

RECEIVED

Oct 23, 2024

OCT 25 2024

IDWR/NORTH

To Whom it may concern,

This letter is in regard to my parents,
James and Janice Norgaard Case No. 59576.

Enclosed is a death certificate of
my mother, Janice Norgaard. We are
asking you to please take her name off.
Thank you for your attention.

Ronda Norgaard (daughter)
James T. Norgaard

87-11955

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THIS DEATH UNDER §§19-21(4) AND §§19-21(4) IDAHO CODE.

Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE PLY TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JANICE MAE NORGAARD		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER 518-64-4787	
	4a. AGE-Last Birthday 87 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5. DATE OF BIRTH (Mo/Day/Yr) 05/16/1936	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY LATAH		7c. CITY OR TOWN MOSCOW	
	7d. STREET AND NUMBER 3280 E. PALOUSE RIVER DRIVE		7e. APT. NO. 83843		7f. ZIP CODE 83843	
	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) JAMES NORGAARD	
	11a. FATHER'S NAME (First, Middle, Last, Suffix) HAROLD FLATT		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ADA SNYDER		12b. BIRTHPLACE (State, Territory, or Foreign Country) MONTANA			
	13a. INFORMANT'S NAME (Type or print) STEVE NORGAARD		13b. RELATIONSHIP TO DECEDENT EXECUTOR		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1751 N POLK SPC 50 MOSCOW, ID 83843	
	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) WHEATLAND CREMATORY SOUTH 905 GRAND AVE PULLMAN, WASHINGTON 99163		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SHORT'S FUNERAL CHAPEL 1225 EAST SIXTH STREET MOSCOW, IDAHO 83843	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PHILLIP N. HUTTON		17b. LICENSE NUMBER (Of license) M1295		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)					
	20. FACILITY NAME (If not facility, give street and number) GRITMAN MEDICAL CENTER		21. CITY, TOWN, OR LOCATION OF DEATH; AND ZIP CODE MOSCOW, ID 83843		22. COUNTY OF DEATH LATAH	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 20, 2023		24. TIME OF DEATH (24hr) 21:59		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 20, 2023	
	26. TIME PRONOUNCED DEAD (24hr) 21:59					
	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) → PANCREATITIS a. DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):					Approximate Time Interval: Onset to Death DAYS
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 15-54): ☐ 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	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
	35. LOCATION OF INJURY: State: City/Town or County: Zip Code:		36. INJURY AT WORK? ☐ Yes ☐ No			
	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					
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) 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 stated.		39b. LICENSE NUMBER M-05447		39c. DATE SIGNED 6 / 23 / 2023 MM DO YYYY	
	Signature and Title of Certifier: ELECTRONICALLY SIGNED: ROBERT N. SPADY, M.D.					
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ROBERT N. SPADY, 619 S WASHINGTON ST STE 203 MOSCOW, ID 83843					
	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>					40b. DATE SIGNED 6 / 26 / 2023 MM DO YYYY

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: **JUN 26 2023**

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re PRBA)
Case No. 59576)
PARTIAL DECREE PURSUANT TO
I.R.C.P. 54(b) FOR
Water Right 87-11955

NAME AND ADDRESS: JAMES NORGAARD
JANICE NORGAARD
PO BOX 8771
MOSCOW, ID 83843

Copy

SOURCE: GROUND WATER

QUANTITY: 0.04 CFS

The quantity of water under this right shall not exceed 13,000
gallons per day.

PRIORITY DATE: 01/01/1966

POINT OF DIVERSION: T39N R05W S16 SESE Within Latah County
SESE

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	Domestic	01-01 TO 12-31	0.04 CFS
Domestic use is for 1 home.			

PLACE OF USE: Domestic Within Latah County
T39N R05W S16 SESE

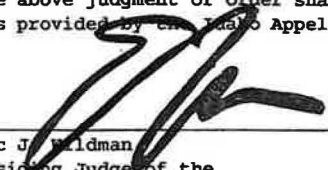
OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

The quantity of water decreed for this water right is not a
determination of historical beneficial use.

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE
ENTRY OF A FINAL UNIFIED DECREE. I.C. SECTION 42-1412(6).

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance
with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a
final judgment and that the court has and does hereby direct that the above judgment or order shall be a final
judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.


Eric J. Wildman
Presiding Judge of the
Palouse River Basin Adjudication