

Received by KU
 Receipt amt. \$ 25.00
 Receipt no. C110690
 Date 8-2-21

RECEIVED
 JUL 27 2021
 DEPARTMENT OF
 WATER RESOURCES

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Ken Chariton, hereby assign to The Chariton Revocable Living Trust
 Current owner(s) New owner(s)
 of, 1301 W Miles Avenue, Hayden, ID 83835 (208) 661-8216
 New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 94-8280 to appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

_____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion? ☒ Yes ☐ No
 Place of use? ☒ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

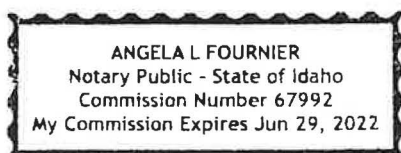
Dated this 22nd day of July, 2021.

Kenneth J Chariton Permit holder Title (if applicable) Permit holder Title (if applicable)

State of Idaho)
 County of Kootenai)ss

On this 22nd day of July, 2021, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL



Angela L Fournier
 Notary Public
 My commission expires: June 29, 2022

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, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §30-38(b) AND §30-27, IDAHO CODE.

Local Rep. No.

DECEDENT		1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
TERESA ANN CHARITON				FEMALE			
4a. AGE-Last Birthday		4b. UNDER 1 YEAR		4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo/Da/Yr)	
58						03/28/1956	
6. BIRTHPLACE (City and State, Territory, or Foreign Country)		7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY		7c. CITY OR TOWN	
COEUR D'ALENE, IDAHO		IDAHO		KOOTENAI		HAYDEN	
7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE		7g. INSIDE CITY LIMITS?	
11339 NORTH RIATA ROAD				83835		☒ Yes ☐ No	
8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		KENNETH CHARITON			
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown							
10. EVER IN U.S. ARMED FORCES?		11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)			
☐ Yes ☒ No		EUGENE LEE DEITZ		NORTH DAKOTA			
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)		IDAHO			
SHIRLEY CLEMETSON							
13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
KENNETH CHARITON		SPOUSE		11339 NORTH RIATA ROAD HAYDEN, ID 83835			
14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		COEUR D'ALENE MEMORIAL GARDENS 7315 NORTH GOVERNMENT WAY COEUR D'ALENE, IDAHO 83815		YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814			
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of licensee)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?			
ELECTRONICALLY FILED: DEXTER F. YATES		M0569		☐ Yes ☒ No			
19a. IF DEATH OCCURRED IN A HOSPITAL:		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:					
☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)							
20. FACILITY NAME (If not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		22. COUNTY OF DEATH			
KOOTENAI HEALTH		COEUR D'ALENE, ID 83814		KOOTENAI			
23. DATE OF DEATH (Mo/Da/Yr) (Spell month)		24. TIME OF DEATH (24hr)		25. DATE PRONOUNCED DEAD (Mo/Da/Yr) (Spell month)		26. TIME PRONOUNCED DEAD (24hr)	
April 10, 2014		13:00		April 10, 2014		13:00	
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.		Approximate Interval Onset to Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. METASTATIC ADENOCARCINOMA OF THE LUNG		10 MONTHS			
Due to (or as a consequence of):		b. DUE TO (or as a consequence of):					
Due to (or as a consequence of):		c. DUE TO (or as a consequence of):					
Due to (or as a consequence of):		d. DUE TO (or as a consequence of):					
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I		28a. WAS AN AUTOPSY PERFORMED?		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
		☐ Yes ☒ No		☐ Yes ☒ No			
29. DID TOBACCO USE CONTRIBUTE TO DEATH?		30. IF FEMALE (Aged 18-54):		31. MANNER OF DEATH			
☐ Yes ☐ Probably ☒ No ☐ Unknown		☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined			
32. DATE OF INJURY (Mo/Da/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 ☐ Pedestrian ☐ Other (Specify)		38. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?			
		☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
39a. CERTIFIER (Check only one, based on official capacity for this certificate)		39b. LICENSE NUMBER		M-08999			
☒ 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		39c. DATE SIGNED		4 / 14 / 2014			
- 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.				MM DD YYYY			
Signature and Title of Certifier		ELECTRONICALLY SIGNED: BRIAN L. SAMUELS, M.D.					
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		BRIAN L. SAMUELS, 750 SYRINGA ST SUITE 104 POST FALLS, ID 83854					
40a. REGISTRAR'S SIGNATURE		James B. Galt		40b. DATE SIGNED		4 / 17 / 2014	
						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:

APR 17 2014

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

JAMES B. AYDELOTTE
STATE REGISTRAR

PHN(41) (K-41) 02/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE