

RECEIVED

NOV 12 2015

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

\$25 fee per permit

Received by dhReceipt amt. \$ 25.00Receipt no. 0101201Date 11-12-15

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Justin Wilkerson, PR, hereby assign to St. Luke's
 of, 815 Park Blvd, Boise, ID. 83712
 New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 63-32619 to
 appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

_____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of
 diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion?

☒ Yes ☐ No

Place of use?

☒ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

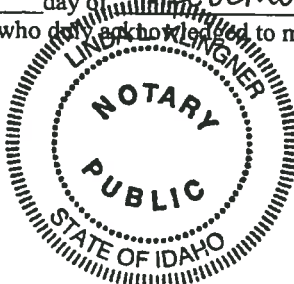
Dated this 7 day of November, 2015.

Justin Wilkerson Personal Rep
 Permit holder Title (if applicable) Permit holder Title (if applicable)
Estate of Velma Morrison

State of Idaho)
 County of Ada)ss

On this 2nd day of November, 2015, personally appeared before me the signer(s) of the above
 instrument, who do hereby acknowledge to me that he/she/they executed the same.

SEAL



Linda A. Klingner
 Notary Public
 My commission expires: 7/30/2020

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013120798

CERTIFICATE OF DEATH

3201333006894

STATE FILE NUMBER 3052013120798		LOCAL REGISTRATION NUMBER 3201333006894	
1. NAME OF DECEDENT - FIRST (Given) VELMA		5. LAST (Family) MORRISON	
2. MIDDLE V.		3. AGE Yrs. 92	
4. DATE OF BIRTH mm/dd/yyyy 08/01/1920		6. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY CA			
10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES ☐ YES ☒ NO ☐ UNK	
13. EDUCATION - Highest Level/Degree (See instructions on back) HS GRADUATE		15. MARITAL STATUS/SPOT (at Time of Death) WIDOWED	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instructions on back) ☐ YES ☒ NO		16. DECEDENT'S RACE - Use to 3; report only (if) listed (see instructions on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		18. YEARS IN OCCUPATION 20	
19. DECEDENT'S RESIDENCE (Street and number, or location) 3505 CRESCENT RIM DR.			
21. CITY BOISE		22. COUNTY/PROVINCE IDA	
23. ZIP CODE 83706		24. YEARS IN COUNTY 54	
25. STATE/FOREIGN COUNTRY ID		26. INFORMANT'S NAME, RELATIONSHIP JUDITH ROBERTS, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or full care number, city or town, state and zip) 3363 S. BRIDGEPORT LANE, BOISE, ID 83706		28. NAME OF SURVIVING SPOUSE/PROP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST EARL		32. MIDDLE -	
33. LAST MITCHELL		34. BIRTH STATE UNK	
35. NAME OF MOTHER/PARENT - FIRST GLADYS		36. MIDDLE -	
37. LAST (BIRTH NAME) WINSOR		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 06/27/2013		40. PLACE OF FINAL DISPOSITION TULARE DISTRICT CEMETERY 900 E. KERN AVE., TULARE, CA 93274	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMERALD KEVIN LANTEIGNE	
43. LICENSE NUMBER EMB8090		44. NAME OF FUNERAL ESTABLISHMENT PEERS LORENTZEN FUNERAL SERVICE, INC.	
45. LICENSE NUMBER FD505		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 06/25/2013		48. LICENSE NUMBER A112887	
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE ☒ INPATIENT ☐ OUTPATIENT ☐ HOME ☐ NURSING HOME ☐ OTHER	
103. CITY RIVERSIDE		104. COUNTY RIVERSIDE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 39000 BOB HOPE DR.		106. CITY RANCHO MIRAGE	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter external events such as gunshot wounds, respiratory arrest, or ventricular fibrillation without implying the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST CARDIOGENIC SHOCK NON ST ELEVATION MYOCARDIAL INFARCTION BILATERAL PNEUMONIA		108. DESIGNED REPORTED TO COPO-ED? ☒ YES ☐ NO MINS 2013-05716 109. BIOPSY PERFORMED? ☐ YES ☒ NO 110. AUTOPSY PERFORMED? ☐ YES ☒ NO 111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPOXEMIA			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) ☐ YES ☒ NO ☐ UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive 06/20/2013 06/20/2013		115. SIGNATURE AND TITLE OF CERTIFIER ALIREZA GHOTB M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALIREZA GHOTB M.D. 39000 BOB HOPE DR, RANCHO MIRAGE, CA 92270		117. DATE mm/dd/yyyy 06/25/2013	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined		119. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.	
CENSUS TRACT		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED Jul 8, 2013

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



RECEIVED
JUL 02 2013
Ada County Clerk

NO. _____ FILED 4:02
A.M. _____ P.M.

Edward D. Ahrens, ISBN 1358
Nicholas S. Marshall, ISBN 5578
Ahrens DeAngeli Law Group LLP
P.O. Box 9500
Boise, Idaho 83707-9500
Telephone: (208) 639-7799
Facsimile: (208) 639-7788

JUL 10 2013

CHRISTOPHER D. RICH, Clerk
By LAURA MARTIN
DEPUTY

Attorneys for Applicant

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

CV 1E 1311981

IN THE MATTER OF THE ESTATE OF

VELMA V. MORRISON,

Deceased.

CASE NO. _____

LETTERS TESTAMENTARY WITH
ACCEPTANCE

(I.C. § 15-3-602 and 15-3-702)

Michelle Bauer and Justin Wilkerson are hereby appointed Co-Personal Representatives of the Estate of Velma V. Morrison, deceased, with all authority pertaining thereto. Administration of the estate is unsupervised.

These Letters are issued to evidence the appointment, qualification, and authority of the Personal Representative.

WITNESS, my signature and the seal of the Court, this _____ day of _____,

STATE OF IDAHO } ss
COUNTY OF ADA }

I, CHRISTOPHER D. RICH, Clerk of the District Court of the Fourth Judicial District of the State of Idaho, in and for the County of Ada, do hereby certify that the foregoing is a true and correct copy of the original on file in this office. In witness whereof, I have hereunto set my hand and affixed my official seal this _____ day of _____, 2013.

CHRISTOPHER D. RICH, CLERK
By _____ Deputy

MAGISTRATE

LETTERS TESTAMENTARY WITH ACCEPTANCE - 1

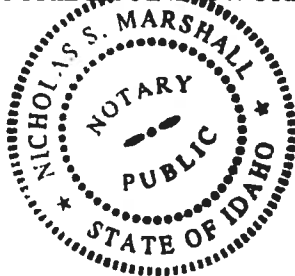
STATE OF IDAHO)
 : ss
COUNTY OF ADA)

I, the undersigned, hereby accept the appointment to the office of Personal Representative of the Estate of Velma V. Morrison, deceased, and do solemnly swear that I will perform, according to law, the duties of Personal Representative of said estate.

Dated: July 2, 2013 *Michelle Bauer*
Michelle Bauer
Address: c/o Ahrens DeAngeli Law Group LLP
 P.O. Box 9500
 Boise, Idaho 83707-9500
Telephone: (208) 639-7799

SUBSCRIBED AND SWORN to before me this 2nd day of July, 2013.

(SEAL)



Nicholas Marshall
Notary Public for Idaho
My Commission Expires: 3/5/2016

STATE OF IDAHO)
 : ss
COUNTY OF ADA)

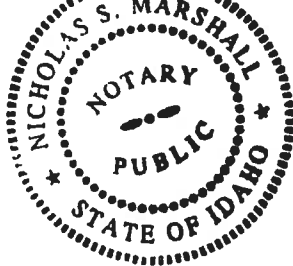
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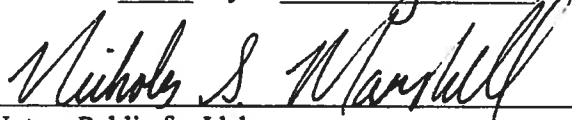
Dated: July 2, 2013


Justin Wilkerson
Address: c/o Ahrens DeAngeli Law Group LLP
P.O. Box 9500
Boise, Idaho 83707-9500
Telephone: (208) 639-7799

SUBSCRIBED AND SWORN to before me this 2nd day of July, 2013.

(SEAL)




Notary Public for Idaho
My Commission Expires: 3/5/2016