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FEB 05 2010

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$: 100-
Receipt No. C089983
Receipt By: SBT
Date Received: 2-5-2010

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been completed and that water has been applied to beneficial use to the extent described below. This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner. Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No.: 67-14972 Telephone No.: (208) 549-2527
2. Name of Permit Holder(s): Judy Chandler (Wayne deceased 9-20-09)
3. Mailing Address: 683 Lawrence Lane City: Weiser
State: ID Zip: 83672 Email: _____
4. Source of Water: Ground water If GROUND WATER (well), Date Drilled: mo. 3 / yr. 2009
Well Driller: Jerry Nielsen Drilling Permit Number: D0053523

5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): 10 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 50 cfs OR _____ acre-feet.
7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.

Measuring Device: Is a measuring device required? Yes ☒ No ☐
If yes, has the measuring device been installed? Yes ☒ No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion? Yes ☐ No ☒
If yes, has the lockable device been installed? Yes ☐ No ☐

Other Conditions of Permit: Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

8. Fee Enclosed: \$ 500.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Judy Chandler Telephone Number: 208-549-2527
Mailing Address: 683 Lawrence Lane City: Weiser
State: ID Zip: 83672 Email: _____

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: Judy Chandler Date: 2-3-10
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed SEPTEMBER 23, 2009

State File No. 2009-07707

DECEDENT - LEGAL NAME ERNEST WAYNE CHANDLER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 68 YEARS	DATE OF BIRTH NOVEMBER 19, 1940
BIRTHPLACE ONTARIO, OREGON		PLACE OF RESIDENCE WEISER, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) JUDY KUDER	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME G. K. CHANDLER			BIRTHPLACE UNKNOWN/NOT STATED
MOTHER - MAIDEN NAME FANNIE BARSON			BIRTHPLACE UNKNOWN/NOT STATED
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE GARY M. TRICK	
NAME AND ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME, INC., WEISER, IDAHO			
DATE OF DEATH SEPT. 20, 2009	TIME OF DEATH 1:58 P.M.	CITY, TOWN OR LOCATION OF DEATH WEISER, IDAHO	COUNTY OF DEATH WASHINGTON
CAUSE OF DEATH (underlying cause last) PROBABLE MYOCARDIAL INFARCTION			Approximate Interval Between Onset and Death
DUE TO (or as a consequence of): a.			
b.			
DUE TO (or as a consequence of): c.			
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 ROBERT E. THOMASON		TITLE CORONER
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.

SEPTEMBER 23, 2009

DATE ISSUED:

[Signature]