

RECEIVED

AUG 09 2010

WATER RESOURCES
WESTERN REGION

August 6, 2010

Department of Water Resources
Attn: Steve Lester
2735 Airport Way
Boise, ID 83705-5082

*Change
completed
8-11-10
gmh*

RE: Water Right Permits - Name Change

Mr. Lester:

Per our phone conversation, I am asking for **Clayton A. Wilson's** name be removed from the following water right permits:

Permit #s:	67-02337	67-7752
	67-14255	67-07791
	67-14256	67-14277
	67-14278	

These permits will remain in my name, **E. Catherine Wilson**. For your files, I have enclosed a death certificate for **Clayton A. Wilson**.

If you need any additional information, please contact me at (541) 586-2346 or ec.wilson@live.com

Thank you for your assistance in this matter.

Sincerely,

E. Catherine Wilson

E. Catherine Wilson

Encl. 1

SUPPORT DATA
IN FILE # 67-2337

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

#3 amended 08-28-07 ns

DATE FILED BY STATE REGISTRAR:

State of Idaho

2007- 06535

AUG 22 2007

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No.

3-075

DECEDENT TIME ON FRONT IN PERMANENT BLACK INK DO NOT USE FULLY TYPED FOR INSTRUCTIONS SEE HANDBOOK PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH 1585 CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) Clayton Arthur Wilson 2. SEX Male 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE Last Birthday 77 (Years) 4b. UNDER 1 YEAR Months: Days: Hours: Minutes: 4c. UNDER 1 DAY Hours: Minutes: 5. DATE OF BIRTH (Mo/Day/Yr) March 23, 1930 6. BIRTHPLACE (City and State, Territory, or Foreign Country) Cambridge, Idaho 7a. RESIDENCE - STATE OR FOREIGN COUNTRY Oregon 7b. COUNTY Malheur 7c. CITY OR TOWN Jordan Valley 7d. STREET AND NUMBER 402 Somersville 7e. APT. NO. [REDACTED] 7f. ZIP CODE 97910 7g. INSIDE CITY LIMITS? ☒ Yes ☐ No 8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown 9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) Esther Catherine Coleman 10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) Arthur C. Wilson 11b. BIRTHPLACE (State, Territory, or Foreign Country) Idaho 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Ila Wood 12b. BIRTHPLACE (State, Territory, or Foreign Country) Iowa 13a. INFORMANT'S NAME (Type or print) Esther Catherine Wilson 13b. RELATIONSHIP TO DECEDENT Spouse 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. Box 117-Jordan Valley, OR 97910 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify): 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Thomason Crematory Weiser, Idaho 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Thomason Funeral Home 221 E. Court Street Weiser, Idaho 83672 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature] 17b. LICENSE NUMBER (Of licensee) M-1063 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify): Auto Accident 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Decedent's home ☐ Nursing home/Long term care facility ☐ Hospice facility ☐ Other (Specify): 20. FACILITY NAME (If not facility, give street and number) Mile Post 120.6 Hwy 95 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Cambridge 83610 22. COUNTY OF DEATH Washington 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 17, 2007 24. TIME OF DEATH 1605 (24hr) 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 17, 2007 26. TIME PRONOUNCED DEAD 1659 (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>Drowning</u> b. <u>Motor Vehicle Accident</u> SEQUENTIALLY list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) c. <u>Motor Vehicle Accident</u> PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I 28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No 29. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year 30. MANNER OF DEATH ☐ Natural ☐ Homicide ☒ Accident ☐ Suicide ☐ Could not be determined 31. DATE OF INJURY (Mo/Day/Yr) (Spell month) August 17, 2007 32. TIME OF INJURY 1600 (24hr) 33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) Hwy 95 34. INJURY AT WORK? ☐ Yes ☒ No 35. LOCATION OF INJURY: State: <u>Idaho</u> City/Town or County: <u>Washington County</u> Zip Code: <u>83610</u> 36. Street and Number or Location Mile Post 120.6 Hwy 95 North of Cambridge 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) Subject lost control of pickup over corrected, crossed over both lanes of traffic-vehicle rolled and landed upside down in ditch 38a. TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Other (Specify): ☒ Driver/Operator ☐ Passenger 38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☒ Seat Belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☒ CORONER 39b. LICENSE NUMBER 39c. DATE SIGNED 08 20 2007 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Robert E. Thomason, Coroner 221 E. Court Street Weiser, Idaho 83672 40. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record. [Signature] 41a. REGISTRAR'S SIGNATURE [Signature] 41b. DATE SIGNED 08 21 2007
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This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: AUG 28 2007

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

JANE S. SMITH
STATE REGISTRAR

