

May 16, 2008

STATE OF IDAHO
IDWR NORTHERN REGION
7600 MINERAL DR, STE. 100
COEUR D'ALENE ID 83815

RECEIVED
MAY 20 2008
IDWR/North

Re: WR # 85-7052
and 85-10140

Dear Sirs:

Please remove my husband's name, James C. Jackson, from Water Right Number 85-10140. Jim died on January 15, 2000. I have enclosed a copy of his death certificate, my power of attorney and a copy of the recorded license

Also, please note my mailing address has changed from P.O. Box 16, Kooskia, ID to 1532 Burrell Ave, Lewiston, ID 83501

I have enclosed \$25.00 fee for this change.

Thank you,

Mary M. Jackson

Mary M. Jackson

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE CENTER FOR VITAL STATISTICS AND HEALTH POLICY

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 30-211(a) & 30-214

State File No. 2-032
Local Reg. No. 2-032

DECEDENT	DECEDENT - NAME FIRST MIDDLE LAST James C. Jackson		SEX Male	DATE OF DEATH (Month Day Year) January 15, 2000	
	SOCIAL SECURITY NUMBER [REDACTED]	AGE - Last Birthday (Yrs) Mo. Day 74	UNDER 1 YEAR MONTHS DAYS 1 5	UNDER 1 DAY HOURS MINUTES 1 5	DATE OF BIRTH (Month Day Year) May 17, 1925
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) ☐ Hospital (1) ☒ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA (4) ☐ Long-Term Care Facility (5) ☐ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)		
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) St. Joseph's Reg. Med. Center		CITY, TOWN OR LOCATION OF DEATH Lewiston		
PARENTS	FATHER - NAME Ralph A. Jackson		BIRTHPLACE Kansas		
	MOTHER - FULL MAIDEN NAME Zella G. Lovelock		BIRTHPLACE Kansas		
	INFORMANT'S NAME (Type/Print) Mary Jackson		MAILING ADDRESS (Street and Number or Rural Route Number City or Town State, Zip Code) 3mi So River Rd. P.O. Box 16 Kooskia, Idaho 83539		
	METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Mt. View Crematory		
INFORMANT	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jerry Barlow		LICENSE NUMBER (of Licensee) NAME AND ADDRESS OF FACILITY M 771 Mt. View Crematory & F.H.		
	TIME OF DEATH 2345 PM		DATE PRONOUNCED DEAD (Month Day Year) Jan. 15, 2000		
	WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident		
	27 PART I Enter the diseases, injuries, or complications that caused the 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiorespiratory arrest b. Intracerebral hemorrhage		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7th & Cedar Lewiston, Idaho 83501		
DISPOSITION	27 PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		
	CERTIFIER (Check only one) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated ☐ 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 as stated		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No		
	SIGNATURE AND TITLE OF CERTIFIER Dr. Donald S. Soloniuk MD		LICENSE NUMBER M-6135		
	DATE OF INJURY (Mo. Day Yr.) 1-17-2000		DATE SIGNED (Month Day Year) 1-17-2000		
TO BE USED FOR EXTERNAL CAUSES ONLY	INJURY AT WORK? IF TRANSPORTATION ACCIDENT, Specify ☐ Yes ☐ No ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify) 304		
	CORONER'S ACTION 31a I have reviewed and/or amended, and certified.		CORONER'S SIGNATURE 31b 1-17-00		
	REGISTRAR'S SIGNATURE 32a Ethel A. Sardwell		DATE FILED (Month Day Year) 32b January 18, 2000		
	VITAL STATISTIC COPY 111272				

HW-0128
(Rev. 10/98)

*At a minimum, complete items 1, 3, 9a, b, c, d, 20a, b, 22, and 29a for the 24 Hour Report & Authorization For Final Disposition

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY

DATE ISSUED: **Jan 18, 2000**

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

JANE S. SMITH
STATE REGISTRAR



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, JAMES C. JACKSON, have made, constituted and appointed MARY M. JACKSON, ROBERT W. JACKSON and/or BRENDA A. MOVIUS and/or ROY R. JACKSON, to act singly or jointly as my true, lawful attornies, for me and in my name and on my behalf to recover, collect and receive all sums of money, debts, accounts, interests, dividends and demands whatsoever as are now, or shall hereafter become due, owing payable or belonging to me, and to compromise and agree for the same, for me, and in my name, to make, seal and deliver and to enter into contracts as needed for both real and personal property, and accept the possession of all lands and all deeds and other assurances, in the law therefor, and to lease, sell, release, convey and mortgage upon such terms and conditions and under such covenants as she/he shall think fit. Also, to bargain and agree for, buy, sell, mortgage and in any way and every way and manner deal in and with goods and merchandise, and other property in possession or in action, and to make, do and transact all and every kind of business of whatever nature or kind, and also for me and in my name, and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignments or leases, and other necessary documents as required and such other instruments in writing or whatever kind and nature as may be necessary or proper in the premises.

Giving and granting unto my said attornies full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, and with full power of substitution or revocation, hereby ratifying and confirming all that my said attornies, or her/his substitute or substitutes, shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall continue in effect throughout any disability I may undergo.

Dated this 13 day of April, 1992.

STATE OF IDAHO)ss.
County of Idaho)

James C. Jackson
JAMES C. JACKSON

On this 13 day of April, 1992, before me a Notary Public, in and for the said state, personally appeared JAMES C. JACKSON, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

(NOTARY SEAL)

Kristin M. Nida
Notary Public, State of IDAHO,
Residing at Cottonwood therein.
My Commission expires: 3/4/97.

POWER OF ATTORNEY

Michael P. Wasko
Attorney at Law

August 23, 1974

Re: Permit No. 85-7052

C. M. Packer
Box 74
Stites, Idaho 83552

Dear Mr. Packer:

Enclosed is a copy of the water license issued on the above referenced permit.

Sincerely,

BOBBY D. FLEENOR
Chief, Water Rights

BDF:jfr

Enclosure

*Copy of actual license
attached*

85-7052

State of Idaho

Department of Water Administration

WATER RIGHT LICENSE

License of Water Right No 85-7052 Priority Jan. 22, 1973 Amount 0.08 cfs

THIS IS TO CERTIFY, that C. E. PACKER

of Stites, Idaho, has complied with the terms and conditions of Permit No. 85-7052 issued pursuant to Application for Permit dated January 22, 1973, and has submitted proof to the Department of Water Administration on January 8, 1974, that he has applied water to a beneficial use; an examination by the Department indicates that the works have a capacity for the diversion of 0.08 cfs of water from South Fork Clearwater River, tributary to Clearwater River, and that the permit holder has applied to a beneficial use & established a right to use water as follows

Beneficial Use	Period of Use	Rate of Diversion	Annual Volume
<u>Irrigation</u>	from <u>May 15</u> to <u>Oct. 1</u>	at <u>0.08</u> cfs and	<u>12 acre feet or</u>
	from _____ to _____	at _____ cfs and	<u>3.0 af per acre</u>
	from _____ to _____	at _____ cfs and	

(both dates inclusive)

Subject, however, to the condition that no more than 0.08 cfs of water be diverted at any one time, and that the amount of water so diverted and to which such right is entitled and confirmed is for the purpose aforementioned and is limited to the amount which can actually be beneficially used and shall not exceed 12 acre feet per year, said waters to be diverted within the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Sec. 29, Twp. 32 N, Rge. 4 E, B.M. in the County of Idaho

Description and location of place of use:

Twp.	Range	Sec.	NE $\frac{1}{4}$				NW $\frac{1}{4}$				SW $\frac{1}{4}$				SE $\frac{1}{4}$				Totals
			NE $\frac{1}{4}$	NW $\frac{1}{4}$	SW $\frac{1}{4}$	SE $\frac{1}{4}$	NE $\frac{1}{4}$	NW $\frac{1}{4}$	SW $\frac{1}{4}$	SE $\frac{1}{4}$	NE $\frac{1}{4}$	NW $\frac{1}{4}$	SW $\frac{1}{4}$	SE $\frac{1}{4}$	NE $\frac{1}{4}$	NW $\frac{1}{4}$	SW $\frac{1}{4}$	SE $\frac{1}{4}$	
32 N	4 E	29				4													Four

Total number of acres irrigated Four

NOTE: Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho Law. This right may be forfeited by five years of non-use.

The right to the use of the water hereby confirmed is restricted and appurtenant to the lands or place of use herein described, as provided by the laws of Idaho.

Witness the seal and signature of the Director, affixed at Boise, Idaho, this 22 day of August, 19 74.

Director

85-7052