

Field, Christine

From: Kristin Moore <kristin.rmea@gmail.com>
Sent: Thursday, April 04, 2019 11:05 AM
To: Field, Christine
Subject: RE: Lease Application Form Request
Attachments: DeathCertificate.jpg

Christine,

Blair Parker passed away recently. Attached is a copy of his death certificate. Charlotte is the sole owner of the water rights now.

Kristin Moore

Senior Water Rights Analyst
482 Constitution Way, Ste 303, Idaho Falls, ID 83402
E-Mail: kristin.rmea@gmail.com
VOICE: 208-524-2353 ||| FAX: 208-524-1795



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From: Field, Christine [<mailto:Christine.Field@idwr.idaho.gov>]
Sent: Thursday, April 04, 2019 10:35 AM
To: kristin.rmea@gmail.com
Subject: Lease Application Form Request

Hi Kristin,

Re: Lease Applications W/R 21-7089 and W/R 21-12952

Both J Blair Parker and Charlotte Parker are listed as owners of W/R 21-7089 and W/R 21-12952.

The above Lease Applications are missing the required Lessor Designation for this Lease.

The Lessor Designation form is required to be signed by both J Blair Parker and Charlotte Parker for the Lease is to be rented. This form gives IDWR authorization to pay the Designated Lessor on this lease.

Please have the Parker's sign the attached Lessor form and return the form to me once completed.

Regards,

Christine Field
Water Supply Bank Support

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 **NOVEMBER 21, 2018**

State File No. **2018-12358**

DECEDENT - LEGAL NAME JAMES BLAIR PARKER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 77 YEARS	DATE OF BIRTH DECEMBER 21, 1940
BIRTH-PLACE PARKER, IDAHO		PLACE OF RESIDENCE ST. ANTHONY, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) CHARLOTTE TUCKER	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME HOWARD RAYMOND PARKER			BIRTH-PLACE IDAHO
MOTHER - MAIDEN NAME FLORENCE MURDOCK			BIRTH-PLACE UTAH
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE BERT L. FLANN	
NAME AND ADDRESS OF FUNERAL FACILITY BERT FLANN MORTUARY, ST. ANTHONY, IDAHO			
DATE OF DEATH NOV. 11, 2018	TIME OF DEATH 5:39 A.M.	CITY, TOWN OR LOCATION OF DEATH ST. ANTHONY, IDAHO	COUNTY OF DEATH FREMONT
CAUSE OF DEATH (underlying cause last) BILE DUCT CANCER			Approximate Interval Between Onset and Death 1 YEAR
DUE TO (or as a consequence of) UNKNOWN			
DUE TO (or as a consequence of)			
DUE TO (or as a consequence of)			
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 WALLACE C. BAKER, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	WAS IN 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.

DATE ISSUED: **NOVEMBER 21, 2018**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE