

MEMORANDUM

Date: March 21, 2013
To: Water Right File 2-7388
From: shemenway
Re: Ownership Change

An ownership change was received by the department on 2/7/2008, with a letter sent to the owner requesting an assignment for the permit 2-7388. All other water rights on the o/c were processed, but not permit 2-7388 due to not receiving an assignment of permit from the former owner. On 2/20/2013 Ted Blackstock (current owner of this permit) brought in both death certificates from Adam Blackstock, and Ted K Blackstock. The \$25 fee was paid with the original o/c application, so no additional fees were required. Tax Lot information confirms the current owner as Blackstock Livestock Inc (same address) as shown on the o/c form. The ownership change will now be completed in the licensing process.

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

APR 2 1 1989

State of Idaho CERTIFICATE OF DEATH

State File No. 1986
Local Reg. No. 3-258

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 30-341(4) & 30-324

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN NAME OF DECEDENT: For use by physician or institution	DECEDENT		1. DECEDENT - NAME FIRST MIDDLE LAST Adam H. Blackstock		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 11, 1989
	4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE - Last Birthday (Yr.) MONTHS DAYS 80		6. DATE OF BIRTH (Month, Day, Year) Dec. 15, 1908	
	7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		8. PLACE OF DEATH (Check only one) HOSPITAL OTHER (1) ☐ Inpatient (2) ☒ ER/Outpatient (3) ☐ DOA (4) ☐ Licensed Nursing Home (5) ☐ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify)		9. BIRTHPLACE (City and State or Foreign Country) Salt Lake City, UT.	
	10. FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) West Valley Medical Center				11. CITY, TOWN OR LOCATION OF DEATH Caldwell, Idaho	
12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		13. SURVIVING SPOUSE (If wife, give maiden name) deceased		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 473 Cattle Rancher		
15. RESIDENCE STATE Idaho		16. CITY, TOWN OR LOCATION Melba		17. STREET AND NUMBER H.C. 79 Box 119		
18. INSIDE CITY LIMITS? ☐ Yes ☒ No		19. RACE - American Indian, Black, Japanese, White, etc. (Specify) White		20. ZIP CODE 83641		
21. FATHER - NAME Adam Blackstock		22. BIRTHPLACE Scotland		23. MOTHER - FULL MAIDEN NAME Mary Wapper		
24. INFORMANT'S NAME (Type/Print) Ted K. Blackstock		25. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) H.C. 79 Box 119 Melba, Idaho 83641				
26. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Marsing - Homedale Cemetery				
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		29. LICENSE NUMBER (of Licensee) M-731				
30. TIME OF DEATH 9:38 p.m.		31. DATE PRONOUNCED DEAD (Month, Day, Year) 4/11/89		32. WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No		
33. MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined		34. 27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE a. Acute Myocardial Infarction DUE TO (or as a consequence of): b. Prostate Cancer DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____				
35. 27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I _____		36. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		37. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No		
38. CERTIFIER (Check only one) ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.						
39. SIGNATURE AND TITLE OF CERTIFIER [Signature] Coroner		40. LICENSE NUMBER [REDACTED]		41. DATE SIGNED (Month, Day, Year) 4/17/89		
42. NAME AND ADDRESS OF CERTIFIER (Type/Print) Dale Hale, Canyon County Coroner, Courthouse, Caldwell, Idaho 83606						

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: APR 22 2010

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 JANE S. SMITH
 STATE REGISTRAR



CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. 3-015

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	MORTICIAN: Complete/Verify and File Within 5 Days of Death	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX	3. SOCIAL SECURITY NUMBER	
		Ted Kay Blackstock		Male		
		4a. AGE-Last Birthday	4b. UNDER 1 YEAR	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
		70 (Years)			June 5, 1934	Nampa, Idaho
		7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY	7c. CITY OR TOWN	
		Idaho		Owyhee	Givens Hot Springs,	
		7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
		6601 Opeline Road			83641-	☐ Yes ☒ No
		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
		☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Mary Cain		
CERTIFIER: Complete Within 72 Hours of Death	10. EVER IN U.S. ARMED FORCES?		11a. BIRTHPLACE (State, Territory, or Foreign Country)	11b. BIRTHPLACE (State, Territory, or Foreign Country)		
	☒ Yes ☐ No		Adam Blackstock	Utah		
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)			
	Mildred Wissel		Illinois			
	13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
	Mary Blackstock		Spouse	6601 Opeline Road Givens Hot Springs ID 83641		
	14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		Marsing-Homedale Cemetery Marsing, ID	Flahiff Funeral Chapel P.O. Box 366, Homedale, ID 83628		
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of license)	18. WAS CORONER CONTACTED?		
	<i>[Signature]</i>		M-587	☐ Yes ☒ No		
19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify)						
20. FACILITY NAME (If not facility, give street and number)						
6601 Opeline Road						
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE						
Givens Hot Springs, ID						
22. COUNTY OF DEATH						
Cwyhee						
23. DATE OF DEATH (Mo/Day/Yr) (Spell month)						
February 7, 2005						
24. TIME OF DEATH						
0900 (24hr)						
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)						
February 7, 2005						
26. TIME PRONOUNCED DEAD						
0900 (24hr)						
27. CAUSE OF DEATH						
PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Ischemic CH</u>						
DUE TO (or as a consequence of):						
b. <u>Due to</u>						
DUE TO (or as a consequence of):						
c. <u>Due to</u>						
DUE TO (or as a consequence of):						
d. <u>Due to</u>						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I						
28a. WAS AN AUTOPSY PERFORMED?		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?				
☐ Yes ☒ No		☐ Yes ☒ No				
29. DID TOBACCO USE CONTRIBUTE TO DEATH?		30. IF FEMALE (Aged 10-54):				
☐ Yes ☐ Probably ☒ No ☐ Unknown		☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year				
31. MANNER OF DEATH		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)				
☒ Natural ☐ Accident ☐ Suicide ☐ Could not be determined		33. TIME OF INJURY				
		(24hr)				
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK?				
		☐ Yes ☒ No				
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____						
Street and Number or Location _____ Apartment Number _____						
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable						
TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ What safety device(s) did decedent use/employ? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown						
38a. CERTIFIER (Check only one, based on official capacity for this certificate)						
☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.						
☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
Signature and Title of Certifier: <i>[Signature]</i>						
* 38b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)						
Stephanie Hodson MD 3119 Commercial, Caldwell, ID 83605						
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.						
I have reviewed and if necessary amended the medical section						
41a. REGISTRAR'S SIGNATURE						
<i>[Signature]</i>						
40b. DATE SIGNED						
MM DD YYYY						
41b. DATE SIGNED						
02/10/2005						
MM DD YYYY						

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DATE ISSUED:

FEB 10 2005

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JANE S. SMITH
STATE REGISTRAR