

11/99

For Office Use Only
\$25 filing fee ☒
Receipt # 208015
Date 1.10.06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ASSIGNMENT OF PERMIT

RECEIVED

NOV 16 2005

Department of Water Resources

To change the ownership of a permit

I, Ray Reed, hereby assign to Michael O Reed
of, P.O. Box 811 Payette ID 83661 208-642-4563
(Full Address) (Phone)

All my right, title, and interest in and to Permit No. 65-13946 to appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to for Permit No. _____ to appropriate the public waters of the State of Idaho.
(Describe portion of the application for permit assigned, listing the number of acres in each 40 acre subdivision, point of diversion location, and amount of the water in cubic feet per second.)

Made this 10 day of NOVEMBER, 2005.

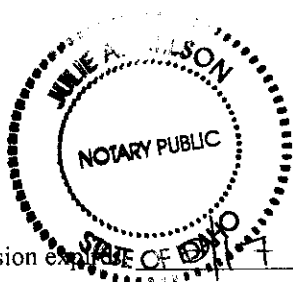
Ray Reed
Permit Holder(s)

Permit Holder(s)

State of Idaho)
County of Payette)ss

On this 10th day of November, 2005, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he (she) (they) executed the same.

SEAL



Julie A. Nelson
Notary Public residing at

Wenier Idaho

My commission expires 1/7/2013

11/99

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\$25 filing fee _____
Receipt # _____
Date _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ASSIGNMENT OF PERMIT
To change the ownership of a permit

RECEIVED
NOV 16 2005

I, Marie Reed, hereby assign to Michael O Reed Department of Water Resources
of, P.O. Box 811 Payette ID 83661 208-642-4563
(Full Address) (Phone)

All my right, title, and interest in and to Permit No. 65-13946 to appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to for Permit No. _____ to appropriate the public waters of the State of Idaho.
(Describe portion of the application for permit assigned, listing the number of acres in each 40 acre subdivision, point of diversion location, and amount of the water in cubic feet per second.)

Made this 14 day of November, 2005.

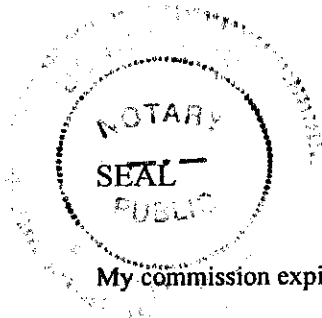
Marie Reed
Permit Holder(s)

Permit Holder(s)

State of Idaho)
County of Payette)ss

On this 14th day of November, 2005, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he (she) (they) executed the same.

Demise Rudd
Notary Public residing at
Fruitland



BERT L. OSBORN
BERT L. OSBORN, CHTD.
Attorney at Law
P.O. Box 158
Payette, Idaho 83661
Telephone: (208) 642-4458
Facsimile: (208) 642-4981
ISB #1739

FILED	
THIRD JUDICIAL DISTRICT COURT	
MAGISTRATE'S DIVISION	
Payette County, Idaho	
JUN 30 2004	
A.M.	P.M.
BETTY J. DRESSEN, Clerk	
By <u>LS</u>	Deputy

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR PAYETTE COUNTY

MAGISTRATE DIVISION

In the Matter of the Estate.	)	
	)	Case No. SP-IE-04-00083
	)	
of	)	LETTERS TESTAMENTARY
	)	
RAY DONALD REED,	)	
	)	
Deceased.	)	

The Estate of RAY DONALD REED, deceased, having been admitted to informal probate, MARIE REED is hereby appointed Personal Representative of the estate.

WITNESS: Magistrate of the District Court, County of Payette, State of Idaho, with the seal of the Court affixed this
____ day of June, 2004.

/s/ A. LYNNE KROGH
LAWYER MAGISTRATE

Magistrate

LETTERS TESTAMENTARY
lh 9008\letters

STATE OF IDAHO)
 : ss.
County of Payette)

I, MARIE REED, hereby accept the duties of Personal Representative of the Estate of RAY DONALD REED, deceased, and I do solemnly swear that I will perform according to law, the duties of Personal Representative of the estate of RAY DONALD REED, deceased.

/s/ Marie Reed
Marie Reed

SUBSCRIBED AND SWORN to before me this 30 day of June, 2004.

/s/ A. LYNNE KROGH
LAWYER MAGISTRATE
Magistrate

LETTERS TESTAMENTARY
lh 9008\letters

State of Idaho
County of Payette ss
I hereby certify that the foregoing
instrument is a true and correct copy of the
original on file in this office.
Dated 6/30/04
BETTY J. DRESSEN
Clerk of the District Court and
Ex-Officio Auditor and Recorder
By [Signature] Deputy

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL 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, WHEN THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §§30-2404 AND §30-24, IDAHO CODE.

Local Reg. No. 0750-04

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Ray Donald REED		2. SEX Male	3. SOCIAL SECURITY NUMBER 530-20-4257	
	4a. AGE-Last Birthday 4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr) 70 (Years) March 16, 1934		6. BIRTHPLACE (City and State, Territory, or Foreign Country) Fallon, Nevada		
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY 7b. COUNTY Idaho Payette		7c. CITY OR TOWN Payette		
	7d. STREET AND NUMBER 10883 N. Iowa Avenue		7e. APT. NO.	7f. ZIP CODE 83661	
	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No				
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Marie Tooley		
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Ray Ross REED		
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Emma Irene Fairbrother		11b. BIRTHPLACE (State, Territory, or Foreign Country) South Carolina		
INFORMANT	13a. INFORMANT'S NAME (Type or print) Marie REED		13b. RELATIONSHIP TO DECEDENT Wife		
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 10883 N. Iowa Avenue, Payette, ID				
DISPOSITION	* 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Flahiff Crematory 624 Cleveland Blvd Caldwell, ID		
	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Shaffer-Jensen Memory Chapel P.O. Box 730 Payette, ID 83661-				
PLACE OF DEATH	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Thomas H. Spalding</i>		* 17b. LICENSE NUMBER (Of licensee) M-723		
	* 18. WAS CORONER CONTACTED? ☐ Yes ☒ No				
DATE OF DEATH	27. CAUSE OF DEATH 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 ventricular fibrillation 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>Brain Stem In Parit</u> b. <u>Subarachnoid hemorrhage</u> c. <u>Underlying Cause</u> d. <u>LAST (disease or injury that initiated the events resulting in death)</u>				
CAUSE OF DEATH	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No				
CERTIFIER: Complete Within 72 Hours of Death	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined				
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 20, 2004		33. TIME OF INJURY (24 hr) 2043		
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) St. Alphonsus Medical Center		35. INJURY AT WORK? ☐ Yes ☒ No		
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		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		
	TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)		38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		
REGISTRAR	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) manner 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 stated.		39b. LICENSE NUMBER M-5080		
	Signature and Title of Certifier <i>Michael Henbest M.D.</i>		39c. DATE SIGNED 4-26-04		
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Michael Henbest M.D. 6140 W. Curtisian, Suite 400, Boise, ID 83706		40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.		40b. DATE SIGNED MM / DD / YYYY	
I have reviewed and if necessary amended the medical section		41a. REGISTRAR'S SIGNATURE <i>Joan S. Smith</i>		41b. DATE SIGNED 04-28-2004	

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

DATE ISSUED: **APR 28 2004**

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

JANE S. SMITH
STATE REGISTRAR

