

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

Transfer No. **84279**

**MINIMUM REQUIREMENTS CHECKLIST**  
TO BE SUBMITTED WITH APPLICATION FOR TRANSFER

**RECEIVED****JUL 28 2020**

Department of Water Resources

An application for transfer must be prepared in accordance with the minimum requirements listed below to be acceptable for processing by the Department. Incomplete applications will be returned. The instructions, fee schedule, Part 2A reports and additional Part 2B forms are available from any Department office or on the Department's website at [idwr.idaho.gov](http://idwr.idaho.gov).

Name of Applicant(s) Muriel Judge

**Check whether each item below is *attached* (Yes) or *not applicable* (N/A) for the proposed transfer.**

**Yes N/A** \* Means the item is always required and must be included with the application.

- ☒ \* Completed Application for Transfer of Water Right form, Part 1.
- ☒ \* Signature of applicant(s) or applicant's authorized representative on Application for Transfer Part 1. Include evidence of authority labeled Attachment #3 (see below) if signed by representative.
- ☒ \* Application for Transfer Part 2A. Attach a Part 2A report describing each water right in the transfer as currently recorded.
- ☐ ☒ Complete and attach an Application for Transfer Part 2B for each water right for which only a portion is proposed to be changed through this transfer application.
- ☒ \* Application for Transfer Part 3A is always required (see Attachment #7a below); Parts 3B and 3C must be completed for transfer applications proposing to change the nature of use of the water right(s) or proposing changes to supplemental right(s).
- ☒ \* Correct fee submitted with transfer application form. (Fee schedule is on website and instructions for application for transfer.)

**Attachments to Application - Label each attachment with the corresponding number shown below as Attachment #1-10.**

- ☐ ☒ #1 If the applicant is a business, partnership, organization, or association, and not currently registered in the State of Idaho as a business entity, attach documentation identifying officers authorized to sign or act on behalf of right holder. (See Part 1.)
- ☐ ☒ #2a Water Right ownership documentation if Dept. records do not show the applicant as the current water right owner. \*\*
- ☐ ☒ #2b If the ownership of the water right will change as a result of the proposed transfer to a new place of use, attach documentation showing land and water right ownership at the new place of use. Include documentation for all affected land and owner(s). \*\*  
\*\* Additional fee(s) required for water right ownership changes; see fee schedule.
- ☐ ☒ #3 Documentation of authority to make the change if the applicant is not the water right owner.
- ☐ ☒ #4 Power of Attorney or documentation providing authority to sign or act on the applicant's behalf. (See Part 1.)
- ☐ ☒ #5 If the transfer application proposes to change the point of diversion for a water right affecting the Eastern Snake Plain Aquifer (ESPA), attach the results of an ESPA analysis and a detailed mitigation plan to offset any depletions to hydraulically connected reaches of the Snake River. ESPA transfer spreadsheet and model grid labeled cells are available on the Department's website at [idwr.idaho.gov/water-rights/transfers/resources.html](http://idwr.idaho.gov/water-rights/transfers/resources.html).
- ☐ ☒ #6 Notarized statement of agreement or a statement on official letterhead signed by an authorized representative from each lien holder or other entity with financial interest in the water right(s) or land affected by the proposed transfer. (See Part 1.5.c.)
- ☒ \* #7a Attach a map identifying the proposed point(s) of diversion, place(s) of use, and water diversion and distribution system details as described on the application. Include legal description labels. If only a portion of the right is proposed to be changed, identify the current location of the part of the existing right(s) proposed to be changed. (See Part 3A.)
- ☐ ☒ #7b If the transfer application proposes to change the place or purpose of use of an irrigation right attach a Geographic Information System (GIS) shape file, or an aerial photo or other image clearly delineating the location and extent of existing acres and changes to the place of use. If some or all of any right is leased to the Water Supply Bank, you must also show the the specific location and/or acres to be idled at the new, proposed place of use to satisfy lease requirements.
- ☐ ☒ #8a If the transfer application proposes to change the nature of use or period of use for one or more rights, provide documentation describing the extent of historic beneficial use for the water rights proposed to be transferred and document how enlargement will be avoided. (See Part 3B.) Additional fee required for proposed changes to nature of use; see fee schedule.
- ☐ ☒ #8b If the transfer application proposes to change the place of use of a supplemental irrigation right, provide documentation regarding the historic use of the supplemental right(s) and availability or reliability of the primary right(s) being supplemented, both before and after the proposed change. (See Part 3C.)
- ☐ ☒ #9 Water Supply Bank information for all rights proposed for transfer and currently leased to the Bank. (Attachment WSB)
- ☐ ☒ #10 Other. Please describe: \_\_\_\_\_

84279

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## APPLICATION FOR TRANSFER OF WATER RIGHT PART 1

Name of Applicant(s) Muriel Judge Phone (208) 680-4728  
Mailing address 692 S 1800 W Pingree, ID 83262 Email mljudge52@gmail.com

- ☐ If applicant is not an individual and not registered to do business in the State of Idaho, attach documentation identifying officers authorized to sign or act on behalf of the applicant. Label it **Attachment #1**.
- ☐ Attach water right ownership documentation if Department records do not show the transfer applicant as the current water right owner. Label it **Attachment #2a**.
- ☐ If the ownership of the water right will change as a result of the proposed transfer to a new place of use, attach documentation showing land and water right ownership at the new place of use. Include documentation for all affected land and owner(s). Label it **Attachment #2b**.
- ☐ Attach documentation of authority to make the proposed change if the applicant is not the water right owner. Label it **Attachment #3**.

Provide contact information below if a consultant, attorney, or any other person is representing the applicant in this transfer process.

☐ No Representative

Name of Representative \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing address \_\_\_\_\_ Email \_\_\_\_\_

- ☐ Send all correspondence for this application to the representative and not to the applicant.  
**OR**
- ☐ Send original correspondence to the applicant and copies to the representative.
- ☐ The representative may submit information for the applicant but is not authorized to sign for the applicant.  
**OR**
- ☐ The representative is authorized to sign for the applicant. Attach a Power of Attorney or other documentation providing authority to sign for the applicant and label it **Attachment #4**.

I hereby assert that no one will be injured by the proposed changes and that the proposed changes do not constitute an enlargement in use of the original right(s). The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Muriel L. Judge  
Signature of Applicant or Authorized Representative

Muriel L. JUDGE  
Print Name and Title if applicable

7/28/2020  
Date

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Print Name and Title if applicable

\_\_\_\_\_  
Date

### A. PURPOSE OF TRANSFER

- ☐ Change point of diversion      ☐ Add diversion point(s)      ☒ Change place of use  
☐ Change nature of use      ☐ Change period of use      ☐ Other \_\_\_\_\_
- Is this a transfer for changes pursuant to Idaho Code § 42-221.O.8?  
If yes, ☐ attach an explanation and any supporting documentation labeled as **Part 1A.2**.
- Describe your proposal in narrative form, including a detailed description of non-irrigation uses to justify amounts transferred (i.e. number of stock, etc.), and provide additional explanation of any other items on the application. Attach additional pages if necessary and label it **Part 1A.3**.  
I propose to rearrange the place of use to better reflect current irrigation practices.

# APPLICATION FOR TRANSFER OF WATER RIGHT

## PART 1 Continued

### B. DESCRIPTION OF RIGHTS AFTER THE REQUESTED CHANGES. IF THE RIGHTS ARE BEING SPLIT, DESCRIBE PORTIONS TO BE CHANGED AS THEY WOULD APPEAR AFTER THE REQUESTED CHANGES.

1.		Right Number	Amount (cfs/ac-ft)	Nature of Use	Period of Use	Source & Tributary
All or Part	<input checked="" type="checkbox"/>	35-2226	2.4 / 480.0	IRRIGATION	04/01 to 10/31	GROUNDWATER
	<input type="checkbox"/>				to	
	<input type="checkbox"/>				to	
	<input type="checkbox"/>				to	
	<input type="checkbox"/>				to	
	<input type="checkbox"/>				to	
	<input type="checkbox"/>				to	
	<input type="checkbox"/>				to	
	<input type="checkbox"/>				to	

Total authorized under rights 2.4 cfs and/or 480.0 acre-feet.

2. Total amount of water proposed to be transferred or changed 0.06 cubic feet per second and/or \_\_\_\_\_ acre-feet per year.

3. Point(s) of Diversion:

- ☒ No changes to point(s) of diversion are proposed - the following chart is therefore not completed. (Proceed to #4.)
- ☐ Attach Eastern Snake Plain Aquifer analysis if this transfer proposes to change a point of diversion affecting the ESPA. Label it Attachment #5.

New ?	Lot	¼	¼	¼	Sec	Twp	Rge	County	Source	Local name or tag #

4. Place of use: (If irrigation, identify with number of acres irrigated per ¼ ¼ tract.)

- ☐ No changes to place of use are proposed - the following chart is therefore not completed. (Proceed to #5.)

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Acre Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
04S	32E	1				11.0									36.0	1.0	15.0	15.0	78.0
04S	33E	6										27.0	15.0						42.0
												L6	L7						
Total Acres (for irrigation use)																			120.0

**APPLICATION FOR TRANSFER OF WATER RIGHT**  
**PART 1 Continued**

5. General Information:

- a. Describe the complete diversion system, including how you will accommodate a measuring device and lockable controlling works should they be required now or in the future:

Diversion system is an agriculture well with a pump and a department approved flow meter installed. The main power shutoff switch is lockable.

- b. Who owns the property at the point(s) of diversion? Applicant

If other than the applicant, describe the arrangement enabling the applicant to access the property for the diversion system:

- c. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts?

If yes, ☐ attach a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes on official letterhead signed by an authorized representative. Label it **Attachment #6**. List the name of the entity and type of lien:

It is the applicant's responsibility to provide notice to lien holder, trustee, mortgagor, or contract holder of the proposed changes that may impact or change the value of the water rights or affected real property. Any misrepresentation of legal encumbrance on this application may result in rejection of the application or cancellation of an approval.

- d. Are any of the water rights proposed for transfer currently leased to the Water Supply Bank?

If yes, ☐ complete Attachment WSB.

- e. Describe the effect on the land now irrigated if the place or purpose of use is changed pursuant to this transfer:

The land will be irrigated using surface water canal shares.

- f. Describe the use of any other water right(s) for the same purpose or land, or the same diversion system as right(s) proposed to be transferred at both the existing and proposed point(s) of diversion and place(s) use:

- g. To your knowledge, has/is any portion of the water right(s) proposed to be changed:

**Yes No**

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | undergone a period of five or more consecutive years of non-use,                              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | currently leased to the Water Supply Bank,  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | currently used in a mitigation plan limiting the use of water under the right, or             |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | currently enrolled in a Federal set-aside program limiting the use of water under the rights? |

If yes, describe:

**IDAHO DEPARTMENT OF WATER RESOURCES  
Proof Report**

7/13/2020

**Water Right 35-2226**

**Owner Type**      **Name and Address**  
Current Owner      GARY JUDGE  
692 S 1800 W  
PINGREE, ID 83262  
(208) 328-2484

Current Owner      MURIEL JUDGE  
692 S 1800 W  
PINGREE, ID 83262  
(208) 328-2484

**Priority Date:** 6/5/1952  
**Basis:** Decreed  
**Status:** Active

**Source**      **Tributary**  
GROUND WATER

<b><u>Beneficial Use</u></b>	<b><u>From</u></b>	<b><u>To</u></b>	<b><u>Diversion Rate</u></b>	<b><u>Volume</u></b>
IRRIGATION	4/01	10/31	2.400 CFS	480.0 AF
	<b><u>Total Diversion</u></b>		2.400 CFS	480.0 AF

**Source and Point(s) of Diversion**  
GROUND WATER      SENESE      Sec. 1, Twp 04S, Rge 32E, BINGHAM County

**Place Of Use**  
IRRIGATION within BINGHAM County

Twp	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
04S	32E	1				8.0									36.0	1.0	15.0	18.0	78.0
04S	33E	6										27.0	15.0						42.0
												L6	L7						

POU Total Acres: 120.0

**Conditions of Approval:**

1. C18 THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.
2. C05 RIGHT INCLUDES ACCOMPLISHED CHANGE IN PLACE OF USE PURSUANT TO SECTION 42-1425, IDAHO CODE.
3. E02 USE OF THIS RIGHT IS COMBINED WITH WATER FROM ABERDEEN SPRINGFIELD CANAL CO.

**Dates and Other Information**

IDAHO DEPARTMENT OF WATER RESOURCES  
Proof Report

7/13/2020

Decreed Date: 4/2/2012  
Civil Case Number: 39576  
Judicial District: FIFTH  
State or Federal: S  
Water District Number: 120  
Mitigation Plan: False

**Combined Use Limits**

N/A

**SubCase:**

SubCaseNumber: 35-2226  
Class: 1  
SF5 Filed Date:  
Special Master Recom Signed Date:  
Attorney Assigned:  
Adjudication Agent:  
Basis of Claim: License  
Date Filed: 6/2/1999  
Objection Status: Active

**Water Supply Bank:**

N/A



STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

# APPLICATION FOR TRANSFER OF WATER RIGHT

## PART 3

**A. PLAT MAP (See Part 3A of Instructions for application for transfer for complete requirements.)**

- ☐ Attach a map of the diversion, measurement, control, and distribution system. Label it **Attachment #7a**.
- ☒ If the transfer application proposes to change the place or purpose of use of an irrigation right attach a Geographic Information System (GIS) shape file, or an aerial photo or other image clearly delineating the location and extent of existing acres and changes to the place of use. Label it **Attachment #7b**.

If the place of use currently consists of a permissible place of use, then the attachment is not required if the application contains a clear statement that the boundaries for the place of use are not proposed to be changed by the transfer and the total number of irrigated acres within the place of use before and after the transfer is clearly stated.

If any part of the irrigation water right is leased to the Water Supply Bank, you must also specify the location and number of acres that will remain idled for the duration of the lease contract at the new, proposed place of use.

### B. CHANGES IN NATURE OF USE (Water Balance)

- ☐ If you propose to change the nature of use or period of use of all or part of the rights(s) listed in this application, attach documentation describing the extent of historic beneficial use of the portion of the right(s) proposed to be changed. Also attach documentation showing that the portion of the right(s) to be changed will not be enlarged in rate, volume, or consumptive use through the proposed change. Label it **Attachment #8a**.

### C. PLACE OF USE CHANGES TO SUPPLEMENTAL IRRIGATION RIGHTS

- ☐ If you propose to change the place of use of a supplemental irrigation right, answer below and attach supporting documentation. Label it **Attachment #8b**.

Describe how the supplemental water rights have been used historically in conjunction with other water rights at the existing place of use. Describe the time during the irrigation season that the supplemental rights have been used. Include information about the availability or reliability of the primary right(s) being supplemented, both before and after the change. If the applicant is proposing to change a supplemental irrigation right to a primary right, provide the information required on Part 3B above:

**FOR DEPARTMENT USE ONLY**

Transfer contains \_\_\_\_\_ pages and \_\_\_\_\_ attachments.

Received by CAH Date                      Preliminary check by                      Date                     

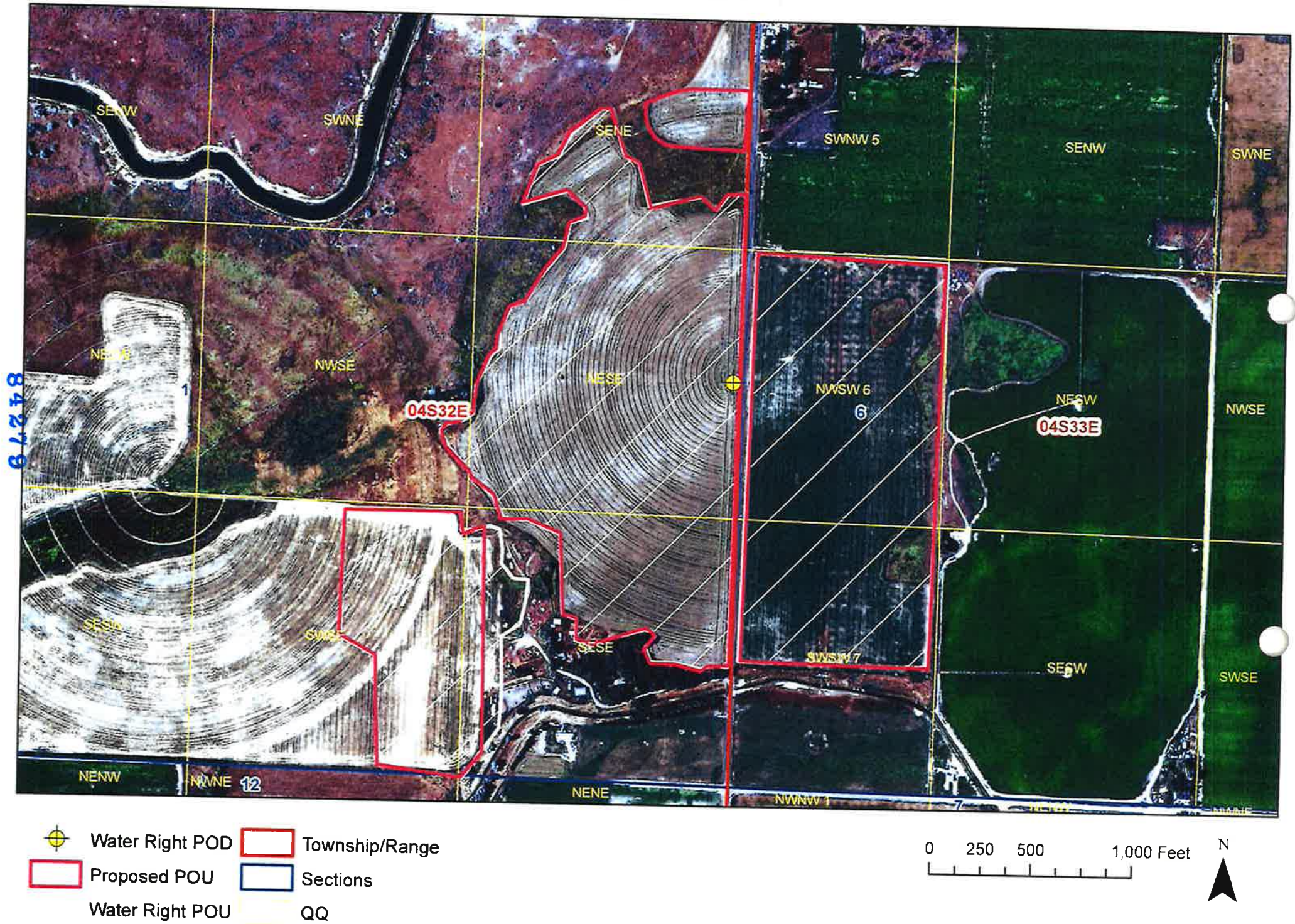
Fee paid \$200.00 Date 7/28/2020 Received by CAH Receipt # E046144

Add'l fee paid \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_ Receipt # \_\_\_\_\_

Check all that apply: Attachment WSB ☐ (copy sent to state office) Lessor Designation form ☐ &/or W-9 ☐ (originals to state office)



# Judge Transfer





# 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:

#### State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2018-10588

10/04/2018

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE  
MAILED SEAL, SHALL BE USED AS PROOF OF THIS DEATH UNDER §50-2410 AND §50-2411, IDAHO CODE.

Local Reg. No.

<b>DECEASED</b>  TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN  FOR INSTRUCTIONS SEE HANDBOOKS	<b>1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix)</b> GARY WILLIAM JUDGE		<b>2. SEX</b> MALE	<b>3. SOCIAL SECURITY NUMBER</b> 518-64-8174
	<b>4a. AGE Last Birthday</b> 66 (Years)		<b>5. DATE OF BIRTH (Mo/Day/Yr)</b> 05/30/1952	
<b>PARENTS</b>  Complete/Verify and File Within 5 Days of Death	<b>6. BIRTHPLACE (City and State, Territory, or Foreign Country)</b> POCA TELLO, IDAHO		<b>7a. CITY OR TOWN</b> PINGREE	
	<b>7b. COUNTY</b> BINGHAM		<b>7c. ZIP CODE</b> 83262	
<b>INFORMANT</b>  Complete/Verify and File Within 5 Days of Death	<b>7d. STREET AND NUMBER</b> 692 S 1800 W		<b>7e. INSIDE CITY LIMITS?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>8. MARITAL STATUS AT TIME OF DEATH</b> <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		<b>9. SURVIVING SPOUSE'S NAME (if wife, give maiden name)</b> MURIEL REED	
<b>DISPOSITION</b>  Complete/Verify and File Within 5 Days of Death	<b>10. EVER IN U.S. ARMED FORCES?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. BIRTHPLACE (State, Territory, or Foreign Country)</b> IDAHO	
	<b>11a. FATHER'S NAME (First, Middle, Last, Suffix)</b> ALDEN WILLIAM JUDGE		<b>12b. BIRTHPLACE (State, Territory, or Foreign Country)</b> IDAHO	
<b>PLACE OF DEATH</b>  Complete/Verify and File Within 72 Hours of Death	<b>12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)</b> LEOTA HELEN FOX		<b>13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)</b> 692 S 1800 W PINGREE, ID 83262	
	<b>13a. INFORMANT'S NAME (Type or print)</b> MURIEL JUDGE		<b>13b. RELATIONSHIP TO DECEDENT</b> SPOUSE	
<b>CAUSE OF DEATH</b>  Complete/Verify and File Within 72 Hours of Death	<b>14. METHOD OF DISPOSITION</b> <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		<b>15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY</b> HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221	
	<b>16. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)</b> SPRINGFIELD-STERLING CEMETERY SPRINGFIELD, IDAHO 83277		<b>17b. LICENSE NUMBER (Of licensee)</b> M0748	
<b>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>  Complete/Verify and File Within 72 Hours of Death	<b>17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH</b> ELECTRONICALLY FILED: KEVIN T. DIETRICH		<b>18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>19a. IF DEATH OCCURRED IN A HOSPITAL:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		<b>20. FACILITY NAME (If not facility, give street and number)</b> 692 S 1800 W	
<b>CERTIFIER</b>  Complete/Verify and File Within 72 Hours of Death	<b>21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE</b> PINGREE, ID 83262		<b>22. COUNTY OF DEATH</b> BINGHAM	
	<b>23. DATE OF DEATH (Mo/Day/Yr) (Spell month)</b> October 1, 2018		<b>24. TIME OF DEATH (24hr)</b> 08:00	
<b>REGISTRAR</b>  Complete/Verify and File Within 72 Hours of Death	<b>25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)</b> October 1, 2018		<b>26. TIME PRONOUNCED DEAD (24hr)</b> 08:00	
	<b>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.</b> <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a. <b>MALIGNANT PLASMA IN THE LIVER AND STOMACH</b> DUE TO (or as a consequence of): b. <b>INTRAHEPATIC BILE DUCT</b> DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____			
<b>CERTIFIER</b>  Complete/Verify and File 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> <b>MALIGNANT PLASMA IN THE LIVER AND STOMACH</b>		<b>28a. WAS AN AUTOPSY PERFORMED?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>29. DID TOBACCO USE CONTRIBUTE TO DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>30. IF FEMALE (Aged 10-54):</b> <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 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	
<b>CERTIFIER</b>  Complete/Verify and File Within 72 Hours of Death	<b>31. MANNER OF DEATH</b> <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		<b>32. DATE OF INJURY (Mo/Day/Yr) (Spell month)</b> _____	
	<b>33. TIME OF INJURY (24hr)</b> _____		<b>34. PLACE OF INJURY (Decedent's home, farm, school, construction site, nursing home, restaurant, forest, etc.)</b> _____	
<b>CERTIFIER</b>  Complete/Verify and File Within 72 Hours of Death	<b>35. INJURY AT WORK?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>36. LOCATION OF INJURY:</b> State _____ City/Town or County _____ Zip Code _____	
	<b>37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)</b> _____			
<b>CERTIFIER</b>  Complete/Verify and File Within 72 Hours of Death	<b>38a. WAS DECEDENT:</b> <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		<b>38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?</b> <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>39a. CERTIFIER (Check only one, based on official capacity for this certificate)</b> <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		<b>39b. LICENSE NUMBER</b> M-08585	
<b>CERTIFIER</b>  Complete/Verify and File Within 72 Hours of Death	<b>39c. DATE SIGNED</b> 10 / 2 / 2018 MM DD YYYY		<b>39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)</b> GARY W. SOUCIE, 1441 PARKWAY DRIVE BLACKFOOT, ID 83221	
	<b>40a. REGISTRAR'S SIGNATURE</b> James B. Galt		<b>40b. DATE SIGNED</b> 10 / 4 / 2018 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.

OCT 04 2018

DATE ISSUED:

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

JAMES B. AYDELOTTE  
STATE REGISTRAR

84279

