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DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CHANGE IN ADDRESS

This form can be used to notify the Department of a change in
address of the owners of record for the listed water rights.
(Please print or type)

Please complete
and return with
your current
address info.

Thanks

✓ updated
6/6/11
CP

[] Water Right Number(s): 78-07324
78-7109

[] Name(s): Gloria M. Mortenson

[] Old Mailing Address: HC 75 Box 3545
New Meadows ID 83654

[] New Mailing Address: 414 Lower Ranch Dr
New Meadows, ID 83654

Telephone Number: (208) 628 - 2744

Email: mgmtwo@citlink.net

[] Signature(s) of Owner(s) Gloria M. Mortenson

(Include your title if on behalf of company or organization)

Date: 5-26-11

Send a signed original to your closest regional office:

IDWR Northern Region
7600 Mineral Dr., Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190

IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161

IDWR Southern Region
1341 Fillmore St., Suite 200
Twin Falls, ID 83301-3380
(208) 736-3033

CERTIFICATE OF DEATH

Date Filed **MAY 28, 2009**

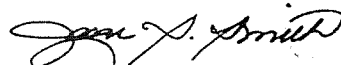
State File No. **2009-04155**

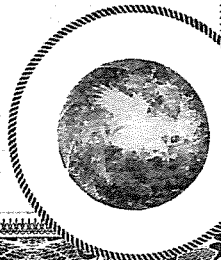
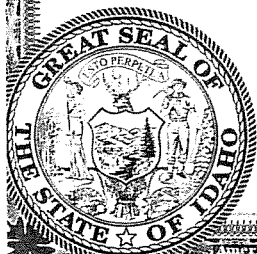
DECEDENT - LEGAL NAME MARVIN WARD MORTENSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 72 YEARS	DATE OF BIRTH NOVEMBER 21, 1936
BIRTHPLACE SIOUX RAPIDS, IOWA		PLACE OF RESIDENCE NEW MEADOWS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) GLORIA 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