

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 05 2016

Notice of Change in Water Right Ownership

Department of Water Resources
Eastern Region

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, [see #6](#) of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
29-494 C	Yes ☒	Yes ☐		Yes ☐	Yes ☐
29-13205	Yes ☒	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Steven Ferrer

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): John R. Lee EUSHA LEE

New owner(s) as listed on the conveyance document

Name connector ☐ and ☒ or ☐ and/or

5470 W. SKIDUE DR.

Paratello

Id

83201

Mailing address

City

State

ZIP

208-240-0655

Telephone

Email

4. If the water rights and/or adjudication claims were split, how did the division occur?

- ☐ 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.

5. Date you acquired the water rights and/or claims listed above: _____

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed [IRS Form W-9](#) for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed [Lessor Designation](#) form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☐ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).

- ☒ Filing fee (see instructions for further explanation):

- \$25 per *undivided* water right.
- \$100 per *split* water right.
- No fee is required for pending adjudication claims.

- ☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.

- ☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: John R. Lee

Signature of new owner/claimant

Title, if applicable

Date

- Signature: Eusha Lee

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by JB

Date

12/5/2016

Receipt No.

E042642

Receipt Amt.

\$25 -

Active in the Water Supply Bank? Yes ☐ No ☐

If yes, forward to the State Office for processing

W-9 received? Yes ☐ No ☐

Name on W-9

Approved by JB

Processed by JB

Date

1/27/2017

SUPPORT DATA

IN FILE # 29-494C

E042710 \$25 - 1/26/2017


IDWD
Order No. 0017369

OFFICIAL RECORD BK# 976 FEE 10.00 DEPUTY DM
BANNOCK COUNTY IDAHO RECORDED AT REQUEST OF

AmeriTitle - Pocatello Office

21401421 2014 Feb 05 PM 01:55:00
Electronically Recorded by Simplifile

WARRANTY DEED

For Value Received,

Patty L. Ferro, an unmarried person

GRANTOR(s), do(es) hereby GRANT, BARGAIN, SELL and CONVEY unto

John R. Lee and Elisha Lee, husband and wife

GRANTEE(s), whose address is: **5470 West Skiview Drive, Pocatello, ID 83201**

the following described real property, to-wit:

**LOT 8, BLACK ANGUS RANCH SUBDIVISION, BANNOCK COUNTY, IDAHO, AS THE SAME
APPEARS ON THE OFFICIAL PLAT THEREOF.**

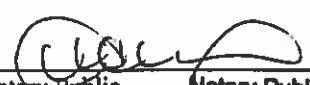
TO HAVE AND TO HOLD the premises with its appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises that said premises are free from all encumbrances except the current year's taxes and assessments, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record and that they will warrant and defend the same from all lawful claims whatsoever.

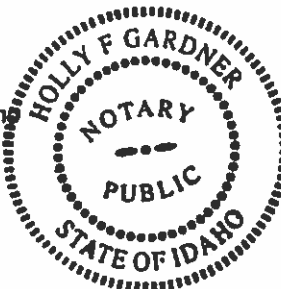
DATED this 31st day of January, 2014.


Patty L. Ferro

State of Idaho)
 ss
County of Bannock)

On this 31st day of January, 2014 before me Holly F. Gardner, a notary public in and for said State, personally appeared Patty L. Ferro known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that she executed the same.


Notary Public
Residing at: _____
Commission Expires: Commission Expires 6/21/2016



AFFIDAVIT OF HEIRSHIP
(Notice For Public Record)

STATE OF IDAHO
COUNTY OF BANNOCK

I, Patty L. Ferro, being first duly sworn, on oath depose and say:
That I am (X) the surviving Spouse or () a surviving Child
Identify: Steven Eugene Ferro, who died in the County of Bannock, State of Idaho
on October 14, 2010, at the age of 55, evidenced by a certified copy of a Death Certificate

(X) Attached hereto,
or

() Recorded under Instrument No. _____, records of _____ County, Idaho;

that the Decedent is the same Steve E. Ferro named in the Deed recorded under Instrument No. 763709,
records of Bannock County, Idaho, the legal description being as follows:

LOT 8, BLACK ANGUS RANCH SUBDIVISION, BANNOCK COUNTY, IDAHO, AS THE SAME
APPEARS ON THE OFFICIAL PLAT THEREOF.

(✓) The decedent left no will;

(✓) The affiant is the decedent's surviving spouse and the estate consists solely of Community Property of the
decedent and the Surviving Spouse;

() The decedent left a Will executed on _____ which to the best knowledge of
affiant said Will was decedent's last Will validly executed, and after the exercise of reasonable diligence affiant is
unaware of any instrument revoking said Will;

() Decedent is survived by the following persons: (names and addresses of decedent's Spouse, Children, Heirs
and Devisees, including ages of any who are minors so far known or ascertainable): _____

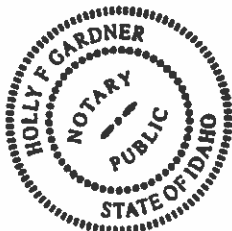
Affiant states and affirms that no third party has claim and/or interest in and to the prior described
property; further, affiant does indemnify and hold harmless AmeriTitle from any property interest claim
asserted by any third party against the said real property.

By: Patty L. Ferro
Patty L. Ferro

State of Idaho
County of Bannock

On this 31st day of January, 2014, before me, the undersigned, a Notary Public, in and for said State,
personally appeared Patty L. Ferro, known or identified to me to be the person whose name is
subscribed to the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year
first above written.



[Signature]
Notary Public For: _____
Residing At: _____ Notary Public for the State of Idaho
Commission Exp.: _____ Residing in Bannock County
Commission Expires 6/21/2016

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

Instrument: 21401420 Page: 0

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF FACTS CONCERNING THE DEATH OF AN INDIVIDUAL.

Local Reg. No. 10-346E

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix)		2. SEX	3. SOCIAL SECURITY NUMBER
	STEVEN EUGENE FERRO		MALE	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	4a. AGE-Last Birthday		5. DATE OF BIRTH (Mo/Day/Yr)	
	55 (Years)		03/24/1955	
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. CITY OR TOWN	
	IDAHO		POCATELLO	
PARENTS	7c. STREET AND NUMBER		7d. APT. NO., FL. OR ZIP CODE	
	5470 W SKI VIEW DRIVE		83204	
IMPORTANT: Complete Within 5 Days of Death	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown ☐		PATRICIA LOUISE WATT	
DISPOSITION	10. EVER IN U.S. ARMED FORCES?		11a. BIRTHPLACE (State, Territory, or Foreign Country)	
	EUGENE DOMINICK FERRO		UTAH	
PLACE OF DEATH	12a. INFORMANT'S NAME (Type or print)		12b. RELATIONSHIP TO DECEDENT	
	PATRICIA FERRO		WIFE	
DATE OF DEATH	13. METHOD OF DISPOSITION		14. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	
	Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____		MOUNTAIN VIEW CEMETERY 1520 SOUTH 4TH AVENUE POCATELLO, IDAHO 83201	
CAUSE OF DEATH	15. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		16. LICENSE NUMBER (If known)	
	ELECTRONICALLY FILED: JARED M. CLINGER		M0753	
CAUSE OF DEATH	17. IF DEATH OCCURRED IN A HOSPITAL		18. 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	
CAUSE OF DEATH	22. DATE OF DEATH (Mo/Day/Yr) (Specify month)		23. TIME OF DEATH (Hour)	
	October 14, 2010		09:45	
CAUSE OF DEATH	24. TIME OF DEATH (Hour)		25. DATE PROHIBITED DEAD (Mo/Day/Yr) (Specify month)	
	09:45		October 14, 2010	
CAUSE OF DEATH	26. CAUSE OF DEATH		27. TIME OF DEATH (Hour)	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	28. IF FEMALE (Aged 15-44):		29. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	30. DATE OF INJURY (Mo/Day/Yr) (Specify month)		31. TIME OF INJURY (Hour)	
	32. LOCATION OF INJURY:		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	34. DATE OF DEATH		35. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	36. CAUSE OF DEATH		37. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	38. IF FEMALE (Aged 15-44):		39. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	40. DATE OF INJURY (Mo/Day/Yr) (Specify month)		41. TIME OF INJURY (Hour)	
	42. LOCATION OF INJURY:		43. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	44. DATE OF DEATH		45. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	46. CAUSE OF DEATH		47. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	48. IF FEMALE (Aged 15-44):		49. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	50. DATE OF INJURY (Mo/Day/Yr) (Specify month)		51. TIME OF INJURY (Hour)	
	52. LOCATION OF INJURY:		53. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	54. DATE OF DEATH		55. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	56. CAUSE OF DEATH		57. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	58. IF FEMALE (Aged 15-44):		59. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	60. DATE OF INJURY (Mo/Day/Yr) (Specify month)		61. TIME OF INJURY (Hour)	
	62. LOCATION OF INJURY:		63. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	64. DATE OF DEATH		65. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	66. CAUSE OF DEATH		67. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	68. IF FEMALE (Aged 15-44):		69. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	70. DATE OF INJURY (Mo/Day/Yr) (Specify month)		71. TIME OF INJURY (Hour)	
	72. LOCATION OF INJURY:		73. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	74. DATE OF DEATH		75. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	76. CAUSE OF DEATH		77. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	78. IF FEMALE (Aged 15-44):		79. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	80. DATE OF INJURY (Mo/Day/Yr) (Specify month)		81. TIME OF INJURY (Hour)	
	82. LOCATION OF INJURY:		83. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	84. DATE OF DEATH		85. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	86. CAUSE OF DEATH		87. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	88. IF FEMALE (Aged 15-44):		89. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	90. DATE OF INJURY (Mo/Day/Yr) (Specify month)		91. TIME OF INJURY (Hour)	
	92. LOCATION OF INJURY:		93. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	94. DATE OF DEATH		95. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	96. CAUSE OF DEATH		97. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	98. IF FEMALE (Aged 15-44):		99. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	100. DATE OF INJURY (Mo/Day/Yr) (Specify month)		101. TIME OF INJURY (Hour)	
	102. LOCATION OF INJURY:		103. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	104. DATE OF DEATH		105. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	106. CAUSE OF DEATH		107. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	108. IF FEMALE (Aged 15-44):		109. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	110. DATE OF INJURY (Mo/Day/Yr) (Specify month)		111. TIME OF INJURY (Hour)	
	112. LOCATION OF INJURY:		113. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	114. DATE OF DEATH		115. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	116. CAUSE OF DEATH		117. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	118. IF FEMALE (Aged 15-44):		119. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	120. DATE OF INJURY (Mo/Day/Yr) (Specify month)		121. TIME OF INJURY (Hour)	
	122. LOCATION OF INJURY:		123. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	124. DATE OF DEATH		125. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	126. CAUSE OF DEATH		127. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	128. IF FEMALE (Aged 15-44):		129. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	130. DATE OF INJURY (Mo/Day/Yr) (Specify month)		131. TIME OF INJURY (Hour)	
	132. LOCATION OF INJURY:		133. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	134. DATE OF DEATH		135. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	136. CAUSE OF DEATH		137. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	138. IF FEMALE (Aged 15-44):		139. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	140. DATE OF INJURY (Mo/Day/Yr) (Specify month)		141. TIME OF INJURY (Hour)	
	142. LOCATION OF INJURY:		143. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	144. DATE OF DEATH		145. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	146. CAUSE OF DEATH		147. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	148. IF FEMALE (Aged 15-44):		149. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	150. DATE OF INJURY (Mo/Day/Yr) (Specify month)		151. TIME OF INJURY (Hour)	
	152. LOCATION OF INJURY:		153. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	154. DATE OF DEATH		155. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	156. CAUSE OF DEATH		157. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	158. IF FEMALE (Aged 15-44):		159. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	160. DATE OF INJURY (Mo/Day/Yr) (Specify month)		161. TIME OF INJURY (Hour)	
	162. LOCATION OF INJURY:		163. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	164. DATE OF DEATH		165. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	166. CAUSE OF DEATH		167. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	168. IF FEMALE (Aged 15-44):		169. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	170. DATE OF INJURY (Mo/Day/Yr) (Specify month)		171. TIME OF INJURY (Hour)	
	172. LOCATION OF INJURY:		173. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	174. DATE OF DEATH		175. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	176. CAUSE OF DEATH		177. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	178. IF FEMALE (Aged 15-44):		179. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	180. DATE OF INJURY (Mo/Day/Yr) (Specify month)		181. TIME OF INJURY (Hour)	
	182. LOCATION OF INJURY:		183. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	184. DATE OF DEATH		185. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	186. CAUSE OF DEATH		187. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	188. IF FEMALE (Aged 15-44):		189. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	190. DATE OF INJURY (Mo/Day/Yr) (Specify month)		191. TIME OF INJURY (Hour)	
	192. LOCATION OF INJURY:		193. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	194. DATE OF DEATH		195. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	196. CAUSE OF DEATH		197. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	198. IF FEMALE (Aged 15-44):		199. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	200. DATE OF INJURY (Mo/Day/Yr) (Specify month)		201. TIME OF INJURY (Hour)	
	202. LOCATION OF INJURY:		203. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	204. DATE OF DEATH		205. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	206. CAUSE OF DEATH		207. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	208. IF FEMALE (Aged 15-44):		209. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	210. DATE OF INJURY (Mo/Day/Yr) (Specify month)		211. TIME OF INJURY (Hour)	
	212. LOCATION OF INJURY:		213. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	214. DATE OF DEATH		215. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	216. CAUSE OF DEATH		217. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	218. IF FEMALE (Aged 15-44):		219. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	220. DATE OF INJURY (Mo/Day/Yr) (Specify month)		221. TIME OF INJURY (Hour)	
	222. LOCATION OF INJURY:		223. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	224. DATE OF DEATH		225. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	226. CAUSE OF DEATH		227. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	228. IF FEMALE (Aged 15-44):		229. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	230. DATE OF INJURY (Mo/Day/Yr) (Specify month)		231. TIME OF INJURY (Hour)	
	232. LOCATION OF INJURY:		233. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	234. DATE OF DEATH		235. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	236. CAUSE OF DEATH		237. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	238. IF FEMALE (Aged 15-44):		239. IF FEMALE (Aged 15-44):	
	Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐		Not pregnant, but pregnant 43 days to 1 year before death ☐	
CAUSE OF DEATH	240. DATE OF INJURY (Mo/Day/Yr) (Specify month)		241. TIME OF INJURY (Hour)	
	242. LOCATION OF INJURY:		243. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CAUSE OF DEATH	244. DATE OF DEATH		245. TIME OF DEATH	
	October 14, 2010		09:45	
CAUSE OF DEATH	246. CAUSE OF DEATH		247. TIME OF DEATH	
	ACUTE INTERSTITIAL PNEUMONIA/ARDS		09:45	
CAUSE OF DEATH	248. IF FEMALE (Aged 15-44):		249. IF FEMALE (Aged 15-44):	