

LAW OFFICES
JONES, CHARTERED
203 SOUTH GARFIELD
P.O. BOX 967
POCATELLO, IDAHO 83204-0967

JACK H. ROBISON
THOMAS J. HOLMES

LAMONT JONES (1929-2013)

TELEPHONE: (208) 232-5911

FAX: (208) 232-5962

E-MAIL: tholmesid@gmail.com

MR. HOLMES' TELEPHONE EXTENSION: 103

RECEIVED

JUN 08 2015

Department of Water Resources
Eastern Region

June 3, 2015

Idaho Department of Water Resources
Eastern Regional Office
900 N Skyline Drive, Ste A
Idaho Falls, ID 83402-1718

Re: Water Right Permit 13-07444, George Kimball and Beverly Kimball

Dear Ladies and Gentlemen:

I represent George Kimball. Beverly Kimball passed away June 14, 2005. A copy of her death certificate is attached and the original of this certified death certificate was recorded as instrument no. 0918044 in the records of Caribou County.

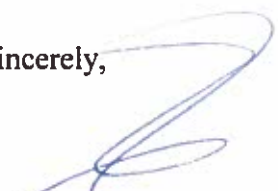
George and Beverly Kimball owned water permit 13-07444 and her name needs to be removed therefrom.

Additionally, although Beverly's name was not on the following permits, she would have had a community interest with George in those permits and we would just note her community interest passed to George.

Permit no. 13-7219, 13-7029 and 13-7115

Call if you have any questions.

Sincerely,



Thomas J. Holmes

TJH/ah
kimball060315.11idwr.wpd

Enclosure
cc George Kimball

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

0918044

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

00732

CERTIFICATE OF DEATH

Date Filed JUNE 27, 2005

State File No. 2005-04866

DECEDENT - LEGAL NAME

BEVERLY TURNER KIMBALL

SEX

FEMALE

SOCIAL SECURITY NUMBER

AGE

67 YEARS

DATE OF BIRTH

MAY 28, 1938

BIRTHPLACE

GROVER, WYOMING

PLACE OF RESIDENCE

GRACE, IDAHO

MARITAL STATUS AT TIME OF DEATH

MARRIED

NAME OF SURVIVING SPOUSE (If wife, maiden name)

GEORGE C. KIMBALL

WAS DECEDENT EVER IN
U.S. ARMED FORCES?

NO

FATHER - NAME

CLIFFORD RUDOLPH TURNER

BIRTHPLACE

WYOMING

MOTHER - MAIDEN NAME

RUTH MINA THURMAN

BIRTHPLACE

WYOMING

METHOD OF DISPOSITION

BURIAL

FUNERAL SERVICE LICENSEE

F. DUAYNE SIMS

NAME AND ADDRESS OF FUNERAL FACILITY

SIMS FUNERAL HOME, SODA SPRINGS, IDAHO

DATE OF DEATH

JUNE 14, 2005

TIME OF DEATH

5:55 P.M.

CITY, TOWN OR LOCATION OF DEATH

GRACE, IDAHO

COUNTY OF DEATH

CARIBOU

CAUSE OF DEATH (underlying cause last)

a. METASTATIC BREAST CANCER

Approximate Interval Between
Onset and Death

YEARS

b. DUE TO (or as a consequence of):

c. DUE TO (or as a consequence of):

d. DUE TO (or as a consequence of):

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above

NONE STATED

WAS AN AUTOPSY
PERFORMED?

NO

MANNER OF DEATH

NATURAL

NAME OF CERTIFIER

DAVID B. BECKSTEAD, M.D.

TITLE

PHYSICIAN

CORONER SUBSEQUENT CERTIFICATION IF NECESSARY

EXTERNAL CAUSES ONLY

DATE OF INJURY

TIME OF INJURY

PLACE OF INJURY

INJURY AT
WORK?

LOCATION WHERE INJURY OCCURRED

DESCRIPTION OF HOW INJURY OCCURRED

This is a true and correct reproduction of the document officially registered and placed
on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: JUNE 28, 2005

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

JANE S. SMITH
STATE REGISTRAR