

**JUN 30 2022**  
DEPARTMENT OF  
WATER RESOURCES

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**STATEMENT OF COMPLETION**  
FOR SUBMITTING PROOF OF BENEFICIAL USE

**FOR OFFICE USE ONLY**  
Amt. of Fee \$ 50-  
Receipt No. C113324  
Received By KK  
Date Received 6.30.22

The Idaho Department of Water Resources (Department) considers this form a statement that the permit holder(s) applied water to beneficial use and completed development of a water right to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner (CWRE).** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, complete an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized water use and are not applying for an extension, please notify the Department in writing.

1. Permit No. 79-14264 Name of Permit Holder(s) Erlynn DeWitt Marlin DeWitt  
Telephone No. \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address 618 N. College St. City Grangeville State ID Zip 83530

2. Source of Water Salmon River If Ground Water (well), Date Drilled mo. \_\_\_\_ / yr. \_\_\_\_  
Drilling Permit/Tag No. \_\_\_\_\_ Drilling Company's Name \_\_\_\_\_

3. Extent of use(s) completed as authorized by the water right permit:  
Domestic (No. households) \_\_\_\_\_ Irrigation (No. acres) X Stockwater (No. and stock type) \_\_\_\_\_  
Other \_\_\_\_\_

4. Total diversion rate or volume (storage only) for which proof is submitted 0.16 cfs OR \_\_\_\_\_ af  
If the total developed water use is 5 acres of irrigation or less, is stockwater storage of 14.6 acre-feet or less, or has a diversion rate of less than 0.24 cfs, attach a map of the place of use and point of diversion and photographs showing beneficial use.

5. Describe the diversion and delivery system from the water source to the use (pump, lift, irrigation method, etc.)  
pump 3 horse 1.5" pipe

6. Permit condition compliance. Refer to the permit approval conditions and check all the items required, then check "Yes" or "No" to indicate whether the required items were established, submitted, and/or installed:  
Required? Yes No (If "Yes", attach required data, evidence of compliance, or evidence of installation)  
   Ground water level data, pumping information, or other diversion data  
   Mitigation plan  
   Lockable controlling works  
   Measuring device  
   Fish screen  
   Other requirements of the water right permit \_\_\_\_\_  
  Reasonably Anticipated Future Needs ("RAFN") Municipal use  
If RAFN Municipal use, additional increment of beneficial use developed?  Yes (attach CWRE report)  No

7. Fee Enclosed \$ 57.50 or  CWRE field report attached or  No fee required  
See fee schedule on page 3 of the instructions. Proof statements filed without an appropriate fee are incomplete.

8. Person to contact to accompany a Department representative during the field examination of the water system:  
Name: Marlin DeWitt Telephone No. 208 451-5723 Email \_\_\_\_\_  
Mailing Address 618 N. College St City Grangeville State ID Zip 83530

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Marlin DeWitt Marlin DeWitt owner 6-24-2022  
SIGNATURE OF PERMIT HOLDER\* PRINTED NAME AND TITLE DATE

\*Attach power of attorney if completing on behalf of permit holder.

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 30 2022

DEPARTMENT OF  
WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #7 of the instructions. DE ✓

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
79-14264 ✓	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

2. Previous Owner's Name: Evelyn DeWitt  
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Marlin DeWitt  
New owner(s) as listed on the conveyance document Name connector  and  or

618 N. College St Grangerville ID 83530  
Mailing address City State Zip  
208-451-5723  
Telephone Email

4. If the water rights and/or adjudication claims were split, how did the division occur?  
 The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.  
 The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: 3/15/2021

6. Do you own the land identified as the water right place of use? Yes  No   
 o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.

7. This form must be signed and submitted with the following **REQUIRED** items:  
 A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.  
 Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).  
 Filing fee (see instructions for further explanation):  
 \$25 per undivided water right.  
 \$100 per split water right.  
 No fee is required for pending adjudication claims.  
 If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.  
 If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Marlin DeWitt owner 6-24-2022  
Signature of new owner/claimant Title, if applicable Date  
Marlin DeWitt  
Print name

Signature: \_\_\_\_\_  
Signature of new owner/claimant Title, if applicable Date  
Print name

For IDWR Office Use Only:  
 Received by KM Date 6.30.22 Receipt No. C113321 Receipt Amt. 25.00

Active in the Water Supply Bank? Yes  No  If yes, forward to the State Office for processing W-9 received? Yes  No   
 Name on W-9 \_\_\_\_\_ Approved by \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_

**Instrument # 532179**

IDAHO COUNTY, IDAHO,

8-31-2021 01:04:31 PM No. of Pages: 4

Recorded for : MATT JESSUP

KATHY M. ACKERMAN

Ex-Officio Recorder Deputy

Fee: 15.00

**PERSONAL REPRESENTATIVE'S DEED**

THIS INDENTURE, made on this 26<sup>th</sup> day of July, 2021, by and between THE ESTATE OF EVELYN R. DEWITT, Deceased, acting through Verna Lowe, Personal Representative of the Estate, under authority of Idaho County Probate Case CV25-21-0189, of 124 White Bird Road, White Bird, Idaho 83554, hereinafter referred to as the Grantor, and Marlin DeWitt, a single person, of 618 N College St., Grangeville, ID 83530, hereinafter referred to as the Grantee.

***WITNESSETH:***

That, the Grantor, pursuant to the authority granted to her under the laws of the State of Idaho and in Idaho County, Idaho, aforementioned, and for other good and valuable considerations, pursuant to law does by these presents, grant, bargain, sell and confirm unto the Grantee, in his individual capacity, as his sole and separate property, all right, title and interest, which the decedent had in and to the various parcels of property situate in the County of Idaho, State of Idaho, to wit:

See Exhibit A, attached hereto and incorporated herein by this reference.

TOGETHER WITH, all and singular, the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, the remainder and remainders, rents, issues, and profits thereof.

TO HAVE AND TO HOLD, all and singular, the said premises with the appurtenances unto the said Grantee, his heirs and assigns, forever.



**EXHIBIT A**

**LEGAL DESCRIPTION FOR  
VERNA LOWE  
PARCEL 1**

A parcel of land located in the Southeast 1/4 of the Northwest 1/4 of Section 27, Township 27 North, Range 1 East, Boise Meridian, Idaho County, Idaho. Being further described as follows:

**BASIS OF BEARING**

*The West line of the Southeast 1/4 of the Northwest 1/4 of Section 27, Township 27 North, Range 1 East, Boise Meridian, derived from the found BLM monuments and taken as North 00°42'20" East with the distance between monuments found to be 1336.32 feet*

**BEGINNING** on the Centerline of Deer Creek Road from which the Centerwest 1/16 corner as monumented by a BLM Brass Cap bears South 54°14'35" West a distance of 977.45 feet;

Thence along said road Centerline the following three (3) courses:  
North 56°42'27" West, a distance of 111.63 feet;

from a tangent which bears North 56°34'15" West, along curve to the right with a radius of 900.00 feet, and having a central angle of 06°59'14" an arc length of 109.76 feet with a chord bearing of North 53°04'37" West, and a chord distance of 109.69 feet.

North 49°35'00" West, a distance of 197.78 feet;

Thence leaving said Centerline, North 26°38'20" East, to a point on the mean Highwater of the Salmon River, a distance of 286.68 feet;

Thence along said mean Highwater Line the following nine (9) courses:

South 57°31'55" East, a distance of 34.89 feet;

North 84°01'41" East, a distance of 53.27 feet;

South 52°59'09" East, a distance of 41.09 feet;

South 55°07'06" East, a distance of 95.38 feet;

South 75°28'59" East, a distance of 37.90 feet;

South 40°37'13" East, a distance of 120.08 feet;

South 48°02'52" East, a distance of 73.43 feet;

**CONTINUED**

**PAGE 1 OF 2**

**PARCEL 1  
VERNA LOWE**

South 66°39'54" East, a distance of 93.92 feet;  
South 59°16'34" East, a distance of 121.05 feet;

Thence leaving said Mean Highwater, South 64°03'14" West, a distance of 389.46 feet to the  
**POINT OF BEGINNING.**

Said Parcel containing 173,892 square feet or 3.99 acres, more or less and is subject to all  
existing easements and rights-of-ways of record or implied.

**END OF DESCRIPTION.**

Kenneth H. Cook, P.L.S. 9895  
Timberline Surveying  
847 Park Centre Way, Suite 3  
Nampa, Idaho 83651  
(208) 465-5687



PAGE 2 OF 2

Markin  
Belitts

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South 75°28'59" East, a distance of 37.90 feet;

South 40°37'13" East, a distance of 120.08 feet;

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CONTINUED

*PARCEL 1*  
*VERNA LOWE*

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Kenneth H. Cook, P.L.S. 9895  
Timberline Surveying  
847 Park Centre Way, Suite 3  
Nampa, Idaho 83651  
(208) 465-5687



# RECORD OF SURVEY FOR VERNA LOWE

A PORTION OF THE SOUTHEAST 1/4, OF THE NORTHWEST 1/4,  
OF SECTION 27, TOWNSHIP 28 NORTH, RANGE 1 EAST, B.M.,  
IDAHO COUNTY, IDAHO  
-2021-

CURVE TABLE						
CURVE	RADIUS	DELTA	LENGTH	TANGENT	BEARING	CHORD
C1	900.00'	87°30'15"	100.78'	64.85'	S53°04'37"W	108.69'
C2	250.00'	42°05'50"	183.86'	98.21'	N35°20'53"W	176.58'
C3	112.00'	61°49'19"	120.86'	87.09'	S24°11'41"E	113.01'
C4	59.00'	98°08'23"	101.09'	56.04'	S42°21'14"E	88.19'

LINE TABLE		
LINE #	LENGTH	DIRECTION
L1	34.89'	S53°31'54"E
L2	53.27'	N84°01'41"E
L3	41.09'	S52°59'09"E
L4	31.90'	S75°28'29"E
L5	73.43'	S48°02'52"E
L6	93.92'	S86°38'54"E
L7	88.42'	S86°17'40"E
L8	65.70'	S70°39'10"E
L9	40.34'	S20°54'03"E
L10	58.24'	S07°42'35"W
L11	71.82'	S28°51'35"E
L12	81.26'	S29°38'47"E
L13	21.46'	S00°32'04"W
L14	48.33'	N59°24'53"W
L15	53.84'	N06°42'27"W

27] CN 1/16 ALUMINUM CAP BLM

## LEGEND

- 1/4 1/2 1/4 COR. MONUMENT AS NOTED
- 1/16 COR. MONUMENT AS NOTED
- FOUND 1/2" REBAR AS NOTED
- ⊙ FOUND 5/8" REBAR AS NOTED
- SET 1/2" REBAR W/ CAP "KHC PLS 8885"
- ▲ COMPUTED POINT
- P.O.B. POINT OF BEGINNING
- W.C. WITNESS CORNER
- BOUNDARY LINE
- - - ADJOINER LINE
- - - SECTION LINE
- - - EASEMENT LINE
- - - THE LINE
- - - CENTER LINE
- - - RIGHT OF WAY LINE

## NARRATIVE:

THIS SURVEY WAS MADE AT THE REQUEST OF VERNA LOWE. ESTABLISH THE BOUNDARY AS SHOWN. BOUNDARY WAS DEFINED FROM FOUND MONUMENTS OF RECORD. THE WEST LINE OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 HAS DUEL MONUMENTS THIS SURVEY HOLDS THE BLM MONUMENTS FOR THE BASIS OF BEARING HOWEVER THIS SURVEY DOES INFER THAT THE MONUMENTS SET BY PLS 5185 ARE OUT OF POSITION SINCE THE PLS 5185 MONUMENTS PREDIATE THE ONES SET BY THE BLM BASIS OF BEARING.

THE WEST LINE OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 27, TOWNSHIP 28 NORTH, RANGE 1 EAST, BOISE MERIDIAN, TAKEN AS NORTH 00°42'20" EAST AND DISTANCE BETWEEN MONUMENTS FOUND TO BE 1386.32 FEET.

## CERTIFICATE:

I, KENNETH H. COOK, A PROFESSIONAL LAND SURVEYOR LICENSED BY THE STATE OF IDAHO, CERTIFY THAT:

1. THIS PLAT REPRESENTS THE RESULTS OF A SURVEY CONDUCTED UNDER MY DIRECT SUPERVISION AT THE INSTANCE OF THE OWNER.
2. THE LANDS SURVEYED LIE WITHIN SECTION 27, TOWNSHIP 28 NORTH, RANGE 1 EAST, BOISE MERIDIAN, AND THE SURVEY WAS COMPLETED ON FEBRUARY 5, 2021.
3. THE MONUMENTS DEPICTED ON THE PLAT ARE OF THE CHARACTER SHOWN, AND OCCUPY THE POSITIONS INDICATED AND ARE OF SUFFICIENT NUMBER AND DURABILITY, AND IS IN CONFORMITY WITH THE CORNER PERPETUATION AND FILING ACT, STATE OF IDAHO CODE 55-1601 THROUGH 55-1612.

KENNETH H. COOK



PLS 9885



847 PARKCENTRE WAY, SUITE 3, FRANKLIN, IDAHO 83844  
P: 208-465-2667 F: 208-465-3600  
FAX: 208-465-2668  
JOB NO.: 2103  
SHEET: 1 OF 1  
INDEX (NO. 28011-27-1-3-00-00)

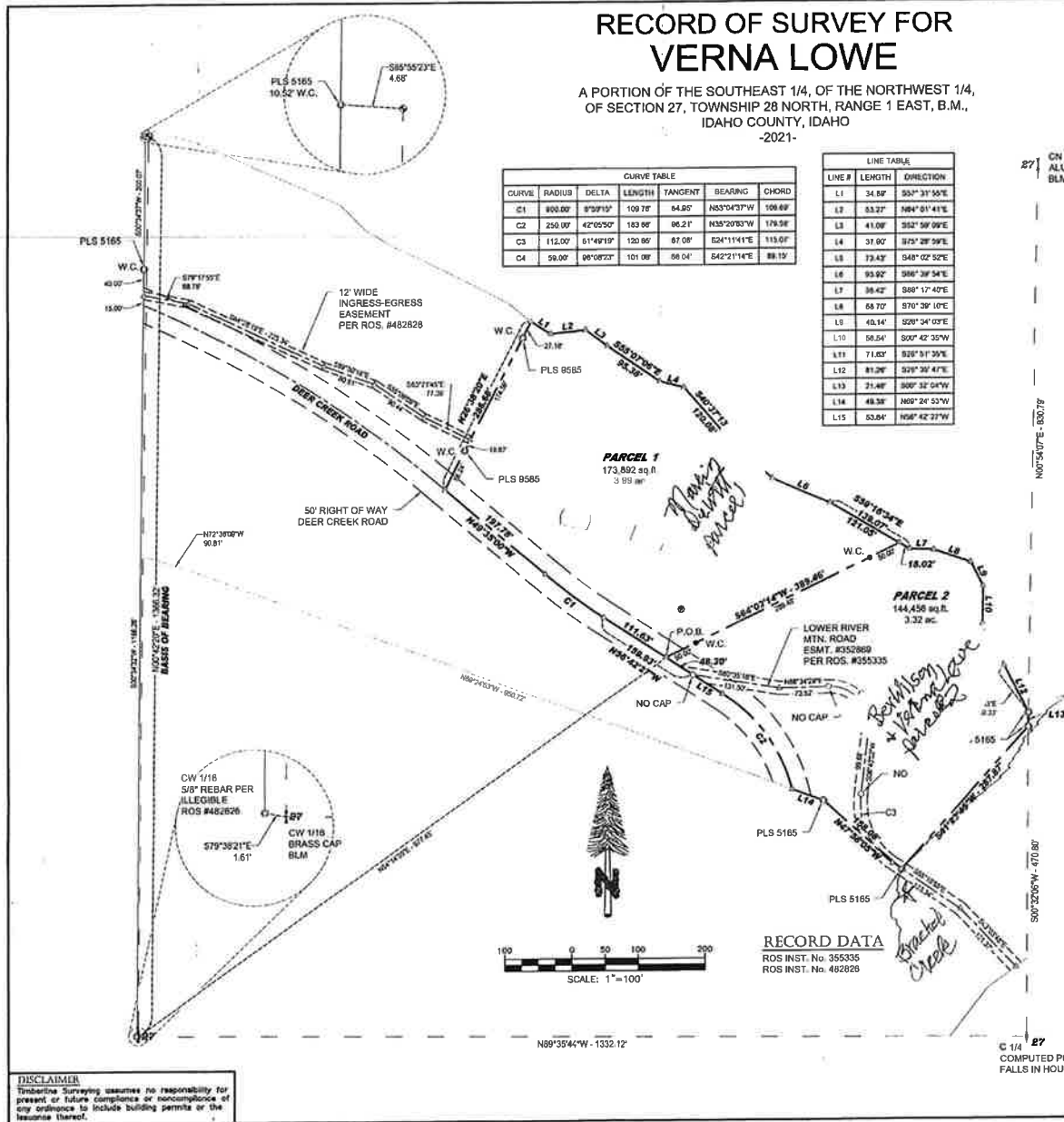
RECORD DATA  
ROS INST. No. 355335  
ROS INST. No. 482828



N89°35'44"W - 1332.12'

27] C 1/4 COMPUTED POINT FALLS IN HOUSE

**DISCLAIMER**  
Timberline Surveying assumes no responsibility for present or future compliance or noncompliance of any ordinance to include building permits or the issuance thereof.



**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

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

Date Filed MARCH 19, 2021

State File No. 2021-03264

DECEDENT - LEGAL NAME <b>EVELYN R DEWITT</b>			
SEX <b>FEMALE</b>	SOCIAL SECURITY NUMBER [REDACTED]	AGE <b>85 YEARS</b>	DATE OF BIRTH <b>JUNE 21, 1935</b>
BIRTHPLACE <b>MONMOUTH, OREGON</b>		PLACE OF RESIDENCE <b>WHITE BIRD, IDAHO</b>	
MARRITAL STATUS AT TIME OF DEATH <b>WIDOWED</b>		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>
FATHER - NAME <b>LAWRENCE WILSON</b>			BIRTHPLACE <b>MINNESOTA</b>
MOTHER - MAIDEN NAME <b>EDITH JOHNSON</b>			BIRTHPLACE <b>OREGON</b>
METHOD OF DISPOSITION <b>CREMATION</b>		FUNERAL SERVICE LICENSEE <b>JUSTIN DEFORD</b>	
NAME AND ADDRESS OF FUNERAL FACILITY <b>BLACKMER FUNERAL HOME, GRANGEVILLE, IDAHO</b>			
DATE OF DEATH <b>MAR. 15, 2021</b>	TIME OF DEATH <b>2:06 P.M.</b>	CITY, TOWN OR LOCATION OF DEATH <b>WHITE BIRD, IDAHO</b>	COUNTY OF DEATH <b>IDAHO</b>
CAUSE OF DEATH (underlying cause last) <b>SQUAMOUS CELL CARCINOMA OF THE NECK</b>			Approximate Interval Between Onset and Death <b>8 MONTHS</b>
DUE TO (or as a consequence of): b.			
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 <b>NONE STATED</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>
MANNER OF DEATH <b>NATURAL</b>	NAME OF CERTIFIER <b>JACK C. BRUNER, M.D.</b>	TITLE <b>PHYSICIAN</b>	
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
<b>EXTERNAL CAUSES ONLY</b>			
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

**MARCH 22, 2021**

DATE ISSUED:

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

Rev. 07/28/20

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR



**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

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

DATE FILED BY STATE REGISTRAR: **12/23/2014** State of Idaho **CERTIFICATE OF DEATH** STATE FILE NO: **2014-12019**  
ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE  
 BASED SEAL, SHALL BE USED AS PROOF OF THE DEATH UNDER IDAHO AND 49-204 IDAHO CODE Local Reg. No.

<b>DECEDENT</b>	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) <b>CORNEALOUS S. DEWITT</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
	4a. AGE-Last Birthday <b>80</b> (Years)		4b. UNDER 1 YEAR: Months Days Hours Minutes <b>08/19/1934</b>	
<b>TYPE OR FRONT IN-PERMANENT BLACK INK DO NOT USE FELT TIP PEN</b>	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>BUHL, IDAHO</b>		7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>IDAHO</b>	
	7b. COUNTY <b>IDAHO</b>		7c. CITY OR TOWN <b>WHITE BIRD</b>	
<b>FOR INSTRUCTIONS SEE HANDBOOKS</b>	7d. STREET AND NUMBER <b>174 PA'S MOUNTAIN ROAD</b>		7e. APT. NO. <b>83554</b>	7f. ZIP CODE <b>83554</b>
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) <b>EVELYN WILSON</b>	
<b>PARENTS</b>	11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>CHARLES DEWITT</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>NEVADA</b>	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>CHRISTINE HARRIS</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>UNKNOWN</b>	
<b>INFORMANT</b>	13a. INFORMANT'S NAME (Type or print) <b>EVELYN DEWITT</b>		13b. RELATIONSHIP TO DECEDENT <b>WIFE</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>174 PA'S MOUNTAIN ROAD WHITE BIRD, ID 83554</b>
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501</b>	
<b>DISPOSITION</b>	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>BLACKMER FUNERAL HOME 305 NORTH MILL STREET GRANGEVILLE, IDAHO 83530</b>		17a. LICENSE NUMBER (Of licensee) <b>M0706</b>	
	17b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: JEFFREY L. BLACKMER</b>		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PLACE OF DEATH</b>	18a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> 4 <input type="checkbox"/> Hospice facility <input type="checkbox"/> 5 <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> 6 <input type="checkbox"/> Decedent's home <input type="checkbox"/> 7 <input type="checkbox"/> Other (Specify)			
	18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: * 20. FACILITY NAME (If not facility, give street and number) <b>174 PA'S MOUNTAIN ROAD</b>			
<b>DATE OF DEATH</b>	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>WHITE BIRD, ID 83554</b>		* 22. COUNTY OF DEATH <b>IDAHO</b>	
	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>December 19, 2014</b>		24. TIME OF DEATH (24hr) <b>Estimated 04:45 - 05:00</b>	
<b>CAUSE OF DEATH</b>	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>December 19, 2014</b>		26. TIME PRONOUNCED DEAD (24hr) <b>05:16</b>	
	27. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. PROBABLE ACUTE MYOCARDIAL INFARCTION</b> DUE TO (or as a consequence of): b. <b>CORONARY ARTERY DISEASE</b> DUE TO (or as a consequence of): c. <b>DUE TO (or as a consequence of):</b> d. <b>DUE TO (or as a consequence of):</b> Approximate Interval: Onset to Death <b>MINUTES</b> 10 YEARS			
<b>CERTIFICATE: Complete Within 72 Hours of Death</b>	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>DEMENTIA</b>			
	28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>ITEMS 28-31 TO BE USED FOR EXTERNAL CAUSES ONLY (ICD-10)</b>	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		30. IF FEMALE (Aged 15-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b>33. TIME OF INJURY (24hr)</b>	
<b>CERTIFIER</b>	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
<b>REGISTRAR</b>	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 <b>TRANSPORTATION INJURY ONLY</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
	38a. WAS DECEDENT: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
<b>IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE</b>	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the proximal cause(s)/manner stated. <input checked="" type="checkbox"/> 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	
	Signature and Title of Certifier: <b>ELECTRONICALLY SIGNED: STEVE FREI</b>		39c. DATE SIGNED <b>12 / 23 / 2014</b> MM DD YYYY	
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>STEVE FREI, 320 WEST MAIN GRANGEVILLE, ID 83530</b>		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		
		40b. DATE SIGNED <b>12 / 23 / 2014</b> MM DD YYYY		

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: **DEC 23 2014**

*James B. Aydelotte*  
JAMES B. AYDELOTTE  
STATE REGISTRAR

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





IDAHO DEPARTMENT OF  
**WATER RESOURCES**

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098  
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: [idwrinfo@idwr.idaho.gov](mailto:idwrinfo@idwr.idaho.gov) • Website: [idwr.idaho.gov](http://idwr.idaho.gov)

Governor Brad Little  
July 8, 2022

Director Gary Spackman

MARLIN DEWITT  
618 N COLLEGE ST  
GRANGEVILLE ID 83530-1602

**PROOF ACKNOWLEDGEMENT LETTER**

**RE: Permit No. 79-14264**

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

**Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at [www.idwr.idaho.gov](http://www.idwr.idaho.gov).**

If you have any questions concerning the field examination, please contact the Western Region Office of the Department located in Boise at (208) 334-2190.

Sincerely,

Debbi Judd  
Technical Records Specialist

Enclosures