



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

GARY SPACKMAN
Director

C.L. "BUTCH" OTTER
Governor

August 16, 2017

MURPHY LAW OFFICE
847 E FAIRVIEW AVE
MERIDIAN ID 83642

RE: Update to Current Owner of Water Right 63-34409

Dear Water Right Holder:

The Department of Water Resources recently received a request to remove Barbara Jeanne Newman as a current owner of water right 63-34409. This request was complete and I have enclosed a water right report for your benefit.

The Department is also returning the certified copy of Barbara Newman's Certificate of Death. We only need a copy of that for our records.

If you have any questions regarding this letter, please contact me at (208) 287-4942. Thank you.

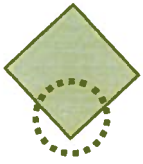
Sincerely,

A handwritten signature in cursive script that reads "Jean Hersley".

Jean Hersley
Technical Records Specialist II

Enclosure

c: Don R Newman



MURPHY LAW OFFICE PLLC

MICHAELINA (MIA) MURPHY
Attorney at Law

July 25, 2017

RECEIVED

JUL 27 2017

DEPARTMENT OF
WATER RESOURCES

Via Certified Mail
Return Receipt Requested

IDWR State Office
322 East Front St., 6th Floor
P.O. Box 83720
Boise, ID 83720-0098

Re: Water Right: 63-34409
Newman, Don and Barbara

To Whom It May Concern:

This office represents Don R. Newman. Enclosed please find a certified copy of the State of Idaho Certificate of Death regarding Barbara Jeanne Newman along with a copy of the Letters Testamentary appointing Don R. Newman as the Personal Representative of the Estate of Barbara Jeanne Newman. We ask that you please remove Barbara Jeanne Newman's name as a current owner of Water Right 63-34409.

Thank you in advance for your assistance with this matter. Please contact me at your first opportunity should there be anything further I can provide.

Sincerely,



Heather Jensen
Legal Assistant

Enclosures

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. 2012-08734

10/02/2012

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. THIS DOCUMENT IS NOT VALID FOR ANY OTHER PURPOSE.

ICD-10 Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH E142 ITEMS 32-34 TO BE USED FOR EXTERNAL CAUSES ONLY (ICD-10) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSE, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BARBARA JEANNE NEWMAN 2. SEX FEMALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE-Last Birthday 79 (Years) 4b. UNDER 1 YEAR Months: Days: Hours: Minutes: 4c. UNDER 1 DAY Hours: Minutes: 5. DATE OF BIRTH (Mo/Day/Yr) 07/20/1933 6. BIRTHPLACE (City and State, Territory, or Foreign Country) BOISE, IDAHO 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY ADA 7c. CITY OR TOWN BOISE 7d. STREET AND NUMBER 900 PARK HILL DRIVE 7e. APT. NO. [REDACTED] 7f. ZIP CODE 83702 7g. 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) DONALD R. NEWMAN 10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) JOSEPH ALBERT ALBERTSON 11b. BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) KATHRYN M. MCCURRY 12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 13a. INFORMANT'S NAME (Type or print) DONALD R. NEWMAN 13b. RELATIONSHIP TO DECEDENT HUSBAND 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 900 PARK HILL DRIVE BOISE, ID 83702 14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify): 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MORRIS HILL CEMETERY 317 NORTH LATAH BOISE, IDAHO 83705 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SUMMERS FUNERAL HOME - BOISE 1205 WEST BANNOCK STREET BOISE, IDAHO 83702 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: TODD GRANT 17b. LICENSE NUMBER (Of license) M0714 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No 19a. IF DEATH OCCURRED IN A HOSPITAL: 1. Inpatient 2. Outpatient 3. POA 4. Hospice facility 5. Nursing home/Long term care facility 6. Decedent's home 7. Other (Specify): 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 20. FACILITY NAME (If not facility, give street and number): 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE 22. COUNTY OF DEATH 900 PARK HILL DRIVE BOISE, ID 83702 ADA 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 27, 2012 24. TIME OF DEATH (24hr) 12:33 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 27, 2012 26. TIME PRONOUNCED DEAD (24hr) 13:00 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 #1 line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. KIDNEY FAILURE DUE TO (or as a consequence of): b. DIABETES DUE TO (or as a consequence of): c. [REDACTED] DUE TO (or as a consequence of): d. [REDACTED] DUE TO (or as a consequence of): PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CONGESTIVE HEART FAILURE PERIPHERAL VASCULAR DISEASE 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 30. IF FEMALE (Aged 15-44): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 43 days of death ☐ Unknown (if pregnant) within 1 year 31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED] 33. TIME OF INJURY (24hr) [REDACTED] 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED] 35. INJURY AT WORK? ☐ Yes ☒ No 36. LOCATION OF INJURY: State: City/Town or County: Zip Code: Street and Number or Location: Apartment Number: 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. [REDACTED] TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Other (Specify): 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? [REDACTED] 39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☐ CORONER 39b. LICENSE NUMBER M-04324 39c. DATE SIGNED: 10 / 2 / 2012 MM DD YYYY Signature and Title of Certifier LEE M. KORNFIELD, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) LEE M. KORNFIELD, 600 NORTH ROBBINS ROAD BOISE, ID 83702 40a. REGISTRAR'S SIGNATURE James B. Aydelotte 40b. DATE SIGNED 10 / 2 / 2012 MM DD YYYY
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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: JUL 05 2017

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

JAMES B. AYDELOTTE
STATE REGISTRAR



RECEIVED
NOV 13 2012
Ada County Clerk

NO. _____ FILED _____
A.M. _____ P.M. 230

NOV 16 2012

CHRISTOPHER D. RICH, Clerk
By ROSE WRIGHT
DEPUTY

Bart W. Harwood
ISB #1109; bwh@farleyoberrecht.com
FARLEY OBERRECHT HARWOOD & BURKE, P.A.
702 W. Idaho St., Suite 700
Boise, Idaho 83701
Telephone: (208) 395-8500
Facsimile: (208) 395-8585

Attorneys for Applicant

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA
MAGISTRATE DIVISION

CV IE 1220931

In the Matter of the Estate of

BARBARA JEANNE NEWMAN,

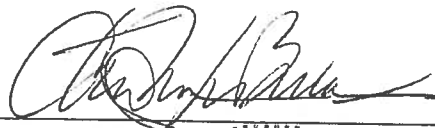
Deceased.

Case No. _____

LETTERS TESTAMENTARY

The Will of Barbara Jeanne Newman, having been admitted to informal probate, Donald R. Newman, is hereby appointed personal representative of the estate.

WITNESS: Christopher M. Bieter, Magistrate of the District Court, County of Ada, State of Idaho, with the seal of the court affixed the 15th day of November, 2012.



The Honorable Christopher M. Bieter
Magistrate Judge

STATE OF IDAHO
COUNTY OF ADA
I, CHRISTOPHER D. RICH, Clerk of the District Court of the Fourth Judicial District of the State of Idaho, in and for the County of Ada, do hereby certify that the foregoing is a true and correct copy of the original on file in this office. In witness whereof, I have hereunto set my hand and affixed my official seal this 15th day of March 2012.
CHRISTOPHER D. RICH, CLERK
By Alyce Sweetser Deputy

LETTERS TESTAMENTARY - 1

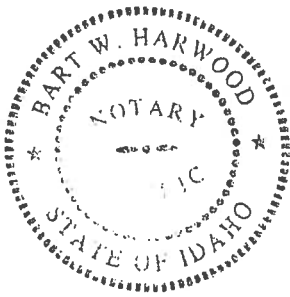
mw

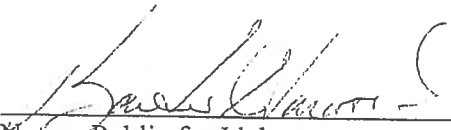
STATE OF IDAHO)
) ss.
County of Ada)

I, Donald R. Newman, hereby accept the duties of personal representative of the estate of Barbara Jeanne Newman, deceased, and do solemnly swear that I will perform, according to the law, the duties of personal representative of the estate of Barbara Jeanne Newman, deceased.


DONALD R. NEWMAN

SUBSCRIBED AND SWORN TO before me this 9th day of November, 2012.




Notary Public for Idaho
Residing at: Besse, Idaho
My Commission Expires: 7-28-2017