

Nebeker, Jake

completed 2/16/2021 - W

From: mullenix@atcnet.net
Sent: Tuesday, February 16, 2021 10:50 AM
To: Nebeker, Jake
Subject: 34-2331
Attachments: Scan 260.pdf

Hello, Attached is a copy of Rosrmarie's Death Certificate. Please Remove Rosemarie"s name from records for water right 34-2331. Property ownership has been through probate and recorded in Butte County.

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 DECEMBER 18, 2015

State File No. 2015-12366

DECEDENT - LEGAL NAME ROSEMARIE MILES MULLENIX			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 63 YEARS	DATE OF BIRTH OCTOBER 23, 1952
BIRTHPLACE SANTA RITA, GUAM		PLACE OF RESIDENCE MOORE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) PAUL MULLENIX	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JOHN MILES			BIRTHPLACE ILLINOIS
MOTHER - MAIDEN NAME AUDREY UNKNOWN			BIRTHPLACE AUSTRALIA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE MICHAEL D. ANDERSON	
NAME AND ADDRESS OF FUNERAL FACILITY ANDERSON FAMILY FUNERAL HOME, ARCO, IDAHO			
DATE OF DEATH DEC. 16, 2015	TIME OF DEATH 7:00 P.M.	CITY, TOWN OR LOCATION OF DEATH MOORE, IDAHO	COUNTY OF DEATH BUTTE
CAUSE OF DEATH (underlying cause first) a METASTATIC OROPHARYNGEAL CANCER			Approximate Interval Between Onset and Death 6 MONTHS
DUE TO (or as a consequence of): b LOCALLY ADVANCED OROPHARYNGEAL CANCER			19 MONTHS
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 NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DANE J. DICKSON, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
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.

DECEMBER 18, 2015

DATE ISSUED:

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

PHS0001001 02/12

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



State of Idaho

DEPARTMENT OF WATER RESOURCES

Eastern Region • 900 N SKYLINE DR STE A • IDAHO FALLS, ID 83402-1718

Phone: (208)525-7161 • Fax: (208)525-7177 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

February 17, 2021

PAUL MULLENIX
PO BOX 610
MOORE ID 83255-0610

Re: Change in Ownership for Water Right No(s): 34-2331

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 497-3787.

Sincerely,

Jonie Barg
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 34