

**STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES**

**RECEIVED  
APR 03 2017**

**APPLICATION FOR TRANSFER OF WATER RIGHT – POINT(S) OF DIVERSION**

This form may be used to apply to change and/or add points of diversion for existing water rights and to report an ownership change for a water right(s) in connection with the proposed point of diversion change(s). Do not use this form to apply for changes to other elements of a water right. See the Application for Transfer Instructions for help completing this form and for mailing addresses of Department offices where your application can be submitted.

Check all that apply:

- ☒ Change diversion point(s)      ☐ Add diversion point(s)      ☐ Ownership change      ☐ Ownership split

1. APPLICANT(S) Peggy M. Simpson Elizabeth F. Maland Phone (809) 525-1673  
2. MAILING ADDRESS 572 Sheridan Road City Walla Walla  
State WA Zip 99362 Email SIMPSON68@gmail.com  
maland@pwwics.com

- ☐ If the applicant is not an individual and not registered to do business in the State of Idaho, attach documentation identifying officers authorized to sign for the applicant.
- ☐ If the applicant is not the current water right(s) owner, attach documentation of authority to file the application.
- ☐ If the application includes a change in ownership of water right(s), attach a copy of the conveyance document, such as a warranty deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property conveyed or description of the water right if no land is conveyed. Additional fee(s) are required for water right ownership changes; see Item 9 for the fee schedule.

If the ownership change resulted in the water right(s) being split, how did the division occur? Mark one:

- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
- ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.
- ☐ If the application is not signed by the applicant, attach a Power of Attorney or other documentation providing authority to sign for the applicant.

3. LIST WATER RIGHT NUMBER(S) 35-7853 B

- ☒ Attach a copy of the water right(s) as recorded, available at www.idwr.idaho.gov, Water Right Transfers, Step 1, or by contacting any Department office.

4. TOTAL AMOUNT OF WATER transferred is 1.36 cubic feet per second and/or \_\_\_\_\_ acre-feet per annum.  
(diversion rate) (storage volume)

5. POINT OF DIVERSION – Describe all the point(s) of diversion to be included on the water right(s) after the proposed change.

- ☐ Attach Eastern Snake Plain Aquifer (ESPA) analysis if this transfer proposes to change a point of diversion affecting the ESPA. ESPA analysis information is available at www.idwr.idaho.gov, Water Right Transfers, Online Resources.

| New? | Lot | ¼ | ¼  | ¼  | Sec | Twp | Rge | County  | Source       | Local name or tag # |
|------|-----|---|----|----|-----|-----|-----|---------|--------------|---------------------|
| NO   |     |   | NW | SW | 14  | 6S  | 30E | Bingham | Ground Water |                     |
|      |     |   |    |    |     |     |     |         |              |                     |
|      |     |   |    |    |     |     |     |         |              |                     |
|      |     |   |    |    |     |     |     |         |              |                     |
|      |     |   |    |    |     |     |     |         |              |                     |
|      |     |   |    |    |     |     |     |         |              |                     |
|      |     |   |    |    |     |     |     |         |              |                     |
|      |     |   |    |    |     |     |     |         |              |                     |
|      |     |   |    |    |     |     |     |         |              |                     |

## 6. 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:

Existing well used for right 35-7853A

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

Yes No

- ☐ ☒ undergone a period of five or more consecutive years of non-use,  
☐ ☒ currently used in a mitigation plan limiting the use of water under the right(s), or  
☐ ☒ currently enrolled in a Federal set-aside program limiting the use of water under the right(s)?

If yes, describe:

- d. Is any portion of the water right(s) proposed to be changed currently leased to the Water Supply Bank? ☐ Yes ☒ No  
☐ If yes and there are multiple owners, attach a Lessor Designation form.  
☐ If yes, the individual owner or designated lessor must complete, sign and attach an IRS Form W-9.  
(Disregard if these items are on file and ownership has not changed.)

7. **MAP** - ☒ Attach a map of the diversion, measurement, control and distribution system. Include the place of use if a split of the water right occurred. Clearly label the map with township, range, section and  $\frac{1}{4}$   $\frac{1}{4}$  of section information. The Map Tool, available at [maps.idwr.idaho.gov/TransferApplicationLayouts/](http://maps.idwr.idaho.gov/TransferApplicationLayouts/) provides a satisfactory template for creating the required map.

8. **SIGNATURE** - The information in this application is true to the best of my knowledge. I understand any willful misrepresentations in this application may result in rejection of the application or cancellation of an approval.

[Signature]  
Signature of applicant or authorized agent

Peggy M. Simpson  
Print name and title if applicable

3-31-17  
Date

[Signature]  
Signature of applicant or authorized agent

ELIZABETH MALANA  
Print name and title if applicable

3-31-17  
Date

9. **FEE** - ☒ The application filing fee provided in Section 42-221, Idaho Code, must be submitted with the application for transfer. The Application fee is based on the total amount of water proposed for transfer in Item 4: the larger fee for either cubic feet per second (diversion rate) or acre-feet per annum (storage volume). The Fee Schedule is available at [www.idwr.idaho.gov](http://www.idwr.idaho.gov), Water Right Transfers, Step 4 and in the Application for Transfer Instructions.

## FOR DEPARTMENT USE ONLY

Transfer includes \_\_\_\_\_ pages of attachments.

Received by \_\_\_\_\_ Date \_\_\_\_\_

Fee paid 580.00 Date 4-3-2017

Received by [Signature] Receipt # E042866

Preliminary review by \_\_\_\_\_ Date \_\_\_\_\_ Active in the Water Supply Bank? Yes ☐ No ☐

W-9 received? Yes ☐ No ☐ Name on W-9 \_\_\_\_\_ W-9 forwarded to fiscal? Yes ☐ No ☐

(Do NOT scan the W-9 – confidential information is held by fiscal only)

**IDAHO DEPARTMENT OF WATER RESOURCES  
APPLICATION FOR TRANSFER OF WATER RIGHT  
PART 2A**

**Current Water Right No.: 35-7853B**

**Current Owner:** EWALD A FUNK  
PEARL S FUNK  
ELIZABETH MALAND  
PEGGY M SIMPSON

**Priority Date:** 4/24/1979

**Origin:** Water Right

**Status:** Active

**Basis:** License

**Source**

**Tributary**

GROUND WATER

| <b><u>Beneficial Use</u></b> | <b><u>From To</u></b>         | <b><u>Diversion Rate</u></b> | <b><u>Annual Volume</u></b> |
|------------------------------|-------------------------------|------------------------------|-----------------------------|
| IRRIGATION                   | 4/01 to 10/31                 | 1.36 CFS                     | 312 AF                      |
|                              | <b><u>Total Diversion</u></b> | 1.36 CFS                     | 312 AF                      |

**Location of Point(s) of Diversion**

GROUND WATER  
BINGHAM County

SW1/4SW1/4      Sec. 15    Twp 06S    Rge 30E B.M.

**Place of Use**

**IRRIGATION Within BINGHAM County**

|                 |      |       |               |      |       |
|-----------------|------|-------|---------------|------|-------|
| T06S R30E S15   | NWSE | 39.00 | T06S R30E S15 | SWSE | 39.00 |
| Total Acres: 78 |      |       |               |      |       |

**Conditions of Approval:**

1. R31 This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 4.0 afa per acre for irrigation of the lands above.
2. Right 35-02485 is also diverted through the point of diversion described above.

Licensed Date: 12/15/1994



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR WALLA WALLA COUNTY  
IN PROBATE

17-4 00028 9

IN THE MATTER OF THE ESTATE OF )  
PEARL SCHULTZ FUNK )  
Deceased. )

Cause No. \_\_\_\_\_  
LETTERS OF ADMINISTRATION

STATE OF WASHINGTON )  
County of Walla Walla ) ss

WHEREAS, PEARL SCHULTZ FUNK, late of Walla Walla County, State of Washington, on or about January 22, 2017, died intestate, leaving at the time of her death property in this state subject to administration,

NOW, THEREFORE, know all men by these presents, that we do hereby appoint the said ELIZABETH F. MALAND and PEGGY M. SIMPSON as Designated Co-Administrators upon said estate, and, whereas, said Designated Co-Administrators have duly qualified and we hereby authorize ELIZABETH F. MALAND and PEGGY M. SIMPSON to administer the same according to law.

Witness my hand and the seal of said court this 27<sup>th</sup> day of February, 2017.

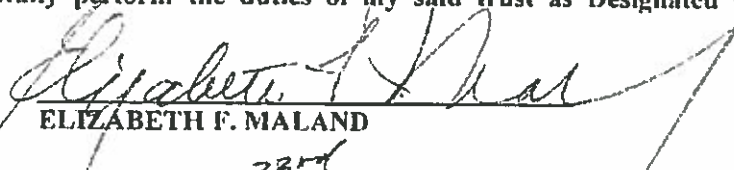
KATHY MARTIN  
Clerk of the Superior Court

By: [Signature]  
Deputy

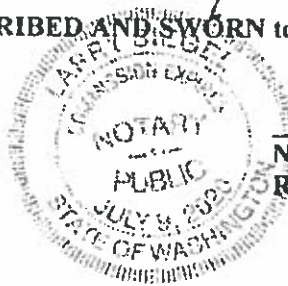
81598

STATE OF WASHINGTON )  
 ) ss. OATH  
County of Walla Walla )

**ELIZABETH F. MALAND**, being first duly sworn, says: I am the same person mentioned in the above Letters of Administration as Designated Co-Administrator; I do solemnly swear that I will support the Constitution of the United States and the Constitution and Laws of the State of Washington, and that I will faithfully perform the duties of my said trust as Designated Co-Administrator according to law.

  
ELIZABETH F. MALAND

SUBSCRIBED AND SWORN to before me this 23<sup>rd</sup> day of February, 2017.



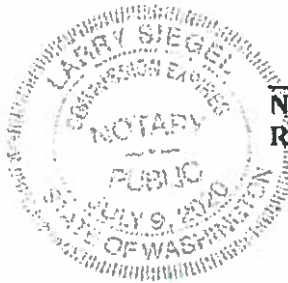
  
Notary Public for State of Washington  
Residing at Walla Walla

STATE OF WASHINGTON )  
 ) ss. OATH  
County of Walla Walla )

**PEGGY M. SIMPSON**, being first duly sworn, says: I am the same person mentioned in the above Letters of Administration as Designated Co-Administrator; I do solemnly swear that I will support the Constitution of the United States and the Constitution and Laws of the State of Washington, and that I will faithfully perform the duties of my said trust as Designated Co-Administrator according to law.

  
PEGGY M. SIMPSON

SUBSCRIBED AND SWORN to before me this 23<sup>rd</sup> day of February, 2017.



  
Notary Public for State of Washington  
Residing at Walla Walla

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

4 7 7

LOCAL FILE NUMBER

## Washington State Department of Health CERTIFICATE OF DEATH

146 7 38499  
STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME<br>First Middle Last<br><b>Ewald Anton Funk</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                              |  | 2. SEX (M / F)<br><b>Male</b>                                                                                                                                                                                                                                                                                                                     |  | 3. DEATH DATE (Mo, Day, Yr)<br><b>11/25/1997</b>                                                                           |  |
| 4. AGE LAST BIRTHDAY (Yrs)<br><b>81</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 5. UNDER 1 YEAR<br>MOS DAYS<br><b>81</b>                                                                                                                                                                     |  | 6. UNDER 1 DAY<br>HOURS MINS<br><b>1430</b>                                                                                                                                                                                                                                                                                                       |  | 7. DATE OF DEATH (Mo, Day, Yr)<br><b>11/25/1997</b>                                                                        |  |
| 8. BIRTHPLACE<br>(City, State or Foreign Country)<br><b>Brushy Creek, TX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                              |  | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br>(Yes / No) <b>No</b>                                                                                                                                                                                                                                                                                |  | 10. COUNTY OF DEATH<br><b>Walla Walla</b>                                                                                  |  |
| 11. CITY, TOWN OR LOCATION OF DEATH<br><b>Walla Walla</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                              |  | 12. PLACE OF DEATH—IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RESCUE PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE<br><b>1430 Highland Road</b> |  |                                                                                                                            |  |
| 13. SMOKING IN LAST 15 YEARS? (Yes / No)<br><b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| 14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 15. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Pearl Schultz</b>                                                                                                                                     |  | 16. SOCIAL SECURITY NO<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                       |  | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>8</b> College (14 or 5+) |  |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)<br><b>Owner/Operator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 19. KIND OF BUSINESS OR INDUSTRY<br><b>Retail</b>                                                                                                                                                            |  | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br>(Yes / No) Specify <b>No</b>                                                                                                                                                                                |  | 21. RACE (Specify)<br><b>White</b>                                                                                         |  |
| 22. RESIDENCE—NUMBER AND STREET<br><b>1430 Highland Rd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 23. CITY/TOWN OR LOCATION<br><b>Walla Walla</b>                                                                                                                                                              |  | 24. INSIDE CITY LIMITS? (Yes / No)<br><b>NO</b>                                                                                                                                                                                                                                                                                                   |  | 25. COUNTY<br><b>Walla Walla</b>                                                                                           |  |
| 26. FATHER'S NAME—FIRST, MIDDLE, LAST<br><b>Gus Funk</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME<br><b>Mary George</b>                                                                                                                                        |  | 28. LENGTH OF RES. IN CO<br><b>10 yrs</b>                                                                                                                                                                                                                                                                                                         |  | 29. STATE<br><b>WA</b>                                                                                                     |  |
| 30. INFORMANT—NAME<br><b>Pearl Funk</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 31. MAILING ADDRESS<br><b>1430 Highland Rd. Walla Walla, WA 99362</b>                                                                                                                                        |  | 32. BURIAL/CREMATION<br>Burial <input checked="" type="checkbox"/> Other (Specify)<br><b>11/25/1997</b>                                                                                                                                                                                                                                           |  | 33. DATE (Mo, Day, Yr)<br><b>11/25/1997</b>                                                                                |  |
| 34. CEMETERY/CREMATORY—NAME<br><b>Aberdeen City Cemetery</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 35. LOCATION—CITY/TOWN, STATE<br><b>Aberdeen, Idaho</b>                                                                                                                                                      |  | 36. FUNERAL DIRECTOR'S SIGNATURE<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                            |  | 37. NAME OF FACILITY<br><b>Herring Funeral Home</b>                                                                        |  |
| 38. ADDRESS OF FACILITY<br><b>315 W. Alder Walla Walla, WA 99362</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN<br>TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><i>[Signature]</i> |  | 40. DATE SIGNED (Mo, Day, Yr)<br><b>11/26/97</b>                                                                                                                                                                                                                                                                                                  |  | 41. HOUR OF DEATH (24 Hrs.)<br><b>1750</b>                                                                                 |  |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>James Walker, MD, 423 Willow, Walla Walla, WA 99362</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><i>[Signature]</i>              |  | 44. DATE SIGNED (Mo, Day, Yr)                                                                                                                                                                                                                                                                                                                     |  | 45. HOUR OF DEATH (24 Hrs.)                                                                                                |  |
| 46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>James Walker, MD, 423 Willow, Walla Walla, WA 99362</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 47. HOUR PRONOUNCED DEAD (24 Hrs.)                                                                                                                                                                           |  | 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>James Walker, MD, 423 Willow, Walla Walla, WA 99362</b>                                                                                                                                                                                            |  | 49. MEDICORDNER FILE NUMBER                                                                                                |  |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>Metastatic Prostate Cancer</b><br>DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.<br>DUE TO, OR AS A CONSEQUENCE OF:<br>A. <b>Metastatic Prostate Cancer</b><br>B. <b>Metastatic Prostate Cancer</b><br>C. <b>Metastatic Prostate Cancer</b><br>D. <b>Metastatic Prostate Cancer</b><br>INTERVAL BETWEEN ONSET AND DEATH: <b>Years</b> |  |                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:<br><b>Arteriosclerosis Cardiovascular disease</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| 52. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)<br><b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 53. INJURY DATE (Mo, Day, Yr)<br><b>NO</b>                                                                                                                                                                   |  | 54. HOUR OF INJURY (24 Hrs.)<br><b>NO</b>                                                                                                                                                                                                                                                                                                         |  | 55. DESCRIBE HOW INJURY OCCURRED:<br><b>NO</b>                                                                             |  |
| 56. INJURY AT WORK? (Yes / No)<br><b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)<br><b>NO</b>                                                                                                                |  | 58. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE<br><b>NO</b>                                                                                                                                                                                                                                                                                     |  | 59. RECORD AMENDMENT (Registrar use only)<br>ITEM DATE REVIEWED BY DATE<br><b>Carol DeLay, Deputy</b>                      |  |
| 60. DATE RECEIVED (Mo, Day, Yr.)<br><b>Nov 21, 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 61. DATE RECEIVED (Mo, Day, Yr.)<br><b>Nov 21, 1997</b>                                                                                                                                                      |  | 62. DATE RECEIVED (Mo, Day, Yr.)<br><b>Nov 21, 1997</b>                                                                                                                                                                                                                                                                                           |  | 63. DATE RECEIVED (Mo, Day, Yr.)<br><b>Nov 21, 1997</b>                                                                    |  |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 10-150)

DOH-01003 (1/15)

81598

MAY 04 2017



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-003598

LOCAL FILE NUMBER: 38

DATE ISSUED: 01/26/2017

FEE NUMBER: 0036041573

GIVEN NAMES: PEARL SCHULTZ  
LAST NAME: FUNK

COUNTY OF DEATH: WALLA WALLA  
DATE OF DEATH: JANUARY 22, 2017  
HOUR OF DEATH: 07:10 P.M.  
SEX: FEMALE  
AGE: 97 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: BINGHAM, IDAHO

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: OWNER/OPERATOR  
INDUSTRY: RETAIL  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: BETTY WALAND  
RELATIONSHIP: DAUGHTER  
ADDRESS: 2037 CRAWFORD DR., WALLA WALLA, WA. 99362

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: REGENCY AT THE PARK, 420 SE MYRA RD  
CITY, STATE, ZIP: COLLEGE PLACE, WASHINGTON 99324

RESIDENCE STREET: 420 SE MYRA RD  
CITY, STATE, ZIP: WALLA WALLA, WASHINGTON 99362  
INSIDE CITY LIMITS? YES  
COUNTY: WALLA WALLA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 DAYS

FATHER/PARENT: GOTTLIEB SCHULTZ  
MOTHER/PARENT: LOUISE NETZER

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: ABERDEEN CEMETERY  
CITY, STATE, ZIP: ABERDEEN, ID  
DISPOSITION DATE: JANUARY 28, 2017

FUNERAL FACILITY: HERRING GROSECLOSE FUNERAL HOME INC  
ADDRESS: 315 WEST ALDER STREET  
CITY, STATE, ZIP: WALLA WALLA WA 99362  
FUNERAL DIRECTOR: TRAVIS L. LOCKE

- CAUSE OF DEATH:
- A. CARDIAC ARREST  
INTERVAL: MINUTES
  - B. DEHYDRATION  
INTERVAL: SEVERAL DAYS
  - C. METABOLIC ENCEPHALOPATHY  
INTERVAL: SEVERAL DAYS
  - D. URINARY TRACT INFECTION  
INTERVAL: SEVERAL DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
HISTORY OF CEREBRAL VASCULAR ACCIDENT, DEMENTIA, CHRONIC DEBILITATING STATE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CHRISTOPHER JENKINS, DO  
TITLE: OSTEOPATHIC PHYSICIAN  
CERTIFIER  
ADDRESS: 1025 SOUTH 2ND AVENUE  
CITY, STATE, ZIP: WALLA WALLA WA 99362  
DATE SIGNED: JANUARY 25, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
CHRISTOPHER JENKINS DO

LOCAL DEPUTY REGISTRAR:  
CAROL DE LAV  
DATE RECEIVED: JANUARY 25, 2017



DOH 01-003 (10/15)

MAY 04 2017

81598

**Health**

**Affidavit for Correction**

This is a legal document. Complete in ink and do not alter.

WALLA WALLA CENTER FOR HEALTH STATISTICS  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4369

**STATE OFFICE USE ONLY**

Record Number: \_\_\_\_\_ Fee Number: \_\_\_\_\_ Index: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

**Required information must match current information on record**

1. Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

2. Name on Record: \_\_\_\_\_ 3. Date of Event: \_\_\_\_\_ 4. Place of Event: \_\_\_\_\_

5. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution): \_\_\_\_\_ 6. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): \_\_\_\_\_

7. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Attorney ☐ Friend ☐ Relative ☐ Other (specify): \_\_\_\_\_

8. Reason for Request: \_\_\_\_\_

9. Telephone Number: \_\_\_\_\_ 10. Email Address: \_\_\_\_\_

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record now shows: \_\_\_\_\_ The true fact is: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

11a. Signature: \_\_\_\_\_ 11b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS - go to [www.wa.gov](http://www.wa.gov) for more information**

Driver's license, Social Security card or hospital/departmental birth certificate cannot be used as proof.

Required documentary proof must be submitted with the affidavit and include full name and be dated. Examples of documentary proof include:

- Birth/Divorce/Death record
- Military record (DD-203)
- Schooling records
- Social Security Number Report
- Certificate of Naturalization
- Hospital/medical report
- Passport
- Employment and Resident card (I-55)

**Birth Certificates**

- Only a parent, legal guardian or the child is under 16, or the named individual (if 16 or older) may change the birth certificate.
- The proof(s) must match the asserted facts. For example, if the affidavit says the name should be May Ann Doe, the proof must show the name to be May Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

**Child under 18**

- Legal guardian must provide certified court order granting guardianship.
- Under age one, last name can be changed once to either parent's name on certificate for birth (any combination of the first, middle or last names).
- After age one, a court order is required to change the last name.
- No court is required to change the first or middle name.
- To correct a birth date, place of birth, or sex, documentary proof is required.
- To correct a sex of the child, no documentary proof from a medical provider is required.

**Adult (18 years or older)**

- Only the adult can change his or her own certificate.
- If the first or middle name is wrong, three pieces of documentary proof are required.
- If the first (middle and/or last name) is disputed, or date of birth is in error, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.

**No change in name of a child requires signatures from both parents listed on the certificate. If one parent is deceased, submit a death certificate with affidavit.**

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DDH 422-032).**

**Death Certificates**

- Only the informant (the funeral director, or executor/administrator (if evidence confirming such position is presented)) may change the death certificate. Proof is required to make changes if requested by a family member not listed as the informant on the certificate. The informant may change marital status with a certified copy of a court order if any were other than the informant is requesting the change.
- The middle information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- The record for a marriage or dissolution may only be changed by the person who was the informant on the original certificate.
- To change the date or place of marriage or dissolution, and date and place of birth of child (if born of dissolution) must be provided.

**WALLA WALLA COUNTY REGISTER OF DEEDS**

**Larry D. Jecha, M.D.**  
Health Officer

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