

6/2/2011
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DEPARTMENT OF
WATER RESOURCES

May 26, 2011

Cheri Padilla
Sr. Water Resource Agent
Water Allocation Bureau
322 East Front Street
P. O. Box 83720
Boise, ID 83720-0098

Dear Ms. Padilla

Enclosed is the information and signatures you have requested concerning the Water Right Permit No. 78-07324.

Also I have enclosed the death certificate of Marvin Mortenson in order to change the name of ownership to Gloria K. Mortenson.

The name of ownership and address also needs to be changed on the water right permit No. 78-7109 from Marvin Mortenson to Gloria K. Mortenson.

If you have further questions, please call 208-628-2744 or write to Gloria Mortenson, 414 Lower Ranch Drive, New Meadows, ID 83654.

Thank you for the assistance in this matter concerning the water right permit.

Sincerely,



Gloria K. Mortenson

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

CERTIFICATE OF DEATH

Date Filed **MAY 28, 2009**

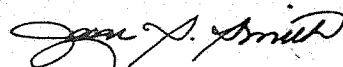
State File No. **2009-04155**

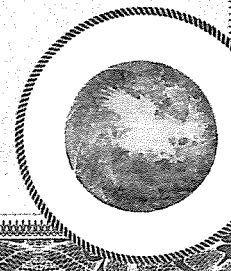
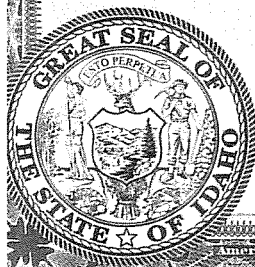
DECEDENT - LEGAL NAME MARVIN WARD MORTENSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 72 YEARS	DATE OF BIRTH NOVEMBER 21, 1936
BIRTHPLACE SIOUX RAPIDS, IOWA		PLACE OF RESIDENCE NEW MEADOWS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) GLORIA SIMPSON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ELDER WILHELM MORTENSON			BIRTHPLACE IOWA
MOTHER - MAIDEN NAME SYLVIA MAE ROSS			BIRTHPLACE IOWA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE JEFFREY L. BLACKMER	
NAME AND ADDRESS OF FUNERAL FACILITY BLACKMER FUNERAL HOME, GRANGEVILLE, IDAHO			
DATE OF DEATH MAY 22, 2009	TIME OF DEATH 11:41 P.M.	CITY, TOWN OR LOCATION OF DEATH MCCALL, IDAHO	COUNTY OF DEATH VALLEY
CAUSE OF DEATH (underlying cause last) a. CARDIAC ARREST			Approximate Interval Between Onset and Death 60 MINUTES
DUE TO (or as a consequence of): b. KNOW CAD			
DUE TO (or as a consequence of): c. DM INSULIN DEPENDENT			
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 TODD J. ARNDT, 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.

DATE ISSUED: **MAY 28, 2009**

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


JANE S. SMITH
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE