

RECEIVED

FEB 14 2018

DEPT OF WATER RESOURCES

I, Betty W Stokes, residing at 19 N Barracks Lane, Salmon ID 83467, am the sole surviving owner of the following Water Rights:

74- 179D
74- 397
74- 843
74- 855
74- 856
74- 857
74- 858
74- 4006
74- 15705
74- 15890

Please see attached Death Certificate.


Betty W Stokes

2-1-18
Date

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. 2014-03394

04/15/2014

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF DEATH FOR THE PURPOSES OF THIS DEATH CERTIFICATE (20-1401) AND (20-24, IDAHO CODES)

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMATION DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	DECEASED	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) EARL DEAN STOKES		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 77 (Years)		4b. UNDER 1 YEAR Months: 0 Days: 0		4c. UNDER 1 DAY Hours: 0 Minutes: 0	
	5. DATE OF BIRTH (Mo/Day/Yr) 09/07/1936					
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) GARLAND, UTAH					
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO						
7b. COUNTY LEMHI						
7c. CITY OR TOWN SALMON						
7d. STREET AND NUMBER 19 NORTH BARRACKS LANE						
7e. APT. NO. 77 ZIP CODE 83467						
7f. INSIDE CITY LIMITS? ☐ Yes ☒ No						
8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown						
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) BETTY SHERE WOLFLEY						
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No						
11a. FATHER'S NAME (First, Middle, Last, Suffix) HUBER EARL STOKES						
11b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH						
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ELMINA AUSTIN						
12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO						
13a. INFORMANT'S NAME (Type or print) BETTY STOKES						
13b. RELATIONSHIP TO DECEDENT WIFE						
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 19 NORTH BARRACKS LANE SALMON, ID 83467						
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) SALMON CEMETERY SALMON, IDAHO 83467						
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY JONES AND CASEY FUNERAL HOME 501 LENA STREET SALMON, IDAHO 83467						
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: TAMMY J. BOWERMAN						
17b. LICENSE NUMBER (Of licensee) M0883						
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No						
19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ Other						
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) 19 NORTH BARRACKS LANE						
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE SALMON, ID 83467						
22. COUNTY OF DEATH LEMHI						
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 11, 2014						
24. TIME OF DEATH (24hr) Estimated 11:20 - 11:45						
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 11, 2014						
26. TIME PRONOUNCED DEAD (24hr) 11:45						
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DROWNING DUE TO (or as a consequence of): b. FALL INTO WATER DUCT AND WAS WEDGED DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown						
28b. 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						
29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No						
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No						
30. MANNER OF DEATH ☐ Natural ☒ Accidental ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined						
31. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 11, 2014						
32. TIME OF INJURY (24hr) Estimated 11:20 - 11:45						
33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) DECEDENT'S HOME						
34. LOCATION OF INJURY: State: IDAHO City/Town or County: SALMON, LEMHI Zip Code: 83467						
35. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) DECEDENT WAS CLEANING OUT WATER SYSTEM, SLIPPED INTO DUCT BECOMING WEDGED						
36a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)						
36b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown						
37a. CERTIFIER (Check only one based on type of certifier for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To 37a. or 37b. or 37c. Check occurred at the time, date, and place, and due to the natural cause(s) whenever stated. ☒ CORONER On the basis of surveillance ending investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and mechanism stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: MIKE MITCHELL						
37b. LICENSE NUMBER MIKE MITCHELL						
37c. DATE SIGNED 4/15/2014						
38a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MIKE MITCHELL, PO BOX 452 SALMON, ID 83467						
38b. REGISTRAR'S SIGNATURE James B. Aydelotte						
38c. DATE SIGNED 4/15/2014						

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 15 2014**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

