

phone 208 287-4846

Rev. 02/14

For Office Use Only

Updated by RS

Date 11/20/14

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NOV 20 2014

WATER RESOURCES
WESTERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CHANGE IN ADDRESS

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)

Water Right Number(s): SRBA Claim # A65-17211

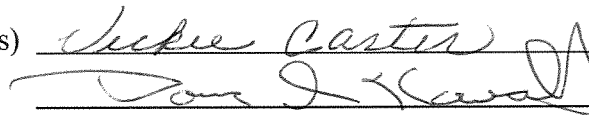
Name(s): Douglas L Kowallis, J Kaye Spanbauer (deceased), Vickie Carter

Old Mailing Address: PO Box 854, Donnelly, ID 83615

New Mailing Address: Vickie Carter, 4653 N VIN SANTO AVE., MERIDIAN, ID 83646

Telephone Number: 208-407-4729 Vickie Carter 208-867-1022 Doug Kowallis

Email: vickiecarterr65@gmail.com

Signature(s) of Owner(s) 

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

Date: _____

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

I spoke with Doug Kowallis on 11/20/14. The dept. will leave him as a current owner as well as Vickie Carter. RS 11-20-14

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed APRIL 15, 2014

State File No. 2014-03441

DECEDENT - LEGAL NAME JOAN KAYE SPANBAUER			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 72 YEARS	DATE OF BIRTH JUNE 11, 1941
BIRTHPLACE IDAHO FALLS, IDAHO		PLACE OF RESIDENCE MERIDIAN, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (If wife, maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	
FATHER - NAME ROY JOHN KOWALLIS			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME MARION WINONA JENSEN			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DORN R. RADEMACHER	
NAME AND ADDRESS OF FUNERAL FACILITY RELYEA FUNERAL CHAPEL, BOISE, IDAHO			
DATE OF DEATH APR. 14, 2014	TIME OF DEATH 11:40 P.M.	CITY, TOWN OR LOCATION OF DEATH MERIDIAN, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. ACUTE MYELOID LEUKEMIA b. MYELODYSPLASTIC SYNDROME c. d. Approximate Interval Between Onset and Death 5 MONTHS 6 MONTHS			
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 RAFAEL ARTETA-BULOS, 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			

AMENDED 04/18/2014

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WATER RESOURCES
WESTERN REGION

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: APRIL 18, 2014

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

PBNC0 (Rev) 02/11

JAMES B. AYDELOTTE
STATE REGISTRAR

