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From Albert L. Everding and Rita D. Everding  
 6771 South Cavalry Lane  
 Hereford, AZ 85615  
 APN: 104-78-001C 7

AZ CORP COMMISSION  
 DOCKET CONTROL

To: Arizona Corporate Commission  
 Docket Control Department  
 1200 West Washington Street  
 Phoenix, AZ 85007

RE: Docket No. W-20453A-06-0247  
 Docket No. W-20454A-06-0248

Date: June 3, 2008

W-20453A-06-0251  
 W-20454A-06-0251  
 W-01646A-06-0251  
 W-01868A-06-0251  
 W-02235A-06-0251  
 W-02316A-06-0251  
 W-02230A-06-0251  
 W-01629A-06-0251  
 W-02240A-06-0251

Dear Sirs;

As affected property owners in the proposed and applied for forthcoming extension of Certificates of Convenience and Necessity in Cochise County, Arizona by application from Algonquin Water, 12725 W. Indian School Road, Suite D-101, Avondale, Arizona 85392, we hereby request that the above and below noted parcel be exempted from this application. A copy of this motion to intervene has been mailed to the applicant, Algonquin Water Company.

Regards,

Albert L. Everding and Rita D. Everding  
 APN: 104-78-001C 7

Arizona Corporation Commission  
 DOCKETED

JUN -9 2008

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**CERTIFICATION OF VITAL RECORD**

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

**STATE OF ARIZONA**

ORIGINAL  
STATE  
COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO. 2006-0327  
D 102-

NAME OF DECEASED A. FIRST: RITA B. MIDDLE: DOROTHY C. LAST: EVERDING			SEX 2 FEMALE	DATE OF DEATH 3. NOVEMBER 6, 2006	
PLACE OF DEATH A. COUNTY: [REDACTED] B. TOWN OR CITY: [REDACTED]		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): [REDACTED]		D. DOA OP EMER. IN PATIENT	
AGE (YEARS LAST BIRTHDAY) 8A. [REDACTED]	IF UNDER 1 YEAR MOS. DAYS B. [REDACTED]	IF UNDER 1 DAY HRS. MIN. C. [REDACTED]	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. [REDACTED]		
CITIZEN OF WHAT COUNTRY? 12. [REDACTED]		SOCIAL SECURITY NO. 13. [REDACTED]	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. [REDACTED]	KIND OF BUSINESS OR INDUSTRY B. [REDACTED]	
USUAL RESIDENCE A. STATE: [REDACTED] B. COUNTY: [REDACTED] C. TOWN OR CITY: [REDACTED]	D. ZIP CODE: [REDACTED]	HOW LONG IN ARIZONA? 17. [REDACTED]	EDUCATION HIGHEST GRADE COMPLETED ELEMENTARY-SECONDARY (0-12) A. [REDACTED] COLLEGE (1-4 or 5+) B. [REDACTED]		
STREET ADDRESS OF R.F.D. 15E. [REDACTED]		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. [REDACTED]	ON RESERVATION (SPECIFY Yes or No) 15G. [REDACTED]	PREVIOUS STATE OF RESIDENCE 18. [REDACTED]	
FATHER'S NAME A. FIRST: [REDACTED] B. MIDDLE: [REDACTED] C. LAST: [REDACTED]			MOTHER'S MAIDEN NAME A. FIRST: [REDACTED] B. MIDDLE: [REDACTED] C. LAST: [REDACTED]		
INFORMANT'S SIGNATURE 21. [REDACTED]		RELATIONSHIP TO DECEASED 22. [REDACTED]	ADDRESS STREET NO.: [REDACTED] CITY AND STATE: [REDACTED] ZIP CODE: [REDACTED]		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 25. [REDACTED]	DATE [REDACTED]	CEMETERY OR CREMATION HOME 26. [REDACTED]	EMBALMER'S SIGNATURE 27A. [REDACTED]	CERT. NO. B. [REDACTED]	
FUNERAL HOME NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY AND STATE: [REDACTED]	FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29A. [REDACTED]		CERT. NO. B. [REDACTED]		

To be completed by CERTIFYING PHYSICIAN ONLY	30. SIGNATURE AND TITLE <i>[Signature]</i>		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.	
	DATE SIGNED (Mo., Day, Year) 11/7/06	HOUR OF DEATH 32. 0149	34. SIGNATURE AND TITLE <i>[Signature]</i>	36. HOUR OF DEATH
	31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		35. PRONOUNCED DEAD (Mo., Day, Year)	38. AT

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 39. JOSHUA DOPKO, MD 302 EL CAMINO REAL #1 SIERRA VISTA, AZ 85635		AUTHORIZED FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAL EXAMINER'S SIGNATURE 41. <i>[Signature]</i>
DATE REGISTERED 42. 11-14-06	REG. FILE NO. 43. 7-08	REGISTRAR'S SIGNATURE 44. <i>[Signature]</i>	REG. DISTRICT 45. 0221
47. SEQUENTIALLY LIST, IF ANY, CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST. PART I A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE OF EACH LINE) <i>Acute myocardial infarction</i> B. DUE TO OR AS A CONSEQUENCE OF: C. DUE TO OR AS A CONSEQUENCE OF:		48. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			AUTOPSY (Specify Yes or No) 49. NO	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES - CREMATION
MANNER OF DEATH 51. <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED	DATE OF INJURY MO. DAY YR. HOUR 52. M 54.	INJURY AT WORK? (Specify Yes or No) 54.	DESCRIBE HOW INJURY OCCURRED 55.	
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56.		WHERE LOCATED? 57.	STREET ADDRESS CITY OR TOWN STATE	

SUPPLEMENTARY ENTRIES  
58.

*Patricia Adams*

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.



ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT