

95-15028

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IDWR/NORTHERN

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number		9219		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST				2. Death Date			
David Lewis Sperry				Sept. 22, 2010			
3. Sex: (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	66	Months Days	Hours Minutes	533-40-6979	King		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education			
Feb. 7, 1944	Moscow		Idaho	Master's Degree: MBA			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes	
No				White		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)					13b. City or Town		
2502 East 59th Lane					Spokane		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Spokane				Washington		99223-8900	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
6 months		Married		Arlene May Cornell			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)				18. Kind of Business/Industry (Do not use Company Name)			
Certified Public Accountant				Accounting			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Donald R. Sperry				Lillian Lewis			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Arlene M. Sperry		Spouse		2502 East 59th Lane Spokane, Washington 99223-8900			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
Inpatient							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	27. Zip Code
VA Puget Sound Health Care System				Seattle		WA	98108-1597
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		First Cremation Service		Kent, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Riplinger Funeral Home 4305 North Division, Spokane, WA 99207						September 28, 2010	
33. Funeral Director Signature X				Steven M. Webster			
34. 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)				a. Respiratory Failure		Interval between Onset & Death	
→				Due to (or as a consequence of):		Days	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				b. Diffuse Alveolar Damage		Interval between Onset & Death	
				Due to (or as a consequence of):		Days	
				c. Ventilator Dependent Oxygenation		Interval between Onset & Death	
				Due to (or as a consequence of):		Weeks	
				d. Interstitial Lung Disease		Interval between Onset & Death	
						Years	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
				☒ Yes ☐ No		☒ Yes ☐ No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
☒ Natural ☐ Homicide		☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death		☐ Yes ☐ Probably			
☐ Accident ☐ Undetermined		☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death		☒ No ☐ Unknown			
☐ Suicide ☐ Pending							
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						☐ Yes ☐ No ☐ Unk	
45. Location of Injury: Number & Street:				Apt. No.			
City or Town:				County:			
State:				Zip Code + 4:			
46. Describe how injury occurred				47. If transportation injury, specify:			
				☐ Driver/Operator ☐ Pedestrian			
				☐ Passenger ☐ Other (Specify)			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/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.			
X				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner				50. Hour of Death (24hrs)			
Jeffrey Virgin, M.D., 1660 S. Cherry St., Seattle, WA 98108				1955 Hours			
51. Name and Title of Attending Physician if other than Certifier (Type)				52. Date Signed (MM/DD/YYYY)			
Richard B. Goodman, M.D.				9/27/2010			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
M.D./Pathologist		MD00028232				☐ Yes ☒ No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X				SEP 28 2010			



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

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BRAD LITTLE
Governor

GARY SPACKMAN
Director

July 29, 2019

ARLENE SPERRY
6608 CLAYSTONE CREEK CT
N LAS VEGAS NV 89084-2528

Re: Water Right No. 95-15028

Dear Mrs. Sperry:

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 ownership 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 fluid and cursive, with the first name "Dawn" being the most prominent.

Dawn R. Lenon
Technical Records Specialist 1