

WATER DISTRICT 37
107 WEST 1ST
SHOSHONE, ID 83352-5425
Phone:(208) 886-2451 Fax:(208) 886-7930

RECEIVED

FEB 07 2017

DEPT OF WATER RESOURCES
SOUTHERN REGION

37-22178

STATEMENT

Delbert

DELBERT & CAROLE BARNETT
1780 S 2050 E
GOODING, ID 83330

ACCOUNT NO.
5591

DATE
01/25/2017

DATE	DIVERSION NO.	DESCRIPTION	CHARGES	CREDITS	BALANCE
PLEASE INCLUDE THE ACCOUNT NUMBER WITH YOUR PAYMENT. THANK YOU.					
01/24/2017	93P4.17	SURFACE WATER-37	60.00		60.00

Here is a copy of Delbert's
death certificate. Could you
please remove his name from
your records and put my name
name as Solo owner.

Thank you

Carole Barnett

PLEASE REFER
DUE BY APRIL 1.

Cur
60

*Received
2-7-2017
Water District 37*

S CHARGES
31.

ys
30 AMOUNT DUE
60.00

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed **NOVEMBER 29, 2016**

State File No. **2016-11783**

DECEDENT - LEGAL NAME DELBERT WILLIAM BARNETT			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 79 YEARS	DATE OF BIRTH SEPTEMBER 28, 1937
BIRTH PLACE SACRAMENTO, CALIFORNIA		PLACE OF RESIDENCE GOODING, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) CAROLE FIZER	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CLARENCE BASKUM BARNETT			BIRTH PLACE VIRGINIA
MOTHER - MAIDEN NAME VIRGINIA HOLESAPPLE			BIRTH PLACE WYOMING
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DWAIN M. DEMARAY	
NAME AND ADDRESS OF FUNERAL FACILITY DEMARAY FUNERAL SERVICE, GOODING, IDAHO			
DATE OF DEATH NOV. 26, 2016	TIME OF DEATH 2:04 P.M.	CITY, TOWN OR LOCATION OF DEATH GOODING, IDAHO	COUNTY OF DEATH GOODING
CAUSE OF DEATH (underlying cause last) a CARDIAC ASYSTOLE			Approximate Interval Between Onset and Death MINUTES
DUE TO (or as a consequence of): b IDIOPATHIC CARDIOMYOPATHY			YEARS
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 CORONARY ATHEROSCLEROSIS AND ACUTE PNEUMONIA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER MARK D. SPENCER, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: **NOVEMBER 29, 2016**

James B. Galt
JAMES B. GALT

