

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

AUG 09 2012

Notice of Change in Water Right Ownership

DEPARTMENT OF
WATER RESOURCES

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
72-7420	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Bert Chesney

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Joyce Chesney

Name of each new owner as listed on the conveyance document

New owner continued Name connector ☐ and ☐ or ☐ and/or

16 Rondel Dr.

Mailing address

Wewoka

OK

74884

City

State

ZIP

405-624-2722

405-257-3084

Telephone

Email

4. If the water rights and/or adjudication claims were split, how did the division occur?

- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: January 8, 2012

6. This form must be signed and submitted with the following REQUIRED items:

- A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
- Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
- Filing fee (see instructions for further explanation):
 - \$25 per undivided water right.
 - \$100 per split water right.
 - No fee is required for pending adjudication claims.

7. Signature: Joyce T. Chesney

Signature of new owner/claimant

Title, if applicable

Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by

SRJ

Date

8/9/2012

Receipt No.

0095861

Receipt Amt.

\$25-

Approved by

Processed by

Date



STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

2012-000650

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) BERT LOVEL CHESNEY					1a. LAST NAME PRIOR TO FIRST MARRIAGE CHESNEY		2. SEX MALE				
3. SOCIAL SECURITY NUMBER [REDACTED]		4. EVER IN US ARMED FORCES? NO		5a. AGE- Last birthday (years) 75		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	
7. BIRTHPLACE (City and State or Foreign Country) ROCKY, OKLAHOMA				8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County SEMINOLE		8c. RESIDENCE-City or Town WEWOKA			
8d. RESIDENCE-Zip Code 74884		8e. RESIDENCE-Inside City Limits? YES		8f. RESIDENCE-Street and Number 16 RONDEL DR				8g. RESIDENCE-Apt. Number			
9. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Married, but separated ☐ Unknown					10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) JOYCE THORNTON						
11. FATHER'S NAME (First, Middle, Last) CHARLES CHESNEY					12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) EDNA SANDERS						
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO			14. DECEDENT'S RACE WHITE				15. DECEDENT'S EDUCATION SOME COLLEGE CREDIT BUT NO DEGREE				
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) CHIEF OF PRODUCTION					17. KIND OF BUSINESS / INDUSTRY GOVERNMENT						
18a. INFORMANT'S NAME JOYCE CHESNEY			18b. RELATIONSHIP TO DECEDENT WIFE		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 16 RONDEL DR, WEWOKA, OKLAHOMA, 74884						
19. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (specify)			20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) YEAGER OAKHILL				21. LOCATION - City, Town and State YEAGER, OKLAHOMA				
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY STOUT- PHILLIPS FUNERAL HOME - WEWOKA, 409 S. WEWOKA, WEWOKA, OKLAHOMA, 74884					23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH BRADLY DON NORMAN						
24. FH ESTABLISHMENT LICENSE # 1321ES											

25. PLACE OF DEATH (Check only one: see instructions)										
IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival					IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: ☐ Hospice Facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (specify):					
26. FACILITY NAME (If not institution, give street & number) HOLDENVILLE GENERAL HOSPITAL				27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH HOLDENVILLE, OKLAHOMA, 74848				28. COUNTY OF DEATH HUGHES		
29. DATE OF DEATH (Mo/Day/Yr) JANUARY 8, 2012		30. TIME OF DEATH 23:03		31. WAS MEDICAL EXAMINER CONTACTED? NO		32. WAS AN AUTOPSY PERFORMED? NO		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
34. PART I. Enter the <u>chain of events</u> - 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. RENAL FAILURE Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. Due to (or as a consequence of): d.								Approximate interval: Onset to death < 1 MO		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I ANEMIA; GASTROINTESTINAL BLEED; CORONARY ARTERY DISEASE
36. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Suicide ☐ Pending Investigation ☐ Could not be determined				37. IF FEMALE: ☐ 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				38. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☒ Unknown		
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY		41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)			42. DESCRIBE HOW INJURY OCCURRED:		43. INJURY AT WORK?	
44. LOCATION OF INJURY: State: City or Town: Zip Code: Street & Number: Apartment Number:				45. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (specify)						
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: ☒ Physician in charge of the patient's care ☐ Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ MEDICAL EXAMINER. 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. Certifier: GLENN A CROWSON, MD					47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) GLENN A CROWSON, MD 1401 W 1ST 270B WEWOKA, OKLAHOMA 74884					
				48. LICENSE NUMBER 13854		49. DATE CERTIFIED (Mo/Day/Yr) JANUARY 17, 2012				
50. REGISTRAR'S SIGNATURE <i>Kelly M Baker</i>						52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) JANUARY 25, 2012				

2008 REVISION

VS 154 (02/08)

Wednesday, January 25, 2012 2:47:53 PM



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This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M Baker

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63 Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND. THE BACK CONTAINS SPECIAL LINES WITH TEXT, EMBOSSED SEAL AND THERMOCHROMIC INK.

February 18, 1998

To Whom It May Concern:

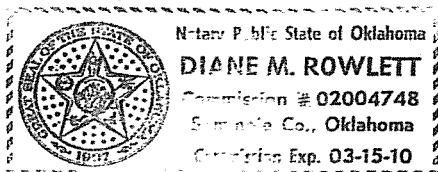
In the event of my death before an official will is completed, the following is my wishes:

1. My beloved wife, Joyce T. Chesney, is to be the Executor of my estate and shall ~~serve~~ without bond or other security.
2. All personal and Real property interest I have is to be given to my wife, Joyce T. Chesney. This includes Life Insurance proceeds and other income due me.
3. My wife shall pay my just debts and funeral/burial expenses out of the proceeds of my estate.

Bert L. Chesney

This is to reaffirm my wishes, as stated February 18, 1998, concerning disposition of my personal and real property interest upon my death.

Signed this 12th day of February, 2009.



Bert L. Chesney

Shown before me - this 12th day Feb 09

Diane Rowlett