



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 E FRONT ST STE 648 • PO BOX 83720 • BOISE ID 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

August 16, 2018

EMORY LEE SCRIVEN
GLORIA LEA EDWARDS SCRIVEN
6851 DOGTOWN ROAD #27
COULTERVILLE, CA 95311

RE: Updated Ownership of Water Right 84-12164 Dear

Water Right Owners:

The Department acknowledges the receipt of correspondence requesting an update to the 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.

Documents regarding this ownership change are available on the Departments website:
www.idwr.idaho.gov. If you have any questions regarding this letter, please contact me at (208) 287-4942. Thank you.

Sincerely,

Jean Hersley
Technical Records Specialist II

State of Idaho
Department of Water Resources
PO Box 83720
Boise Idaho Id 83720

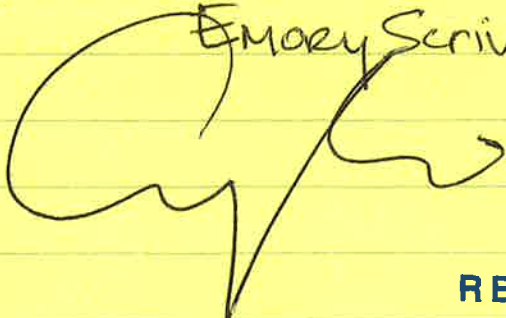
8/16/18

Re: Change in Ownership

Dear Ms Hersley:

I am requesting a change of owner's
by removing my deceased father
from water right # 84-12164.
Included is a copy of his
death certificate. Thank you
Kindly.

Emory Scriven



RECEIVED

AUG 16 2018

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

RECEIVED

AUG 16 2018

DEPARTMENT OF
WATER RESOURCES

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2018-06479

06/19/2018

ONLY A COPY OF THIS DOCUMENT, CARRIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §39-3415 AND §39-371, IDAHO CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ROBERT DUANE SCRIVEN		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Bth (day) 83		4b. UNDER 1 YEAR Months Days Hours Minutes		4c. UNDER 1 DAY Months Days Hours Minutes	
	5. DATE OF BIRTH (Mo/Day/Yr) 11/26/1934		6. BIRTHPLACE (City and State, Territory, or Foreign Country) ELLENSBURG, WASHINGTON			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY CLEARWATER		7c. CITY OR TOWN OROFINO	
PARENTS	7d. STREET AND NUMBER 1976 THORNTON ROAD		7e. APT. NO.		7f. ZIP CODE 83544	
	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No			
	11a. FATHER'S NAME (First, Middle, Last, Suffix) HOMER SCRIVEN		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) HELEN CLAY		12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON			
	13a. INFORMANT'S NAME (Type or print) EMORY SCRIVEN		13b. RELATIONSHIP TO DECEDENT SON		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1976 THORNTON ROAD OROFINO, ID 83544	
	14. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) PINE HILLS CREMATORY 939 MICHIGAN AVENUE OROFINO, IDAHO 83544		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PINE HILLS FUNERAL CHAPEL PO BOX 307 OROFINO, IDAHO 83544	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RYAN DENNISON		17b. LICENSE NUMBER (Of licensee) M0790		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
MORTICIAN	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DOA		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) 1976 THORNTON ROAD		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE OROFINO, ID 83544		22. COUNTY OF DEATH CLEARWATER	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 3, 2018		24. TIME OF DEATH (24hr) Estimated 08:00 - 13:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 6, 2018	
	26. TIME PRONOUNCED DEAD (24hr) 17:06		27. CAUSE OF DEATH			
PLACE OF DEATH	PART I. Enter a chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respirator, arrest, or ventilator utilization without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYOCARDIAL INFARCTION					
	b. HYPERTENSION DUE TO (or as a consequence of):					
	c. TYPE 2 DIABETES DUE TO (or as a consequence of):					
DATE OF DEATH	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. FLUID IN RIGHT LUNG; HAD INFECTION; BMI OF GREATER THAN 30					
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown		30. IF FEMALE (Aged 15-54): ☐ 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		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
	32. DATE OF INJURY (Mo/Day/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			
CAUSE OF DEATH	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: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 38b. 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) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ 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.					
	39b. LICENSE NUMBER 39c. DATE SIGNED 6 / 15 / 2018 MM DD YYYY					
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	40a. REGISTRAR'S SIGNATURE VINCENT FRAZIER, 638 CROW BENCH ROAD OROFINO, ID 83544					
	40b. DATE SIGNED 6 / 19 / 2018 MM DD YYYY					
	41. SIGNATURE OF REGISTRAR JAMES B. AYDELOTTE					
	42. DATE ISSUED JUN 19 2018					

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: JUN 19 2018

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

JAMES B. AYDELOTTE
STATE REGISTRAR

