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

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 RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §39-3419 AND §39-274, IDAHO CODE

Local Reg. No. _____

DECEDENT — TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS

*1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): TED S. BINGHAM
2. SEX: MALE
3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday (Years): 51
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 02/06/1963
6. BIRTHPLACE (City and State, Territory, or Foreign Country): BLACKFOOT, IDAHO
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: IDAHO
7b. COUNTY: BINGHAM
7c. CITY OR TOWN: BLACKFOOT
7d. STREET AND NUMBER: 1656 W 200 N
7e. APT. NO.:
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
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name): 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
12b. BIRTHPLACE (State, Territory, or Foreign Country): CANADA

INFORMANT

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 Idaho ☐ Other (Specify) _____
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): RIVERSIDE-THOMAS CEMETERY, 13 SOUTH 725 WEST, 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
17b. LICENSE NUMBER (Of licensee): M0734
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☑ No

PLACE OF DEATH

PLACE OF DEATH (19-22)
*19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility
*19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 6 ☑ Decedent's home 7 ☐ Other (Specify) _____
*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

DATE OF DEATH

*23. DATE OF DEATH (Mo/Day/Yr) (Spell month): March 7, 2014
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

CAUSE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

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:

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. RENAL CELL CARCINOMA	9 MONTHS
	DUE TO (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)	b.	
	DUE TO (or as a consequence of):	
	c.	
	DUE TO (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☑ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☑ No ☐ Unknown
30. IF FEMALE (Aged 10-54): ☐ 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 ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CODING)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month):
33. TIME OF INJURY (24hr):
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.):
35. INJURY AT WORK? ☐ Yes ☐ No
36. LOCATION OF INJURY: State _____ City, Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____
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
TRANSPORTATION INJURY ONLY
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. 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)/manner 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) and manner stated.

39b. LICENSE NUMBER: M-04895
39c. DATE SIGNED: 3 / 10 / 2014 (MM / DD / YYYY)
Signature and Title of Certifier: KIRT M. MCKINLAY, M.D.
*39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): KIRT M. MCKINLAY; 1441 PARKWAY DRIVE BLACKFOOT, ID 83221

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Gillette
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. Gillette
JAMES B. AYDELOTTE
STATE REGISTRAR

PSYCD (Rev 02/13)

State of Idaho
DEPARTMENT OF WATER RESOURCES
900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718
Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

June 28, 2016

Kindra Bingham
1656 W 200 N
Blackfoot ID 83221

RE: Change of Ownership for Water Right No(s). 35-2214C, 35-2214D, 35-2645A, 35-2645B, 35-2232D, 35-7181 & 35-11880

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s) to you. The department has modified its records to reflect the change in ownership and has enclosed computer-generated reports for your records.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing an ownership change notice, the department does not review the history of water use to determine if the right has been deliberately abandoned or forfeited through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Sections 42-222 and 42-223, Idaho Code.

Also, please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

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

Sincerely,

Jonie Barg
Technical Records Specialist

Enclosure(s)

cc: Water District 120
Bingham Ground Water District