

L. D. Smith
11523 E. Valleyway
Spokane Valley, WA 99206

WA-7

RECEIVED

SEP 14 2009

DEPARTMENT OF
WATER RESOURCES

September 9, 2009

Idaho Dept. of Water Resources
P.O. Box 83720
Boise, ID 83720-0098

Dear Sirs:

This is in reference to my water right number 95-7783 which is filed as Leslie D. Smith, Julia A. Smith, and Perley D. Smith, current owners.

I have been advised that in the event of a quit claim transfer, having my deceased parents as co-owners would complicate matters.

Enclosed is a copy of my Father's death certificate. I don't have access to one for my Mother, but she preceded Dad in death by twelve years.

Your attention in this matter is appreciated.

Sincerely,

L. D. Smith

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 3400		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Perley Dale SMITH						2. Death Date Oct. 27, 2005	
3. Sex (M/F) Male	4a. Age - Last Birthday 96	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Spokane		
7. Birthdate Dec. 12, 1908		8a. Birthplace (City, Town, or County) New Plymouth	8b. (State or Foreign Country) Idaho		9. Decedent's Education 8th Grade		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. NO			11. Decedent's Race(s) White			12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 16203 Reservoir Road						13b. City or Town Rathdrum	
13c. Residence: County Kootenai		13d. Tribal Reservation Name (if applicable) None		13e. State or Foreign Country Idaho	13f. Zip Code + 4 83858	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence. 96 years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage) None			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Welder				18. Kind of Business/Industry (Do not use Company Name) Aluminum Plant			
19. Father's Name (First, Middle, Last, Suffix) Perley H Smith				20. Mother's Name Before First Marriage (First, Middle, Last) Elsie M. Richmond			
21. Informant's Name Susan Smith		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 4, Rathdrum, Idaho 83858			
24. Place of Death, if Death Occurred in a Hospital: In Patient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) Deaconess Medical Center				26a. City, Town, or Location of Death Spokane	26b. State WA	27. Zip Code 99204	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Pinegrove Cemetery		30. Location-City/Town, and State Rathdrum, Idaho			
31. Name and Complete Address of Funeral Facility Yates Funeral Home, 744 N. 4th St., Coeur d'Alene, Idaho 83814						32. Date of Disposition Nov 1, 2005	
33. Funeral Director Signature X <i>Dustin Yates</i>							
Cause of Death (See instructions and examples)							
34. 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. large intracranial aneurysm/stroke				Interval between Onset & Death ~ 3 days	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Benign Prostatic Hyperplasia				Interval between Onset & Death long acting unknown	
		c.				Interval between Onset & Death	
		d.				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy? ☐ Yes ☒ No	37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending		39. If female ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown		41. Injury at Work? ☐ Yes ☒ No ☐ Unk	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:							
46. Describe how injury occurred						47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	
48a. Certifying Physician - In the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated				48b. Medical Examiner/Coroner - 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			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Saima Ahmad, MD, 104 W. 5th Ave., Spokane, WA 99204						50. Hour of Death (24hrs) 0520	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) 10-31-05	
53. Title of Certifier MD		54. License Number MD 42805		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? ☒ Yes ☐ No	
57. Registrar Signature <i>Kim Marie Thibodeau</i>						58. Date Received (MM/DD/YYYY) OCT 31 2005	
59. Amendments							

Part 1 completed by Funeral Director

Part 2 completed by Certifier