

RECEIVED

FEB 07 2014

Department of Water Resources
Eastern Region

January 30, 2014

Jimmie Waddoups
3405 N Brookside Ln
Boise, ID 83714

State of Idaho
Department of Water Resources
Idaho Falls, ID 83402-1718

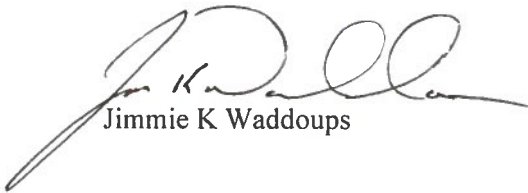
RE: Change in Ownership For 34-10159

Idaho Department of Water Resources:

I am writing to request the removal of Elsie Waddoups from the aforementioned water right. A copy of her death certificate is on file with the department.

I appreciate the timely resolution of this matter and please do not hesitate to contact me should any questions or request for additional information arise.

Sincerely:



Jimmie K Waddoups

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed MARCH 02, 2010

State File No. 2010-01609

DECEDENT - LEGAL NAME ELSIE TALITHA WADDOUPS			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 101 YEARS	DATE OF BIRTH NOVEMBER 20, 1908
BIRTHPLACE MOORE, IDAHO		PLACE OF RESIDENCE ARCO, 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 CHARLES DENNIS LAFEVER			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME MAUD SILINA PEARSON			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE MICHAEL D. ANDERSON	
NAME AND ADDRESS OF FUNERAL FACILITY ANDERSON FAMILY FUNERAL HOME, ARCO, IDAHO			
DATE OF DEATH FEB. 28, 2010	TIME OF DEATH 12:30 A.M.	CITY, TOWN OR LOCATION OF DEATH ARCO, IDAHO	COUNTY OF DEATH BUTTE
CAUSE OF DEATH (underlying cause last) a. PNEUMONIA			Approximate Interval Between Onset and Death 10 DAYS
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
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 DEBORAH J. MADDEN, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSE 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 VITAL RECORDS AND HEALTH STATISTICS.

MARCH 10, 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

