

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re CSRBA

Case No. 49576

PARTIAL DECREE PURSUANT TO
I.R.C.P. 54(b) FOR

Water Right 94-08774

RECEIVED

APR 10 2017

IDWR / NORTH

NAME AND ADDRESS:

GERALD CARROTHERS
PATRICIA CARROTHERS
12053 OLD RIVER RD
KINGSTON, ID 83839

SOURCE:

GROUND WATER

QUANTITY:

0.02 CFS

The quantity of water under this right shall not exceed 13,000
gallons per day.

PRIORITY DATE:

01/01/1978

POINT OF DIVERSION:

T50N R03E S30 LOT 8 (NESE) Within Shoshone County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE
Domestic

PERIOD OF USE
01-01 TO 12-31

QUANTITY
0.02 CFS

Domestic use is for 1 home.

PLACE OF USE:

Domestic

Within Shoshone County

T50N R03E S30 LOT 8 (NESE)

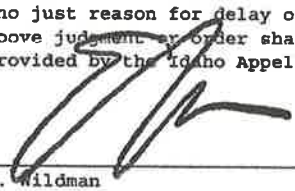
OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

The quantity of water decreed for this water right is not a
determination of historical beneficial use.

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE
ENTRY OF A FINAL UNIFIED DECREE. I.C. SECTION 42-1412(6).

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance
with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a
final judgment and that the court has and does hereby direct that the above judgment or order shall be a final
judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.


Eric J. Wildman
Presiding Judge of the
Coeur d'Alene-Spokane River Adjudication

SCANNED

APR 10 2017

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. 2014-00787

01/29/2014

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH. UNDER IDAHO CODES 18-2110 AND 18-214, CIVIL CODE.

Local Reg. No.

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS.	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) GERALD LEE CARROTHERS		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE Last Birthday 66 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 03/17/1947	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) CHAMPAIGN, ILLINOIS			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY SHOSHONE	
MORTICIAN: Complete Within 72 Hours of Death	7c. CITY OR TOWN KINGSTON		7d. APT. NO. 83839	
	7e. 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) PATRICIA ANN MCGUIRE	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) BASIL IVAN CARROTHERS	
PARENTS	11b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY ELIZABETH WILKENS	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS			
	13a. INFORMANT'S NAME (Type or print) PATRICIA CARROTHERS		13b. RELATIONSHIP TO DECEDENT WIFE	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 12053 OLD RIVER ROAD KINGSTON, ID 83839			
DISPOSITION	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) SHOSHONE CREMATORY 106 SOUTH MAIN STREET KELLOGG, IDAHO 83837	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SHOSHONE FUNERAL SERVICE 106 SOUTH MAIN STREET KELLOGG, IDAHO 83837			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DEBBIE C. MIKESSELL		17b. LICENSE NUMBER (Or license) M0841	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 20. FACILITY NAME (If not facility, give street and number) 12053 OLD RIVER ROAD	
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE KINGSTON, ID 83839		22. COUNTY OF DEATH SHOSHONE	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) January 28, 2014		24. TIME OF DEATH (24hr) Estimated 02:00 - 03:30	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) January 28, 2014		26. TIME PRONOUNCED DEAD (24hr) 07:00	
CAUSE OF DEATH	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. CORONARY ARTERY DISEASE DUE TO (or as a consequence of): b. HYPERLIPIDEMIA DUE TO (or as a consequence of): c. DIABETES MELLITUS DUE TO (or as a consequence of): d. HYPERTENSION			
	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No			
	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No			
	31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☒ Unknown		30. IF FEMALE (Aged 10-54): ☐ 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	
	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 _____ Street and Number or Location _____ Apartment Number _____			
CERTIFIER	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 ☐ Pedestrian ☐ Other (Specify)			
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger		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 PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER 0-00392	
	Signature and Title of Certifier: MICHAEL W. MONOHAN, D.O. 39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL W. MONOHAN, 1220 EAST POLSTON AVENUE POST FALLS, ID 83854		39c. DATE SIGNED 1 / 28 / 2014 MM DD YYYY	
REGISTRAR	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 1 / 28 / 2014 MM DD YYYY	

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: **JAN 29 2014**

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

JAMES B. AYDELOTTE
STATE REGISTRAR



MEMORANDUM

To: Ownership change for water right 94-8774

From: Natalie Steading

Date: 4/14/2017

Re: Removal of name from water rights.

On 4/05/17 Patricia Carrothers called the office inquiring how to remove her late husband's name from water right 94-8774. I informed her that she would need to submit a copy of the death certificate and a brief note regarding the issue.