

Nov. 19, 2025

TO: State of Idaho Department
of Water Resources Western Region
2735 AIRPORT WAY
Boise ID 83705-5082

RECEIVED

NOV 19 2025

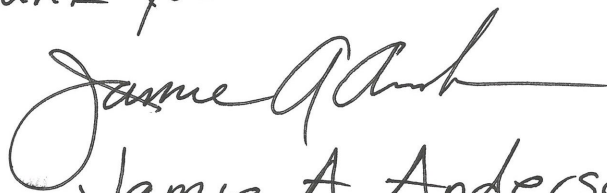
WATER RESOURCES
WESTERN REGION

FROM: Jamie A Anderson
5 Corgi Ln
Garden Valley ID 83622

RE: Water Right 65-13050
Water Right 65-23497

Please remove my spouse, current owner,
from these Water Rights due to his death,
October 10, 2025. Current owner name deceased
William J. Sipple.

Thank you



Jamie A. Anderson Current Owner

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

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NOV 19 2025

WATER RESOURCES
WESTERN REGION

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO.

10/21/2025

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHOULD BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER §§20-21 AND §20-21A, IDAHO CODE.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) WILLIAM JOHN SIPPLE			2. SEX MALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday IDAHO		4b. UNDER 1 YEAR Months: 5 Days: 10		4c. UNDER 1 DAY Hours: 10 Minutes: 00		5. DATE OF BIRTH (Mo/Day/Yr) GARDEN VALLEY
PARENTS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO			7b. COUNTY BOISE		7c. CITY OR TOWN GARDEN VALLEY	
	7d. STREET AND NUMBER 5 CORGI LN.			7e. APT. NO. 83622		7f. ZIP CODE 83622	
INFORMANT	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) JAMIE ALEENE ANDERSON			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unknown			11b. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA			
DISPOSITION	11a. FATHER'S NAME (First, Middle, Last, Suffix) POTTER CREMATORY			12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EMMETT ID 83617			
	13a. INFORMANT'S NAME (Type or print) WIFE			13b. RELATIONSHIP TO DECEDENT WIFE			
PLACE OF DEATH	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) POTTER FUNERAL CHAPEL 228 EAST MAIN STREET EMMETT IDAHO 83617			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KIP L. BUCK			17b. LICENSE NUMBER (Of licensee) M1229			
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA			19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number)			21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE BOISE			
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month)			24. TIME OF DEATH (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	
	26. TIME PRONOUNCED DEAD (24hr)			27. CAUSE OF DEATH			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	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. DUE TO (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d.						
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I						
CERTIFIER	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown			30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death		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.)	
REGISTRAR	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			
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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			
	39c. DATE SIGNED 10 / 16 / 2025 MM DD YYYY			39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) PAMELA S. GARLOCK, PO BOX 1300, IDAHO CITY, ID 83631			
DATE ISSUED:	40a. REGISTRAR'S SIGNATURE JAMES B. GOLDBLATT			40b. DATE SIGNED 10 / 16 / 2025 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.

OCTOBER 22, 2025

JAMES B. GOLDBLATT



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]