

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**CHANGE IN ADDRESS + DELETE NAME**

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)

RECEIVED**JUN 16 2025**DEPT. OF WATER RESOURCES
EASTERN REGIONWater Right Number(s): 22-00459AName(s): STEVEN M. KLINGLERDECEASED → MARY F. KLINGLEROld Mailing Address: 1934 TIFFANY DR.
SAME IDAHO FALLS, ID 83401New Mailing Address: _____

_____**NEW NUMBER**
Telephone Number: 208-521-8557Email: migue@ida.netSignature(s) of Owner(s) Steven M. Klingler

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

Date: JUNE 9, 2025

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) 762-2800IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161IDWR 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

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 DEATH. THIS DOCUMENT IS VALID FOR 10 YEARS FROM THE DATE OF DEATH.

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) MARY FLOERSCH KLINGLER		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER
	4a. AGE-Last Birthday 79 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes	
PARENTS	4c. UNDER 1 DAY Hours Minutes		5. DATE OF BIRTH (Mo/Day/Yr) 07/03/1943	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) SAN DIEGO, CALIFORNIA		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	
INFORMANT	7b. COUNTY BONNEVILLE		7c. CITY OR TOWN IDAHO FALLS	
	7d. STREET AND NUMBER 1934 TIFFANY DRIVE		7e. APT. NO. 83404	7f. ZIP CODE 83404
DISPOSITION	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) STEVEN M KLINGLER	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS	
PLACE OF DEATH	11b. BIRTHPLACE (State, Territory, or Foreign Country) MASSACHUSETTS		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MERCEDES HEENEY	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) MASSACHUSETTS		13a. INFORMANT'S NAME (Type or print) STEVEN M KLINGLER	
DATE OF DEATH	13b. RELATIONSHIP TO DECEDENT HUSBAND		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1934 TIFFANY DRIVE IDAHO FALLS, ID 83404	
	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) EAGLE ROCK CREMATORY EAST 963 S. AMMON ROAD AMMON, IDAHO 83406	
CAUSE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOOD FUNERAL HOME 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RYAN J. REEVES	
	17b. LICENSE NUMBER (Of licensee) M0816		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
ITEMS 22-28 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DDA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ City, town, or location of death, and zip code IDAHO FALLS, ID 83404	
	20. FACILITY NAME (If not facility, give street and number) 1934 TIFFANY DRIVE		21. COUNTY OF DEATH BONNEVILLE	
CERTIFIER	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 15, 2023		23. TIME OF DEATH (24hr) 22:35	
	24. TIME OF DEATH (24hr) 22:35		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 15, 2023	
REGISTRAR	26. TIME PRONOUNCED DEAD (24hr) 22:35		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. PULMONARY SMALL CELL CARCINOMA	
	28. IMMEDIATE CAUSE (Final disease or condition resulting in death) PULMONARY SMALL CELL CARCINOMA		29. APPROXIMATE TIME INTERVAL ONSET TO DEATH 3 MONTHS	
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		31. 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	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) March 15, 2023		33. TIME OF INJURY (24hr) 22:35	
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) IDAHO FALLS, ID 83404		35. INJURY AT WORK? ☐ Yes ☒ No	
	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) _____ 38a. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
CERTIFIER	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) manner stated.		39b. LICENSE NUMBER M-11486	
	39c. DATE SIGNED 3 / 21 / 2023 MM DD YYYY		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) N. BRADLEY ADAMS, 1957 E. 17TH STREET IDAHO FALLS, ID 83404	
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 3 / 22 / 2023 MM DD 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: March 22, 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



IDAHO DEPARTMENT OF
WATER RESOURCES

Eastern Region • 900 N Skyline Drive, Suite A • Idaho Falls, ID 83402-1718

Phone: 208-525-7161 • Fax: 208-525-7177 • Email: easterninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

June 18, 2025

STEVEN M KLINGLER
1934 TIFFANY DR
IDAHO FALLS ID 83404

Re: Change in Address for Water Right No(s): 22-459A

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing the address of the above referenced water right(s) and removing a name from the water right. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at 208-497-3787.

Sincerely,

Jonie Baily
Technical Records Specialist 1

Enclosure(s)

cc: THOMAS E GRANIMS
RICHARD YOUNG
WATER DISTRICT 01