

RECEIVED

MAR 20 2013

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$:	50.00
Receipt No.	0096155
Receipt By:	HP
Date Received:	3-20-13

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner. Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No.: 45-16321 Telephone No.: 208-683-40202. Name of Permit Holder(s): Linda M Williams3. Mailing Address: P.O. Box 403 City: BayviewState: ID Zip: 83803 Email: williamsthing@live.com4. Source of Water: Careywood Creek If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____

Well Driller: _____ Drilling Permit Number: _____

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): N/A Stockwater (No. and type of stock): N/AIrrigation (No. of acres): 1 Other: _____6. Total rate of diversion or storage volume for which proof is submitted: .03 cfs OR _____ acre-feet.7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: **Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.**

Measuring Device: Is a measuring device required?

Yes ☐	No ☒
Yes ☐	No ☐

If yes, has the measuring device been installed?

Lockable Controlling Device: Is a lockable device required to control the diversion?

Yes ☐	No ☒
Yes ☐	No ☐

If yes, has the lockable device been installed?

Other Conditions of Permit: Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒8. Fee Enclosed: \$ 50.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Linda Williams Telephone Number: 683-4020Mailing Address: P.O. Box 403 City: BayviewState: ID Zip: 83803 Email: williamsthing@live.com

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: Linda Williams Date: 3-14-13
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

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 OCTOBER 02, 2012

State File No. 2012-08737

DECEDENT - LEGAL NAME

GREGORY ALLEN WILLIAMS

SEX

MALE

SOCIAL SECURITY NUMBER

AGE

63 YEARS

DATE OF BIRTH

JANUARY 27, 1949

BIRTHPLACE

ALAMEDA, CALIFORNIA

PLACE OF RESIDENCE

ATHOL, IDAHO

MARITAL STATUS AT TIME OF DEATH

MARRIED

NAME OF SURVIVING SPOUSE (If wife, maiden name)

LINDA TARBERT

WAS DECEDENT EVER IN
U.S. ARMED FORCES?

YES

FATHER - NAME

EUGENE WILLIAMS

BIRTHPLACE

KANSAS

MOTHER - MAIDEN NAME

BARBARA COCHRAN

BIRTHPLACE

CALIFORNIA

METHOD OF DISPOSITION

CREMATION

FUNERAL SERVICE LICENSEE

WILLIAM B. TOLLIVER

NAME AND ADDRESS OF FUNERAL FACILITY

YATES FUNERAL HOME, COEUR D'ALENE, IDAHO

DATE OF DEATH

SEPT. 28, 2012

TIME OF DEATH

7:02 P.M.

CITY, TOWN OR LOCATION OF DEATH

ATHOL, IDAHO

COUNTY OF DEATH

BONNER

CAUSE OF DEATH (underlying cause last)

a. HEPATOCELLULAR CARCINOMA

Approximate Interval Between
Onset and Death

6 MONTHS

DUE TO (or as a consequence of):

b. CIRRHOSIS

UNKNOWN

DUE TO (or as a consequence of):

c. HEPATITIS C

UNKNOWN

DUE TO (or as a consequence of):

d.

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

N/A

WAS AN AUTOPSY
PERFORMED?

NO

MANNER OF DEATH

NATURAL

NAME OF CERTIFIER

SHANA D. FOGARTY, 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.

OCTOBER 02, 2012

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR

PBNC0 (Rev) 02/12