



State of Idaho
DEPARTMENT OF WATER RESOURCES
Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, Idaho 83301-5851
Phone: (208) 736-3033 • Fax: (208) 736-3037 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

March 08, 2017

HENRY WHITING II
PO BOX 101
BLISS ID 83314

RE: Change of Ownership for Water Right 37-2596

Dear Mr. Whiting II,

The department acknowledges receipt of correspondence removing Lynn Fawcett Whiting from the above referenced water right. The department has modified its records to reflect the change in ownership and has enclosed a computer-generated report for your records.

Please note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address of the owner of a water right to the department. Notice of the change must be provided to the department within 120 days of the change. Change reporting forms are available from any office of the department.

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carrie Hahn', is written over a light blue circular stamp.

Carrie Hahn
Clerk
Enclosures



WATER DISTRICT 130 2017 ANNUAL ASSESSMENT

RECEIVED
MAR 08 2017
DEPT OF WATER RESOURCES
SOUTHERN REGION

March 1, 2017

~~HENRY WHITING II AND LYNN FAWCETT WHITING~~
~~PO BOX 101~~
~~BLISS, ID 83314~~

SEE ENCLOSED
DEATH CERTIFICATE

Water Right Number(s)

37-2596

Important Assessment Information:

The above water right(s) are within the boundaries of State Water District 130. These right(s) are not under active regulation and are not required to measure and report diversions. However, the Watermaster of Water District 130 is authorized to collect a minimum assessment for Watermaster services from all water users within the jurisdiction of the District. By resolution, the minimum assessment charge for Water District 130 is \$25.00.

Assessments not paid by May 1, 2017 shall bear a penalty in the amount of 10% of the total assessment, plus interest from the date due until paid at the rate of one percent (1%) per month. You will not receive a monthly statement from Water District 130.

Past Due Assessment Charge:

2017 Assessment Charge: \$25.00

Total Assessment Charge: \$25.00

Due April 1, 2017

Assessment charges may not be made against water users whose total water right are limited to exempted domestic and stockwater uses. We have carefully tried to select affected rights without duplication or error. If you feel there is a mistake, or if you have received two assessment notices, please contact Nathan Erickson at the Water District Office at (208) 736-3033.

PLEASE DETACH THIS PORTION AND REMIT
PAYMENT ON OR BEFORE April 1, 2017

PAYABLE TO: WATER DISTRICT 130

Total Assessment \$25.00

650 ADDISON AVE W STE 500
TWIN FALLS ID 83301-5858

PLEASE NOTE NEW MAILING ADDRESS

HENRY WHITING II AND LYNN FAWCETT WHITING
PO BOX 101
BLISS, ID 83314

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

RECEIVED
MAR 08 2017
DEPT OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed **MAY 26, 2015**

State File No. **2015-05037**

DECEDENT - LEGAL NAME LYNN FAWCETT WHITING			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 68 YEARS	DATE OF BIRTH MAY 20, 1947
BIRTHPLACE SAN FRANCISCO, CALIFORNIA		PLACE OF RESIDENCE BLISS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) HENRY WHITING II	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME RANDALL FAWCETT			BIRTHPLACE CALIFORNIA
MOTHER - MAIDEN NAME HARRIET DRISCOLL			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE RANDY L. BASTERRECHEA	
NAME AND ADDRESS OF FUNERAL FACILITY DEMARAY FUNERAL SERVICE, GOODING, IDAHO			
DATE OF DEATH MAY 20, 2015	TIME OF DEATH 8:00 P.M.	CITY, TOWN OR LOCATION OF DEATH BLISS, IDAHO	COUNTY OF DEATH GOODING
CAUSE OF DEATH (underlying cause last) PRESUMED INTRACRANIAL BLEED			Approximate Interval Between Onset and Death 9 DAYS
DUE TO (or as a consequence of) HEAD TRAUMA S/P FALL			9 DAYS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above METASTATIC OVARIAN CARCINOMA-ON HOSPICE-DIDN'T SEEK CARE FOR INJURY			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH ACCIDENT	NAME OF CERTIFIER STEVE SPENCE		TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY MAY 12, 2015	TIME OF INJURY 9:00 A.M.	PLACE OF INJURY HOME	INJURY AT WORK? NO
LOCATION WHERE INJURY OCCURRED 583 RIVER ROAD, BLISS, IDAHO			
DESCRIPTION OF HOW INJURY OCCURRED PATIENT FELL IN OWN HOME, HIT HEAD, SIGNIFICANT MENTAL/NEUROLOGIC CHANGES			

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: **MAY 26, 2015**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

