

Kindra Bingham
1656 W 200 N
Blackfoot, ID 83221
208-681-5485

RECEIVED

JUN 24 2016

Department of Water Resources
Eastern Region

Idaho Department of Water Resources
900 North Skyline Drive, Suite A
Idaho Falls, ID 83402-1718
208-525-7161

June 16, 2016

RE: Notification of death of one owner

To Whom it may concern:

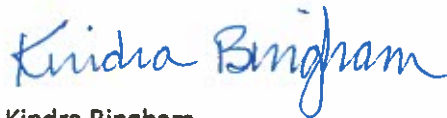
Water Rights effected are:

Decree 35-2214C for 3.20 CFS, priority of 02/02/1952 for 252 acres from a well.
Decree 35-2214D for 1.84 CFS priority of 02/02/1952 for 182 acres from a well.
Decree 35-2645A for 1.32 CFS, priority of 04/23/1962 for 182 acres from a well.
Decree 35-2645B for 1.48 CFS, priority of 04/23/1961 for 116 acres from a well.
Decree 35-2232D for 1.26 CFS, priority of 06/26/1952 for 79 acres from a well.
Decree 35-7181 for 4.53 CFS, priority of 07/06/1971 for 232 acres from a well.
Decree 35-11880 for .06 CFS, priority of 06/30/1952 for domestic and stockwater from a well.

The owners of the above water rights are currently listed as being owned by Ted B. Bingham and Kindra Bingham. Ted B. Bingham passed away March 7, 2014. Please update the record to reflect the ownership as Kindra Bingham.

Enclosed you will find a copy of the Death Certificate for Ted B. Bingham.

Thank you very much,



Kindra Bingham

SUPPORT DATA

IN FILE # 35-2214C

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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 DEATH FOR ANY PURPOSES OTHER THAN FOR THE DEPARTMENT OF HEALTH AND WELFARE. LOCAL REG. NO.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) TED B. BINGHAM		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 51 (Years)			
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE PENCIL OR PEN	4b. UNDER 1 YEAR Months Days 51		4c. UNDER 1 DAY Hours Minutes 02/06/1963	
	5. DATE OF BIRTH (Mo/Day/Yr) 02/06/1963			
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BINGHAM	
	7c. CITY OR TOWN BLACKFOOT		7d. STREET AND NUMBER 1656 W 200 N	
MORTICIAN: Complete Within 5 Days of Death	7e. APT. NO. 83221		7f. ZIP CODE 83221	
	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No		8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown KINDRA NIEDRICH	
PARENTS:	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) DON J. BINGHAM	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) IDA PEARL FRASER	
INFORMANT	12b. BIRTHPLACE (State, Territory, or Foreign Country) CANADA		13a. INFORMANT'S NAME (Type or print) KINDRA BINGHAM	
	13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1656 W 200 N BLACKFOOT, ID 83221	
DISPOSITION	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify) RIVERSIDE-THOMAS CEMETERY 13 SOUTH 725 WEST BLACKFOOT, IDAHO 83221		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PERRY L. HAWKER	
PLACE OF DEATH	17b. LICENSE NUMBER (Of licensee) M0734		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) 1656 W 200 N BLACKFOOT, ID 83221			
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) 1656 W 200 N		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE BLACKFOOT, ID 83221	
	22. COUNTY OF DEATH BINGHAM		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 7, 2014	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 04:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 7, 2014	
	26. TIME PRONOUNCED DEAD (24hr) 04:30		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. RENALE CELL CARCINOMA DUE TO (or as a consequence of) b. DUE TO (or as a consequence of) c. DUE TO (or as a consequence of) d. DUE TO (or as a consequence of)	
ITEMS 28-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CONTINUE)	28. IF TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		29. IF FEMALE (Aged 16-34): ☐ 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	
	30. DATE OF INJURY (Mo/Day/Yr) (Spell month) March 7, 2014		31. TIME OF INJURY (24hr) 04:30	
CERTIFIER	32. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		33. INJURY AT WORK? ☐ Yes ☒ No	
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 1441 PARKWAY DRIVE BLACKFOOT, ID 83221			
REGISTRAR	35. 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 36a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 36b. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
	37. 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 cause(s) 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) stated. Signature and Title of Certifier KIRT M. MCKINLAY, M.D. 38a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KIRT M. MCKINLAY, 1441 PARKWAY DRIVE BLACKFOOT, ID 83221 40a. REGISTRAR'S SIGNATURE James B. Gaydelotte 40b. DATE SIGNED 3 / 11 / 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: March 11, 2014

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

JAMES B. AYDELOTTE
STATE REGISTRAR

