

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

## CHANGE IN ADDRESS

RECEIVED

This form can be used to notify the Department of a change in  
address of the owners of record for the listed water rights.  
(Please print or type)

JUL 22 2016

Department of Water Resources  
Eastern RegionWater Right Number(s): 34-7105Name(s): Duane AlbertOld Mailing Address: RT 1Mackay id 83251New Mailing Address: 362 Dewey Street  
Blackfoot Idaho 83221Telephone Number: 208-681-8059Email: toadm45@gmail.comSignature(s) of Owner(s) Duane Albert

(Include your title if on behalf of company or organization.)

Date: 7-22-16

Send a signed original to your closest regional office:

IDWR Northern Region  
7600 N. Mineral Dr., Suite 100  
Coeur d'Alene, ID 83815-7763  
(208) 762-2800

IDWR Western Region  
2735 Airport Way  
Boise, ID 83705-5082  
(208) 334-2190

IDWR Eastern Region  
900 N. Skyline Dr., Suite A  
Idaho Falls, ID 83402-1718  
(208) 525-7161

IDWR Southern Region  
650 Addison Ave W, Suite 500  
Twin Falls, ID 83301-5858  
(208) 736-3033

# 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 THIS DEATH UNDER §30-14 (4) AND §30-27, IDAHO CODE

Local Reg. No. **4-e**

|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                 |  |                                                                                                                                                                                                                                                                                                                                                                                |  |                                                   |  |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| DECEDENT                                                                                          | 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)<br><b>CHARLES DUANE ALBERT</b>                                                                                                                                                                                                                                                                                       |  |                                 |  | 2. SEX<br><b>MALE</b>                                                                                                                                                                                                                                                                                                                                                          |  | 3. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>    |  |
|                                                                                                   | 4a. AGE-Last Birthday<br><b>68</b> (Years)                                                                                                                                                                                                                                                                                                                                                         |  | 4b. UNDER 1 YEAR<br>Months Days |  | 4c. UNDER 1 DAY<br>Hours Minutes                                                                                                                                                                                                                                                                                                                                               |  | 5. DATE OF BIRTH (Mo/Day/Yr)<br><b>01/01/1942</b> |  |
| TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.                                    | 6. BIRTHPLACE (City and State, Territory, or Foreign Country)<br><b>RIGBY, IDAHO</b>                                                                                                                                                                                                                                                                                                               |  |                                 |  | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY<br><b>IDAHO</b>                                                                                                                                                                                                                                                                                                                       |  |                                                   |  |
|                                                                                                   | 7b. CITY OR TOWN<br><b>MACKAY</b>                                                                                                                                                                                                                                                                                                                                                                  |  |                                 |  | 7c. APT. NO. 7d. ZIP CODE<br><b>83251</b>                                                                                                                                                                                                                                                                                                                                      |  |                                                   |  |
| FOR INSTRUCTIONS SEE HANDBOOKS                                                                    | 8. MARITAL STATUS AT TIME OF DEATH<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown                                                                                                                                  |  |                                 |  | 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)<br><b>IVIS WALTON</b>                                                                                                                                                                                                                                                                                                   |  |                                                   |  |
|                                                                                                   | 10. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                              |  |                                 |  | 11a. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>MISSOURI</b>                                                                                                                                                                                                                                                                                                      |  |                                                   |  |
| PARENTS                                                                                           | 11b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>IDAHO</b>                                                                                                                                                                                                                                                                                                                             |  |                                 |  | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><b>GENEVE HAWKER</b>                                                                                                                                                                                                                                                                                                |  |                                                   |  |
|                                                                                                   | 12b. RELATIONSHIP TO DECEDENT<br><b>SPOUSE</b>                                                                                                                                                                                                                                                                                                                                                     |  |                                 |  | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>4003 W. 4100 N. MACKAY, ID 83251</b>                                                                                                                                                                                                                                                                     |  |                                                   |  |
| INFORMANT                                                                                         | 13a. INFORMANT'S NAME (Type or print)<br><b>IVIS ALBERT</b>                                                                                                                                                                                                                                                                                                                                        |  |                                 |  | 14. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)                                                                                                          |  |                                                   |  |
|                                                                                                   | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>BLACKFOOT CREMATORY<br/>132 S. SHILLING AVE.<br/>BLACKFOOT, IDAHO 83221</b>                                                                                                                                                                                                                                  |  |                                 |  | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>HAWKER FUNERAL HOME<br/>132 SOUTH SHILLING AVENUE<br/>BLACKFOOT, IDAHO 83221</b>                                                                                                                                                                                                                                       |  |                                                   |  |
| DISPOSITION                                                                                       | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>ELECTRONICALLY FILED: KEVIN T. DIETRICH</b>                                                                                                                                                                                                                                                                              |  |                                 |  | 17b. LICENSE NUMBER (Of licensee)<br><b>M0748</b>                                                                                                                                                                                                                                                                                                                              |  |                                                   |  |
|                                                                                                   | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                            |  |                                 |  | 19a. IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/>                                                                                                                                                                                                                       |  |                                                   |  |
| PLACE OF DEATH                                                                                    | 20. FACILITY NAME (If not facility, give street and number)<br><b>978 W. HIGHWAY 93</b>                                                                                                                                                                                                                                                                                                            |  |                                 |  | 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE<br><b>BLACKFOOT, ID 83221</b>                                                                                                                                                                                                                                                                                               |  |                                                   |  |
|                                                                                                   | 22. COUNTY OF DEATH<br><b>BINGHAM</b>                                                                                                                                                                                                                                                                                                                                                              |  |                                 |  | 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><b>January 3, 2010</b>                                                                                                                                                                                                                                                                                                          |  |                                                   |  |
| DATE OF DEATH                                                                                     | 24. TIME OF DEATH<br><b>01:40 (24hr)</b>                                                                                                                                                                                                                                                                                                                                                           |  |                                 |  | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><b>January 3, 2010</b>                                                                                                                                                                                                                                                                                                   |  |                                                   |  |
|                                                                                                   | 26. TIME PRONOUNCED DEAD<br><b>01:40 (24hr)</b>                                                                                                                                                                                                                                                                                                                                                    |  |                                 |  | 27. CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                             |  |                                                   |  |
| CAUSE OF DEATH                                                                                    | PART I. Enter the <u>chain of events</u> - 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.<br><b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. LUNG CANCER</b> |  |                                 |  | Approximate Interval Onset to Death<br><b>1 YEAR</b>                                                                                                                                                                                                                                                                                                                           |  |                                                   |  |
|                                                                                                   | b. DUE TO (or as a consequence of):<br>c. DUE TO (or as a consequence of):<br>d. DUE TO (or as a consequence of):                                                                                                                                                                                                                                                                                  |  |                                 |  | PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I                                                                                                                                                                                                                                                    |  |                                                   |  |
| ITEMS 29-35 TO BE USED FOR EXTERNAL CAUSES ONLY (I.D. NUMBER)                                     | 29. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                 |  |                                 |  | 30. IF FEMALE (Aged 10-54):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year                                                                                         |  |                                                   |  |
|                                                                                                   | 31. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined                                                                                                                            |  |                                 |  | 32. DATE OF INJURY (Mo/Day/Yr) (Spell month)                                                                                                                                                                                                                                                                                                                                   |  |                                                   |  |
| CERTIFIER                                                                                         | 33. TIME OF INJURY<br><b>(24hr)</b>                                                                                                                                                                                                                                                                                                                                                                |  |                                 |  | 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)                                                                                                                                                                                                                                                                 |  |                                                   |  |
|                                                                                                   | 35. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                         |  |                                 |  | 36. LOCATION OF INJURY:<br>State _____ City/Town or County _____ Zip Code _____<br>Street and Number or Location _____ Apartment Number _____                                                                                                                                                                                                                                  |  |                                                   |  |
| IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE | 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                                                                                                                                                                                   |  |                                 |  | 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                    |  |                                                   |  |
|                                                                                                   | 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?<br><input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown                                                                                                                              |  |                                 |  | 39a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE<br>To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> cause(s)/manner stated |  |                                                   |  |
| REGISTRAR                                                                                         | 39b. LICENSE NUMBER<br><b>NP-0343</b>                                                                                                                                                                                                                                                                                                                                                              |  |                                 |  | 39c. DATE SIGNED<br><b>1 / 7 / 2010</b><br>MM DO YYYY                                                                                                                                                                                                                                                                                                                          |  |                                                   |  |
|                                                                                                   | 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)<br><b>KAY POWELL, 98 POPLAR STREET BLACKFOOT, ID 83221</b>                                                                                                                                                                                                                                                                           |  |                                 |  | 40a. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                               |  |                                                   |  |

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: January 7, 2010

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

JANE S. SMITH  
STATE REGISTRAR