

DE ✓
RECEIVED
OCT 03 2007
IDWR/North

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP**

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case IDWR will produce new water right number(s) for the split(s).

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
5 ^{split} claim 91-4025					

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts. \$ 25.00
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are on file with the county Planning and Zoning or Recorder's Office).

OR

- D. If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency or equivalent **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

David & Julia Mandigo (parents)

4. New Owner/Claimant(s)

(7 Kids) 308 SE Birch St. College Place, WA. 99324
Marie Chadwick, June Larson Forthner, Kathy Whitehouse,
RoseAnn Wood, David Mandigo, Russell Mandigo, Wallace Mandigo
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

Russell Mandigo

City, State and ZIP Code

1237 Silica Lane Old Town, ID 83822

New Telephone Number

(208) 437-5577

death certificate of Julie Mandigo
has been requested and will be sent to you.

5. Date you acquired the property Inherited on Oct. 1, 1987

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in line 1, then skip this line and go to line 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (you may copy this page, if necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

7. Signature(s) of New Owner(s) or Claimant(s) Wallace Mendigo — Family Representative
 for: Marie Chadwick, June Ponther, Kathy Whitehouse, David Mendigo, Rose Ann Lovelock
 and Russell Mendigo, Wallace Mendigo.
 (title if applicable)
 (title if applicable)

IT IS IMPORTANT TO FILE THIS COMPLETED FORM AT THE APPROPRIATE IDWR OFFICE, WITH PAYMENT OF THE FILING FEE AND THE OWNERSHIP DOCUMENT(S), AS REFERRED TO IN LINE 2.

For IDWR Office Use Only:

Received by [Signature]
 Received by [Signature]
 Processed by _____ AJ

Date 10/3/07
 Date 10/3/07
 Date _____

Receipt Amt. \$25.50
 Receipt No. NO18785
 WR _____ Date _____

342339

WARRANTY DEED

For value received JULIA MARIE MANDIGO, SS# 533-30-1605, the Grantor, does hereby grant, bargain, sell and convey unto MARIE CHADWICK, JUNE LARSON, KATHLEEN WHITEHOUSE, DAVID H. MANDIGO, WALLACE L. MANDIGO, RUSSELL J. MANDIGO, and ROSE ANN WOOD, the Grantees, all married persons who are the Grantors children, whose current address is Rt. 4, Box 250, Oldtown, Idaho 83822, the following described premises, in Bonner County, Idaho, to-wit:

IN THE COUNTY OF BONNER, STATE OF IDAHO:
Government Lots 3, 8, and 9, and SE $\frac{1}{4}$ of NW $\frac{1}{4}$, all situated in Section 6, Township 56 North, Range 5 West, Boise Meridian, excepting therefrom:

A tract of land in Government Lots 7 and 9, Section 6, Township 56 North, Range 5 West, Boise Meridian, Bonner County, Idaho. Said tract being more particularly described as follows:

Beginning at the Southwest corner of said Section 6; Thence N0°05'E, along the West line of said Section 6, 2087.50 feet; thence S89°55'E, perpendicular to the West line of said Section 6, 298.24 feet to the true point of beginning; thence N14°29'49" E, 208.71 feet; thence S75°30'11" E 208.71 feet; thence S14°29'49"W 208.71 feet; thence N75°30'11"W 208.71 feet to the true point of beginning. Said tract containing 1 acre and including right of way for ingress and egress over the existing access road of the adjacent property.

AND

Beginning at the S.W. corner of said Section 6, thence N0°05' E along the West line of said Section 6, 1825.52 feet to the true point of beginning, thence continuing 208.57 feet on the same bearing; thence S89°55" E 208.57 feet; thence S °05' W 208.57 feet; thence N89°55'W 208.57 feet, more or less to the true point of beginning.

Said tract contains a square one acre parcel, together with and subject to a non-exclusive right of way for ingress and egress, and egress over the existing road.

AND

A tract of land in Government Lots 7 and 9, Section 6, Township 56 North, Range 5 West, Boise Meridian, Bonner County, Idaho. Said tract being more particularly described as follows:

342369

Beginning at the Southwest corner of said Section 6; thence N °05'E, along the West line of said Section 6, 1300.52 feet; thence S89°55'E, perpendicular to the West line of said Section 6, 48.73 feet to the true point of beginning; thence N °05'E 175.00 feet; thence S89°55'E 249.91 feet; thence S °05'W 175.00 feet: thence N89°55'W 249.91 feet to the true point of beginning. Said tract containing one acre and including right of way for ingress and egress over the existing access road of the adjacent property.

This deed is given as a gift of the Grantor to convey to the Grantees, during her lifetime, the family farm. It is therefore the intent of the Grantor that the Grantees shall each hold their interest therein as their sole and separate property free of any claim of ownership by their spouse and the Grantees shall hold the same as tenants in common.

Grantor further specifies that during the lifetime of the Grantor, Kathleen Whitehouse, Wallace Mandigo and Russell J. Mandigo have each received title free and clear to a one acre portion of said farm. The Grantees shall convey title to one acre portions of the property to each of the remaining Grantees so that each of the seven Grantees will have a one acre parcel which they solely own, together with deeded access for ingress and egress and utilities.

Grantor reserves unto herself the right, for the remainder of her life, to reside on the premises to cut and market all timber growing on the premises. Such right shall terminate upon her death and conclusive proff of termination of the interest hereby reserved shall be by recording the sworn statement of three of the Grantees attesting to the dath of the Grantor with a Certified copy of the death certificate attached thereto.

Grantees may occupy premises jointly with Grantor during her lifetime, however her right of occupancy shall be paramount. Grantees shall be responsible during Grantors lifetime for maintenance of roads, buildings, fences and payment of all property taxes.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; and that they are free from all incumbrances, except all easements, rights of way, covenants and restrictions of record as are above set forth, and that they will warrant and defend the same from all lawful claims whatsoever.

DATED: October 7 , 1987.

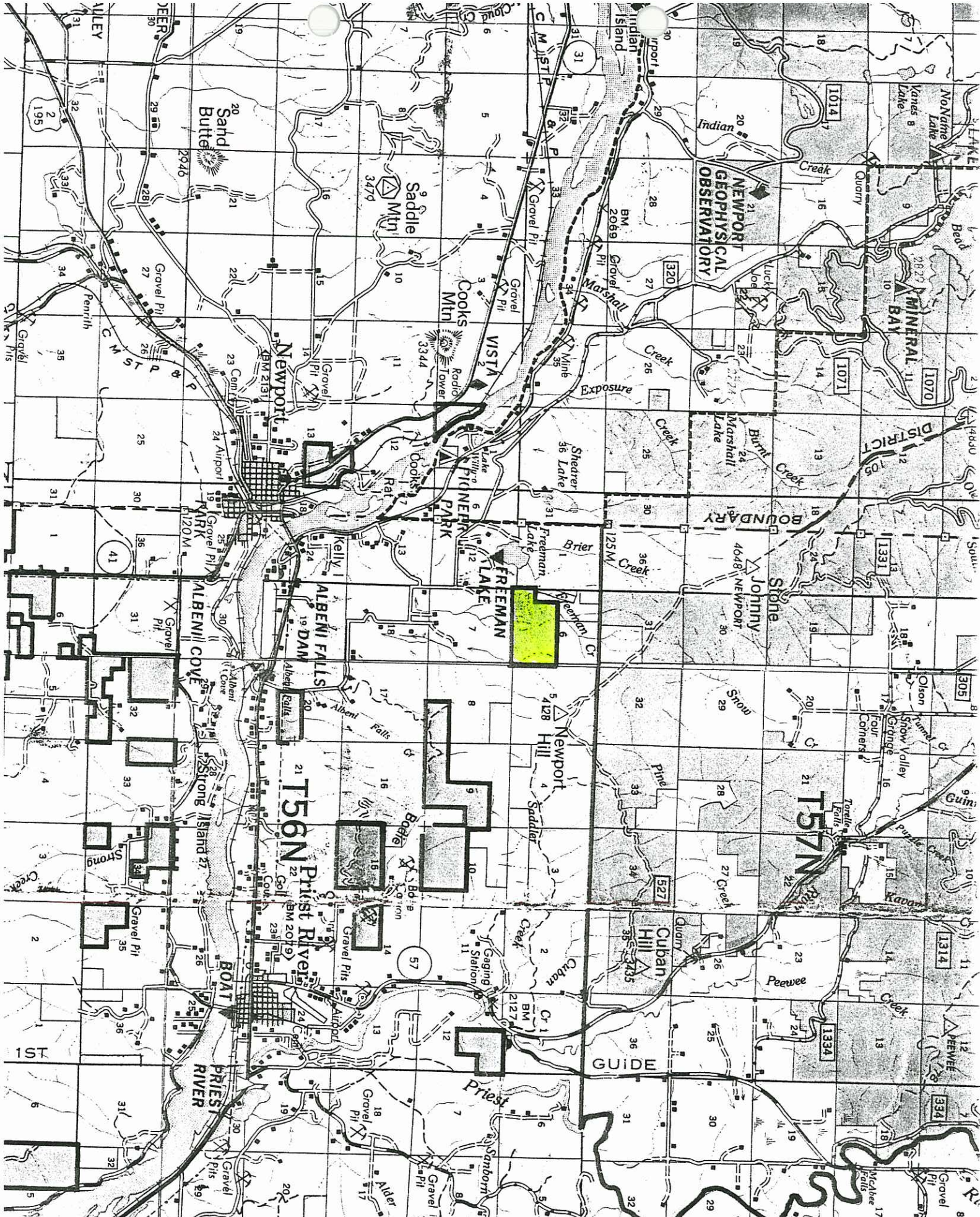
Julia Marie Mandigo
JULIA MARIE MANDIGO

STATE OF IDAHO, COUNTY OF BONNER:

On this 1st day of October, 1987, before me, a Notary Public in and for said State, personally appeared JULIA MARIE MANDIGO, A widow, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

Daniel P. Featherston
Notary Public - State of Idaho
Residing at Sandpoint therein.
My Commission is lifetime.

FILED BY *Dan Featherston*
BOOK _____ OF _____
PAGE _____ FEE \$4.00
'87 NOV 10 PM 2 49
CLIFFORD D. CHAPIN
RECORDER OF BONNER
COUNTY BY SL DEP.



DANIEL P. FEATHERSTON
Attorney at Law
P.O. Box J
Sandpoint, Idaho 83864
(208) 263-6866

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNER
MAGISTRATES DIVISION

IN THE MATTER OF THE ESTATE OF	)	CASE NO.
	)	PETITION FOR SUMMARY
DAVID A. MANDIGO,	)	ADMINISTRATION OF
	)	ESTATE OF WHICH
Deceased.	)	SURVIVING SPOUSE IS
	)	SOLE BENEFICIARY

PETITIONER, JULIA M. MANDIGO, STATES AND REPRESENTS TO THE COURT THAT:

1. Petitioner's interest in this matter is that of the surviving spouse of the decedent.
2. The decedent, DAVID A. MANDIGO, died on August 28, 1983.
3. Venue is proper because at the time of death the decedent was domiciled in this county and owned real property therein described as follows:

Government Lots 3, 8, and 9, and the SE $\frac{1}{4}$ of the NW $\frac{1}{4}$, less Tax 1, all situated in Section 6, Township 56 North, Range 5, West, Boise Meridian, Bonner County, Idaho.

4. The decedent and JULIA M. MANDIGO were duly married at Berrien Springs, Michigan, in 1934.
5. The decedent died testate leaving a will in which the surviving spouse is named as the sole devisee.
6. The original of the decedent's will, dated the 5th day of June, 1975, accompanies this petition.

7. The estate consists solely of community property of the decedent and surviving spouse, who is the surviving spouse and sole heir of the decedent.

8. The surviving spouse of the decedent is the sole devisee or beneficiary of the decedent and is therefore entitled to have all of the interest and estate of the decedent distributed to and vested in the surviving spouse, free and clear of the claims of any person or persons claiming or attempting to claim under the estate of the decedent as heir, devisee, or otherwise, excepting as a proper creditor.

WHEREFORE, PETITIONER REQUESTS THAT:

1. The Court fix a time and place of hearing and that notice be given as required by law.

2. That the Court enter its Decree that the decedent and the surviving spouse were duly married and that the surviving spouse is the sole heir and devisee of the decedent and vested with all of the interest and estate of the decedent, free of the claims of any person or persons claiming or attempting to claim under the estate of the decedent as heir, devisee, or otherwise, except as a proper creditor.

DATED this 14th day of May , 1985.


Julia M. Mandigo
308 S.E. Birch Avenue
CollegePlace, Washington 99324
509-529-8093

VERIFICATION

STATE OF WASHINGTON)
) SS
County of Walla Walla)

The Petitioner, being sworn, having read the foregoing says that the facts set forth therein are accurate and complete to the best of the Petitioner's knowledge and belief.

Julia M. Mandigo

SUBSCRIBED and SWORN TO before me on May 6, 1985



Daniel P. Featherston
Notary Public - State of Wash.
Residing at Walla Walla therein.
My Commission expires:

ORDER SETTING DATE FOR HEARING AND FOR NOTICE

IT IS ORDERED that the hearing requested in the foregoing Petition be held on June 24th, 1985, at 9:30 o'clock, A.M., in this Court, and that notice of such hearing be given to all interested persons in the manner required by the Idaho Uniform Probate Code.

DATED: _____, 1985.

MAGISTRATE

SEP 20 1983

State of Idaho
CERTIFICATE OF DEATHState File No. 123
Local Reg. No. 110
Reg. Dist. No. 110TYPE
OR PRINT
IN
PERMANENT
INK

DECEDENT - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
1 David A. Mandigo		2 Male	3 August 28, 1983
RACE - (White, Black, American Indian, Japanese, etc.)	AGE - Last Birthday (Yr.)	UNDER 1 YEAR	DATE OF BIRTH (Mo., Day, Yr.)
4 White	5a 68	5b	6 Feb. 28 1915
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
7a Oldtown		7b Bonner	
STATE OF BIRTH (If not in U.S.A., name country)		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	
8 Michigan		7c Rt. 4 Box 250-A	
CITIZEN OF WHAT COUNTRY		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	
9 U.S.A.		7d	
SOCIAL SECURITY NUMBER		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
10		12 No	
13		11 Julia Marsh	
RESIDENCE - STATE		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
15a WA		14a Manager of Laundry	
COUNTY	CITY, TOWN OR LOCATION	KIND OF BUSINESS OR INDUSTRY	INSIDE CITY LIMITS (Yes or No)
15b Walla Walla	15c College Place	14b Hospital	15c Yes
FATHER - NAME		BIRTHPLACE	
16a Jerry Mandigo		17a Daisy Hampton	
INFORMANT - NAME		BIRTHPLACE	
18a David H. Mandigo		17b	
MAILING ADDRESS		CITY OR TOWN	
18b P.O. Box 934		17c Priest River ID	
BURIAL, CREMATION, REMOVAL (Specify)		CITY OR TOWN	
19a Burial		19b Newport, WA	
DATE		STATE	
19c Sept. 1, 83		19d 99156	
CEMETERY OR CREMATORY - NAME		LOCATION	
19e Newport Cemetery		19f Newport, WA	
LICENSE NO.		ADDRESS OF FACILITY	
20a		20b P.O. box 10 Newport, WA	
20c Sherman Funeral Home, INC			
21a. I hereby certify that I attended the deceased from 8/27/83 to 8/28/83.			
I last saw the deceased alive on 8/27/83. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			
(Signature and Title) David H. Buckman			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b 8/30/83		21c 12:45 P M	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)			
23 X David Buckman, M.D. 333 W. Third Street, Newport, WA 99156			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a Valerie J. Henderson		24b September 6, 1983	
25 IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c).)			
PART I (a) Cardiac arrest			
(b) ASHD			
(c)			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
AUTOPSY (Yes or No)			
26 No			
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
27a	27b	27c	27d
INJURY AT WORK (Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.
27e	27f	27g	27h
			CITY OR TOWN
			STATE

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

State of Idaho
County of Ada

THIS IS TO CERTIFY that this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

SEP 21 1983

Date Issued

FILED FOR RECORD
IN WALLA WALLA CO WASH
BY
LAND TITLE OF WALLA WALLA
May 26 11 05 AM '95See Liggins R.R.
State Registrar of Vital Statistics

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OCT 12 2007

IDWR/Not16

3 07110

CERTIFICATE OF DEATH

STATE FILE NUMBER

OFFICE
USE
ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

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16.

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21. ACC LOC

22. DISEASES

23.

24.

TYPE OR PRINT IN PERMANENT BLACK INK

1 4 9
LOCAL FILE NUMBER

1. NAME First: JULIA Middle: MARIE Last: MANDIGO				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) March 8, 1993	
4. AGE LAST BIRTHDAY (Yrs) 81		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		6. BIRTHDATE (Mo, Day, Yr) 04-02-11		7. BIRTHPLACE (City, State or Foreign Country) Edenville, MI	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No				9. COUNTY OF DEATH Walla Walla		10. SMOKING IN LAST 15 YEARS? (Yes / No) No	
11. CITY, TOWN OR LOCATION OF DEATH College Place				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Blue Mountain Convalescent Center			
13. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed				14. SURVIVING SPOUSE (If wife, give maiden name)		15. SOCIAL SECURITY NO. [REDACTED]	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (13-16): 0				17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker			
18. KIND OF BUSINESS OR INDUSTRY Own Home				19. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No			
20. RACE (Specify) White				21. RESIDENCE—NUMBER AND STREET 414 Mountain View Drive			
22. CITY/TOWN, OR LOCATION College Place				23. INSIDE CITY LIMITS? (Yes / No) Yes		24. COUNTY Walla Walla	
25. LENGTH OF RES. IN CO. 29 yrs				26. STATE WA		27. ZIP CODE 99324	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Otis Marsh				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Katherine Nowlin			
30. INFORMANT—NAME Wallace Mandigo				31. MAILING ADDRESS 126 SE 3rd Street, College Place, WA 99324			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				33. DATE (Mo, Day, Yr) 03-12-93		34. CEMETERY/CREMATORY—NAME Newport Cemetery	
35. LOCATION—CITY/TOWN, STATE Newport, Washington				36. FUNERAL DIRECTOR SIGNATURE [Signature]			
37. NAME OF FACILITY Mountain View Funeral Chapel				38. ADDRESS OF FACILITY 1551 Dalles Military Road, Walla Walla, WA 99362			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] M.D.				40. DATE SIGNED (Mo., Day, Yr) 3-9-93			
41. HOUR OF DEATH (24 Hrs.) 1710				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]				44. DATE SIGNED (Mo., Day, Yr)			
45. HOUR OF DEATH (24 Hrs.)				46. PRONOUNCED DEAD (Mo., Day, Yr)			
47. HOUR PRONOUNCED DEAD (24 Hrs.)				48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Barry Kellogg, M. D., 1111 S. 2nd, Walla Walla, WA 99362			
49. ME/CORONER FILE NUMBER				50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.				A. ALZHEIMER'S DEMENTIA			
B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH YEARS			
C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH			
D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: RECENT FRACTURED HIP. RECENT PNEUMONITIS				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY: REVIEWED BY: DATE:		62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED (Mo., Day, Yr.) Mar 11, 1993			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



DOH 01-003 (5/99)

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



0000286424

OCT. 09.2007

IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report 97-4026

WATER RIGHT NUMBER: 97-4026

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	DAVID A MANDIGO 6007 SE TAYLOR CT PORTLAND, OR 97215
Current Owner	JULIA M MANDIGO 6007 SE TAYLOR CT PORTLAND, OR 97215

Priority Date: 06/01/1932

Basis: Statutory Claim

Status: Active

<u>Source</u>	<u>Tributary</u>
SPRING	FREEMAN CREEK

<u>Beneficial Use</u>	<u>From</u>	<u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
DOMESTIC	1/01	to 12/31	0.020 CFS	
	<u>Total Diversion:</u>		0.020 CFS	

Location of Point(s) of Diversion

SPRING	L8 (SW1/4NW1/4)	Sec. 6,	Twp 56N,	Rge 05W, B.M.
BONNER County				

Place of Use

DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
56N	05W	6																	
												X							
												L 9							

Conditions of Approval:Remarks:Comments: