

2500 Ross
Ammon, ID 80406
October 27, 2014

Complete JB
RECEIVED 11/3/2014
OCT 28 2014
Department of Water Resources
Eastern Region

Jonie Barg
Technical Records Specialist
Department of Water Resources
900 N. Skyline Dr., Ste A
Idaho Falls, ID 83402-1718

RE: APRIL 30, 2014 LETTER TO DICK WRIGHT,
1335 AZALEA DR, IDAHO FALLS, ID

Dear Ms. Barg:

I am enclosing a copy of your letter to Mr. Wright for reference. As per our previous conversations, as executor of my husband's estate, I provided Mr. Wright with a quick claim deed for my husband's interest in their gold mining claim in Salmon, ID. It was my understanding that Mr. Wright would record all necessary paperwork and remove my husband's name from the claim. This was done, I believe, sometime in 2009.

As Mr. Wright has not filed the paperwork, I am submitting a photo copy of my husband, Lawrence Kenneth (Ken) Seymour to your agency and am requesting that his name be removed from ownership of the gold claim. If I can be of further help, please feel free to contact me by cell phone: (208) 419-6565.

Sincerely,



Lynn Seymour

Encl: Copy of April 30, 2014 Letter
Copy of Death Certificate

File



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" OTTEI
Governor

GARY SPACKMAN
Director

April 30, 2014

Dick Wright
1335 Azalea Dr
Idaho Falls ID 83404

RE: CHANGE IN OWNERSHIP FOR: 75-14072

Dear Claimant:

It has come to our attention that you may have recently purchased a tract of land in Lemhi County. The property to which I am referring was most recently owned by Ken Seymour and Dick Wright. The legal description includes but not limited to land within the following:

Township 22 North Section 29 Range 20 East

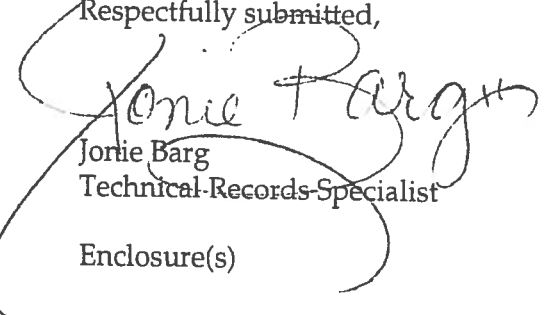
Enclosed is a Change in Ownership form. Please fill out the form completely, sign and date it and return it to our office along with the proper fees, a "copy" of your Warranty Deed and legal description of the property you have purchased.

According to a phone call received by the department Ken Seymour is deceased leaving Dick Wright as the sole owner of the water right. If it is only the intent to remove Ken Seymour the department can accomplish this change without a formal ownership change, you could write a letter to department and attach a copy of the death certificate (the department does not require a certified copy) or complete the ownership change form and attach a copy of the death certificate. This will not require the filing fee. For your convenience I have included an addressed envelope and postage.

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 within 120 days. Failure to report these changes could result in a \$100.00 late filing fee. 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.

If you questions regarding this matter, please call 525-7161.

Respectfully submitted,


Jorie Barg
Technical Records Specialist

Enclosure(s)

cc Ken Seymour address.

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed DECEMBER 26, 2008

State File No. 2008-10317

DECEDENT - LEGAL NAME LAWRENCE KENNETH SEYMOUR			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 79 YEARS	DATE OF BIRTH OCTOBER 04, 1929
BIRTHPLACE MIDDLESBORO, KENTUCKY		PLACE OF RESIDENCE AMMON, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) LYNN SPENCER	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME ALBERT WILLIAM SEYMOUR			BIRTHPLACE TENNESSEE
MOTHER - MAIDEN NAME CORNIE LEE POORE			BIRTHPLACE TENNESSEE
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE RYAN J. REEVES	
NAME AND ADDRESS OF FUNERAL FACILITY WOOD FUNERAL HOME, IDAHO FALLS, IDAHO			
DATE OF DEATH DEC. 15, 2008	TIME OF DEATH 2:38 A.M.	CITY, TOWN OR LOCATION OF DEATH IDAHO FALLS, IDAHO	COUNTY OF DEATH BONNEVILLE
CAUSE OF DEATH (underlying cause last) a INTRACRANIAL HEMORRHAGE			Approximate Interval Between Onset and Death HOURS
DUE TO (or as a consequence of) b HTN			YEARS
DUE TO (or as a consequence of) c IR (INSULIN RESISTANCE)			YEARS
DUE TO (or as a consequence of) d			
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 FLINT R. PACKER, D.O.		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			

SUPPLEMENTAL INFORMATION ADDED 01/02/2009

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.

JUNE 02, 2010

DATE ISSUED: _____

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


JANE S. SMITH
STATE REGISTRAR

