

PSA Realty & Insurance Services

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October 15, 2012

Idaho Dept of Water Resources
PO Box 83720
Boise, ID 83720-0098

RE: Permit #96-9335

Darla Block,

Per our telephone conversation today, please see enclosed statement of completion for this permit. Also, please change permit holder name to read JoAnn Myers as Darrell Myers has passed away. I have enclosed a copy of his death certificate for your review.

Please let me know if you need anything else. Thank you again for your help on this.

Sincerely,



Aaron Myers
President/CEO

(760)728-5259 Direct
(760)728-1407 Fax
aaron@psainsurance.com

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200833001761

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) DARRELL		3. LAST (Family) MYERS	
2. MIDDLE NORMAN		5. AGE 63	
AKA, ALSO KNOWN AS — Includes full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 02/05/1945	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK	
10. SOCIAL SECURITY NUMBER [REDACTED]		12. MARITAL STATUS (at time of death) MARRIED	
13. EDUCATION — If post high school degree (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) ☒ NO ☐ YES	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) REAL ESTATE AND INSURANCE COMPANY		18. YEARS IN OCCUPATION 29	
20. DECEDENT'S RESIDENCE (Street and number or location) 45526 TOURNAMENT LANE		21. CITY TEMECULA	
22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92592	
24. YEAR IN COUNTY 10		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP JO ANN MYERS, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 45526 TOURNAMENT LANE, TEMECULA, CA 92592	
28. NAME OF SURVIVING SPOUSE — FIRST JO ANN		29. MIDDLE ROSE	
30. LAST (Married Name) SHUE		31. NAME OF FATHER — FIRST MEARL	
32. MIDDLE -		33. LAST MYERS	
34. BIRTH STATE ND		35. NAME OF MOTHER — FIRST NORMA	
36. MIDDLE -		37. LAST (Maiden) LEATHERS	
38. BIRTH STATE ND		39. DISPOSITION DATE mm/dd/yyyy 02/20/2008	
40. PLACE OF FINAL DISPOSITION ETERNAL HILLS MEMORIAL PARK 1999 EL CAMINO REAL, OCEANSIDE, CA 92054		41. TYPE OF DISPOSITION(S) CR/BU	
42. SIGNATURE OF EMBALMER GEORGE MC CAIG		43. LICENSE NUMBER EMB8439	
44. NAME OF FUNERAL ESTABLISHMENT ETERNAL HILLS MORTUARY		45. LICENSE NUMBER FD234	
46. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.		47. DATE mm/dd/yyyy 02/19/2008	
101. PLACE OF DEATH RANCHO SPRINGS MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE ☐ IP ☒ ER/OP ☐ DOA	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 25500 MEDICAL CENTER DRIVE		104. CITY MURRIETA	
105. CAUSE OF DEATH ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		106. DEATH REPORTED TO CORONER? ☒ YES ☐ NO	
107. IMMEDIATE CAUSE (Final disease or condition resulting in death) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		108. TIME INTERVAL BETWEEN ONSET AND DEATH YRS	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST HYPERTENSION, HYPERCHOLESTEROLEMIA		109. BIOPSY PERFORMED? ☐ YES ☒ NO	
110. AUTOPSY PERFORMED? ☐ YES ☒ NO		111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, HYPERCHOLESTEROLEMIA		113. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: Decedent Last Seen Alive: 1		115. SIGNATURE AND TITLE OF CERTIFIER ERIC K. FRYKMAN, M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH ☒ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined		119. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER/DEPUTY CORONER KAREN S LIND		127. DATE mm/dd/yyyy 02/19/2008	
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER KAREN S LIND, DEPUTY CORONER		129. FAX AUTH. #	
130. CENSUS TRACT		131. STATE REGISTRAR	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Feb 25, 2008

Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



000629816

DATE ISSUED

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

