

RECEIVED

SEP 26 2024

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

DEPT. OF WATER RESOURCES

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: 10/4/2024

Water right number: 97-8117

DALE DWIGHT

2126 FREEMAN LAKE RD

OLDTOWN ID 83822

Telephone Number: (208) 437-1241

SUSAN DILLARD

2126 FREEMAN LAKE RD

OLDTOWN ID 83822

Telephone Number: (208) 437-1241

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

*name change - should be only Susan Dillard
as Dale Dwight passed away on 2-13-23
(copy of Death Certificate enclosed)*

3. Give a brief explanation as to why you disagree with these portions:

Name change only.

☐ I AGREE with this proposed recommendation: no changes need to be made.

DATE: _____ SIGNATURE: _____

Please print your name: _____

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (208) 762-2800

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-007607

DATE ISSUED: 02/16/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DALE ALLAN

LAST NAME(S): DWIGHT

COUNTY OF DEATH: PEND OREILLE

DATE OF DEATH: FEBRUARY 13, 2023

HOUR OF DEATH: 03:12 AM

SEX: MALE

AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 19, 1929

BIRTHPLACE: FERNDAL, WA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SUPERINTENDENT

INDUSTRY: FISHING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: SUSAN DILLARD

RELATIONSHIP: EXECUTOR

ADDRESS: 2126 FREEMAN LAKE RD, OLDTOWN, ID 83822

CAUSE OF DEATH:

A: ACUTE CONGESTIVE HEART FAILURE

INTERVAL: DAYS

B: HYPERTENSION

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PNEUMONIA, ALZHEIMERS,
URINARY TRACT INFECTION, MITRAL STENOSIS

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: NEWPORT COMMUNITY HOSPITAL

CITY, STATE, ZIP: NEWPORT, WASHINGTON 99156

RESIDENCE STREET: 2126 FREEMAN LAKE RD

CITY, STATE, ZIP: OLDTOWN, ID 83822

INSIDE CITY LIMITS: NO

COUNTY: BONNER

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: ALLAN DWIGHT

MOTHER: MYRTLE ROWE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SHERMAN CAMPBELL CREMATORY

CITY, STATE: NEWPORT, WASHINGTON

DISPOSITION DATE: FEBRUARY 15, 2023

FUNERAL FACILITY: SHERMAN-CAMPBELL FUNERAL AND CREMATION
SERVICES

ADDRESS: PO BOX 809

CITY, STATE, ZIP: NEWPORT, WASHINGTON 99156

FUNERAL DIRECTOR: KEITH CAMPBELL

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANGELIKA KRAUS, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 714 W. PINE

CITY, STATE, ZIP: NEWPORT, WASHINGTON 99156

DATE SIGNED: FEBRUARY 15, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JEANIE M. BEEGLE

DATE RECEIVED: FEBRUARY 15, 2023