

WD

**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)

RECEIVED
MAY 14 2009
DEPARTMENT OF
WATER RESOURCES

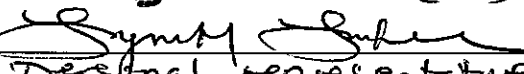
Water Right Numbers(s): 29-00290B

Name(s): Estate of Nephi Michael Luker
(Mike Luker)

Old Mailing Address: P.O. Box 297
Idkom Id

New Mailing Address: Estate of Nephi Michael Luker
c/o Lynn M. Luker, personal representative
514 El Blanco Drive
Boise, ID 83709

Telephone Number: (208) 375-8254 (H)
208 343-0022 (O)

Signature(s) of Owner(s): 
personal representative
for Estate of Nephi Michael Luker

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

Your signature authorizes me to update our database with the new address. Please
note that water right owners are required to report any change of water right ownership
and/or mailing address to the Department within 120 days of the change. Failure to
report these changes could result in a \$100 late filing fee. Forms can be obtained at our
public web site www.idwr.idaho.gov.

A postage paid envelope for this form has been enclosed for your convenience.
Thank You...

Date: 5/13/09

CERTIFICATION OF VITAL RECORD

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

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF DEATH FOR THE PURPOSES OF THE IDAHO CODE.

Local Reg. No. 6-552

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	Nephi Michael Luker		Male		518-22-2829	
PARENTS	4a. AGE-Last Birthday		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
	82 (Years)					
INFORMANT	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. CITY OR TOWN		7c. CITY OR TOWN	
	Idaho		Bannock		Pocatello	
DISPOSITION	7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
	787 Cypress				83201	
PLACE OF DEATH	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown					
DATE OF DEATH	10. EVER IN U.S. ARMED FORCES?		11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)	
	☒ Yes ☐ No		Brazill Luker		Utah	
CAUSE OF DEATH	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)			
	Wilhelmine Maria Theresa Weger		Germany			
CAUSE OF DEATH	13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	Lynn Luker		Son		514 El Blanco Dr. Boise, Idaho 83709	
CAUSE OF DEATH	* 14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		Restlawn Memorial Gardens Pocatello, Idaho		Colonial Funeral Home 2005 S. 4th Ave Pocatello, ID 83201	
CAUSE OF DEATH	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		* 17b. LICENSE NUMBER (Of licensee)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	
			M 765		☐ Yes ☒ No	
CAUSE OF DEATH	* 19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:		PLACE OF DEATH (19-22)			
	☐ Inpatient ☐ Outpatient ☐ D.O.A. ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)		787 Cypress Pocatello, 83201 Bannock			
CAUSE OF DEATH	* 20. FACILITY NAME (If not facility, give street and number)		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		* 22. COUNTY OF DEATH	
	787 Cypress		Pocatello, 83201		Bannock	
CAUSE OF DEATH	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		* 24. TIME OF DEATH		* 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	
	November 17, 2008		1700 (24hr)		November 17, 2008	
CAUSE OF DEATH	27. CAUSE OF DEATH		28a. WAS AN AUTOPSY PERFORMED?			
	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 ventilator dislodgment 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>SUDDEN CARDIAC ARREST</u> b. <u>ATHEROSCLEROTIC ARTERY DISEASE</u> c. <u>DIABETES MELLITUS</u> d. <u>IMMEDIATE YEARS</u>		☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE OF DEATH	29. DID TOBACCO USE CONTRIBUTE TO DEATH?		30. IF FEMALE (Aged 10-64):		31. MANNER OF DEATH	
	☐ Yes ☐ Probably ☒ No ☐ Unknown		☐ 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		☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	
CAUSE OF DEATH	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
			(24hr)			
CAUSE OF DEATH	35. INJURY AT WORK?		36. LOCATION OF INJURY:			
	☐ Yes ☒ No		State _____ City/Town or County _____ Zip Code _____			
CAUSE OF DEATH	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		38. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?			
			☐ Seat Belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
CAUSE OF DEATH	39a. CERTIFIER (Check only one, based on official capacity for this certificate)		39b. LICENSE NUMBER		39c. DATE SIGNED	
	☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☒ CORONER		Coroner		11, 19, 2008	
CAUSE OF DEATH	40a. 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. (Have reviewed and if necessary amended the medical section)		40b. DATE SIGNED		41b. DATE SIGNED	
					11, 19, 2008	
CAUSE OF DEATH	41a. REGISTRAR'S SIGNATURE		41b. DATE SIGNED			
	Kim Quick		11, 19, 2008			

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: November 19, 2008

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

JANE S. SMITH
STATE REGISTRAR

DEPUTY CLERK

By Deputy Mcampbell

Magistrate

Le Canard