

DEV

\$25 fee per permit

Received by HPReceipt amt. \$ 25.00Receipt no. 0097159Date 5-15-13

RECEIVED

MAY 15 2013

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, WALTER E. LINDSEY, hereby assign to WALTER O. LINDSEY
Current owner(s) New owner(s)
 of, 3506 23RD ST LEWISTON ID 83501 208-464-8571
New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 79-14202 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 ☐ NoPlace 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 6TH day of May, 2013.

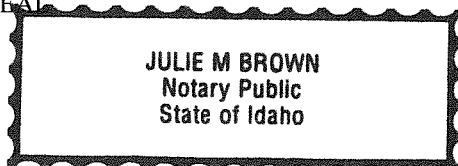
Walter E. Lindsey
 Permit holder Title (if applicable)

Walter O. Lindsey
 Permit holder Title (if applicable)

State of Idaho)
 County of NEZ PERCE)ss

On this 6th day of May, 2013, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL



Julie M. Brown
 Notary Public
 My commission expires: 9/28/2017

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

212392

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

772796

CERTIFICATE OF DEATH

Date Filed JULY 15, 2009

State File No. 2009-05615

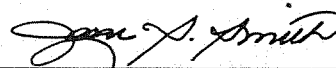
DECEDENT - LEGAL NAME ROSEMARY G LINDSEY			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 60 YEARS	DATE OF BIRTH JUNE 16, 1949
BIRTHPLACE OROFINO, IDAHO		PLACE OF RESIDENCE LEWISTON, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) WALTER LINDSEY	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME LYNDON MACK			BIRTHPLACE UNKNOWN/NOT STATED
MOTHER - MAIDEN NAME SHIRLEY DELP			BIRTHPLACE UNKNOWN/NOT STATED
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE JEFFREY L. BLACKMER	
NAME AND ADDRESS OF FUNERAL FACILITY BLACKMER FUNERAL HOME, GRANGEVILLE, IDAHO			
DATE OF DEATH JULY 13, 2009	TIME OF DEATH 6:35 A.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) a. CHOLANGIOCARCINOMA WITH LIVER METASTASIS			Approximate Interval Between Onset and Death 4 MONTHS
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 DANIEL B. MCINTOSH, 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 VITAL RECORDS AND HEALTH STATISTICS.

JULY 16, 2009

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

