. FOSTER, 8556 WAYNE DRIVE HAYDEN, ID 83835			
REGISTRAR 40a. REGISTRAR'S SIGNATURE James B. Aydelotte	40b. DATE SIGNED 8 / 29 / 2013			
	40c. DATE SIGNED 8 / 29 / 2013			

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: **AUG 29 2013**

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

JAMES B. AYDELOTTE
STATE REGISTRAR





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 31, 2019

DONALD & MICHELLE McVEY
PO BOX 216
ATHOL ID 83801

Re: Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) Water Right No(s). 95-12303 -
Change of Address

Dear Mr. & Mrs. McVey:

IDWR has been notified that the address/phone number presently in our records for the CSRBA claim listed above may be incorrect. Future notices related to these water right(s) can be sent only to the address on the claim(s) or as otherwise changed by you.

Please complete the enclosed **Address Change** form in order for us to update our records for these water right(s).

If there has been a change in ownership of any of the properties connected with the water right(s) referenced above, please call (208) 762-2800 to obtain a form to make this required change to the water right(s) records.

Sincerely,

Dawn R. Lenon
Technical Records Specialist 1

Enclosure(s): Change of Address Form
Copy Proof Report 95-12303

I INITIALLY RECEIVED MY MAIL AT THE PHYSICAL
LOCATION BUT DUE TO SOME ROBBERY RENT-
ED A PO-BOX. MY HUSBAND PASSED AWAY.

**IDAHO DEPARTMENT OF WATER RESOURCES
Proof Report**

1/31/2019

Adjudication Claim 95-12303

Owner Type
Current Owner

Name and Address
~~DONALD MC VEY
6956 E ARTHUR RD
ATHOL, ID 83801
(208) 683-2183~~

Current Owner

MICHELLE MC VEY
6956 E ARTHUR RD
ATHOL, ID 83801
(208) 683-2183

PO BOX 216
ATHOL ID 83801
307 321-7739

Priority Date: 11/27/2007

Basis: Beneficial Use

Status: Active

Source

GROUND WATER

Tributary

Beneficial Use

DOMESTIC

From

01/01

To

12/31

Diversion Rate

0.040 CFS

Volume

0.040 CFS

Total Diversion

Source and Point(s) of Diversion

GROUND WATER

SENW

Sec. 3, Twp 53N, Rge 03W, KOOTENAI County

Place Of Use

DOMESTIC within KOOTENAI County

			NE				NW				SW				SE				Totals
Twp	Rng	Sec	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
53N	03W	3								X									



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

April 9, 2019

MICHELLE MC VEY
PO BOX 216
ATHOL ID 83801-0216

Re: Water Right No. 95-12303

Dear Ms. McVey:

Enclosed is a copy of the Notice of Completed Administrative Procedure and associated water right(s) that has been sent to the Coeur d'Alene-Spokane River Basin Adjudication Court, reflecting the address change for your water right(s). These documents are now required to be filed by the Department in order to notify the Court of any changes to your water right(s).

This notification to the Court does not affect the previous approval of this water right(s). You will be notified of any future action on your water right(s) by the CSRBA Court or Water Resources.

Please contact this office if you have any questions concerning this notification.

Sincerely,

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

Dawn Lenon
Technical Records Specialist 1