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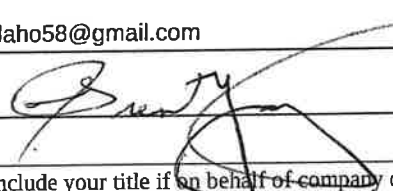
DEPT. OF WATER RESOURCES
EASTERN REGION

Rev. 02/14

For Office Use Only
Updated by JB
Date 4-1-2024STATE 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)

Water Right Number(s): 21-7376Name(s): Boyd YanceyOld Mailing Address: 518 East 2nd NorthSt. AnthonyIdaho 83445New Mailing Address: Trent YanceyPO Box 58Chester Idaho 83421Telephone Number: 208 709 3127Email: chesteridaho58@gmail.comSignature(s) of Owner(s) 

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

Date: 3/26/24

Send a signed original to your closest regional office:

IDWR Northern Region
7600 N. Mineral Dr., Suite 100
Coeur d'Alene, ID 83815-7763
(208) 762-2800

IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190

IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161

IDWR Southern Region
650 Addison Ave W, Suite 500
Twin Falls, ID 83301-5858
(208) 736-3033

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed **SEPTEMBER 08, 2008**

State File No. **2008-07191**

DECEDENT - LEGAL NAME BOYD NORLYN YANCEY			
SEX MALE	SOCIAL SECURITY NUMBER	AGE 79 YEARS	DATE OF BIRTH MAY 21, 1929
BIRTHPLACE REXBURG, IDAHO		PLACE OF RESIDENCE ST. ANTHONY, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) SHIRLEY V. RIGBY	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME MONEY LEE YANCEY			BIRTHPLACE TENNESSEE
MOTHER - MAIDEN NAME FLORENCE MALINDA WILCOX			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE GARY D. BIDWELL	
NAME AND ADDRESS OF FUNERAL FACILITY BIDWELL FUNERAL HOME, ST. ANTHONY, IDAHO			
DATE OF DEATH AUG. 31, 2008	TIME OF DEATH APPROX 2:00 A.M.	CITY, TOWN OR LOCATION OF DEATH ST. ANTHONY, IDAHO	COUNTY OF DEATH FREMONT
CAUSE OF DEATH (underlying cause last) MYOCARDIAL INFARCTION (PROBABLE)			Approximate Interval Between Onset and Death 5 MINUTES
a DUE TO (or as a consequence of):			
b			
c DUE TO (or as a consequence of):			
d			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above HYPERTENSION			WAS ANAUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DENNIS E BIRCH		TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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.

SEPTEMBER 09, 2008

DATE ISSUED: _____

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


JANE S. SMITH
STATE REGISTRAR



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed JULY 31, 2023

State File No. 2023-09144

DECEDENT - LEGAL NAME SHIRLEY VILATE YANCEY			
SEX FEMALE	SOCIAL SECURITY NUMBER	AGE 89 YEARS	DATE OF BIRTH JANUARY 23, 1934
BIRTHPLACE PARKER, IDAHO		PLACE OF RESIDENCE ST. ANTHONY, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME RULON REMINGTON RIGBY		BIRTHPLACE IDAHO	
MOTHER - MAIDEN NAME VIRGINIA VILATE WAYMENT		BIRTHPLACE UTAH	
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE BERT L. FLAMM	
NAME AND ADDRESS OF FUNERAL FACILITY BERT FLAMM MORTUARY, ST. ANTHONY, IDAHO			
DATE OF DEATH JULY 13, 2023	TIME OF DEATH 3:27 P.M.	CITY, TOWN OR LOCATION OF DEATH ST. ANTHONY, IDAHO	COUNTY OF DEATH FREMONT
CAUSE OF DEATH (underlying cause last) NUTRITIONAL DEFICIENCY		As practiced Interval Between Onset and Death 3 MONTHS	
DUE TO (or as a consequence of): CEREBROVASCULAR DISEASE		9 YEARS	
DUE TO (or as a consequence of):			
DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (noted resulting in the underlying cause given above) NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER STEVEN H. LOFGREN, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: AUGUST 01, 2023

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

James B. Aydelette
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



LAST WILL AND TESTAMENT

BE IT KNOWN that I, Shirley Vilate Yancey, a resident of
518 E 2nd N St Anthony, County of Fremont, in the State of
Idaho, being of sound mind, do make and declare this to be my Last Will and
Testament expressly revoking all my prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint See Below of
, as Personal Representative of this my Last Will and Testament and
provide that if this Personal Representative is unable or unwilling to serve then I appoint
of

, as alternate Personal Representative. My
Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations
and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this
or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. GUARDIAN:

In the event I shall die as the sole parent of minor children, then I appoint
as Guardian of said minor children. If this named Guardian is
unable or unwilling to serve, then I appoint
as alternate Guardian.

III. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

The Executors of my Estate are my children, Hali Mackert
Trent Yancey, and Colin Yancey.

If I should die before my Husband who is Boyd Yancey, I
leave all my worldly possessions to him to dispose as she
chooses. If he predeces me in death, at the time of my demise
I bequeath my Estate as follows. To each of my natural born
Grandchildren I bequeath 10,000 dollars, with the stipulation
that the money shall be used to first pay any outstanding
debts before any other use of the money. The Executors shall
determine that this stipulation is carried out. If any of the
Grandchildren are minors at the time of the distribution their
Parents will determine the use of the inheritance until such
time the minors reach 18 yrs of age.

The remainder of the Estate is to be divided equally between
Hali Mackert, Colin Yancey, and Trent Yancey to dispose of as
they see fit.

Testator's Initials

Page 1 of 3 pages

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.

IN WITNESS WHEREOF, I have hereunto set my hand this 8th day of January 2004 (year), to this my Last Will and Testament.

Shirley Yancey
Testator Signature

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this 8th day of January, 2004.

Susan T Davis
Witness Signature

40 S Bridge, St. Anthony, ID
Address

Corina Bair
Witness Signature

40 S Bridge, St. Anthony, Id
Address

Michelle Farley
Witness Signature

40 S Bridge, St. Anthony, Id.
Address

ACKNOWLEDGMENT

State of Idaho }
County of Fremont

We, Shirley Yancey, Susan T Davis,
Michelle Farley, and Corina Bair

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the will as a witness.

Testator: Shirley Yancey Witness: Susan T Davis
Witness: Corina Bair
Witness: Michelle Farley

On 1/8/04 before me, Kelly Greene appeared Shirley Yancey, Susan Davis, Michelle Farley & Corina Bair personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Kelly Greene
Signature of Notary

Affiant ☒ Known
Type of ID _____

