

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

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A24-04018
Date Received: 1/29/1990
Receipt No: E011889
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: G. HARVEY KENNINGTON 307-225-3451
Address: P. O. BOX 98
FAIRVIEW, WY 83119

2. Date of Priority: MAY 01, 1919

3. Source: CROW CREEK Trib. to: SALT RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
09S	46E	29	NW	SE			CARIBOU

5. Description of diverting works:
HEADGATE & DITCHES/ FLOOD IRRIGATE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	1.500		

7. Total Quantity Appropriated is:
1.500 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 125.0 Acre Feet Per Annum.

9. Non-irrigation uses:
S/ UP TO 150 HEAD CATTLE AND 10 HORSES

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
09S	46E	28	SE	NE		IRR	5.0
Section Acres							5.0

A24-04018

Page 1

Date: 01/30/90

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NOV 06 1992

A2404018

10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
09S	46E	29	NE	NE		IRR	20.0
			SW	NE		IRR	5.0
			SE	NE		IRR	20.0
						Section Acres	45.0
						Total Acres	50.0

11. Place of use in counties: CARIBOU

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: STATUTORY CLAIM

AJ0749NP
No. A24-04018

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT
(REGIONAL)

DATE: 05/20/99
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	PHILLIP KENNINGTON	05/01/1919	IRRIGATION	04-01 11-01	1.50 CFS	
C	DONALD KENNINGTON					
C	LYNETTE K BEUS					
C	GRANT KENNINGTON			TOTAL DIVERSION:	1.50 CFS	
C	ANNA MAE K ANDERSON			CONSUMPTIVE USE:		125.00 AFA
C	ANNA BETH KENNINGTON					
	PO BOX 31					
	FAIRVIEW WY 83119					
	(307) 886-5749					

Water Source: CROW CREEK

Tributary to: SALT RIVER

Stage: STATUTORY CLAIM

Point(s) of Diversion:

T09S R46E S29

NWSE

CARIBOU County

Place of use Legal Description for: IRRIGATION

				NE				NW				SW				SE					
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	SUM
09S	46E	28	:					05	:											:	5.0
09S	46E	29	:	20				05	:	20										:	45.0
																				TOTAL ACRES	50.0

POU County: CARIBOU

Non-Irrigation Uses: S/ UP TO 150 HEAD CATTLE AND 10 HORSES

Other Rights: NONE

Remarks: GEN CHANGED OWNERSHIP PER REQUEST/JH/5-20-99

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:
Presumption Flag:

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEMCIVIL CASE NUMBER: 39576Ident. Number A24-04018Date Received 1/29/90Receipt Number E011839NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

JAN 29 1990

Department of Water Resources
Eastern District Office

Please type or print clearly

1. Name of Claimant (s) J. Harvey Kennington Phone (1225-3451
Mailing Address Fairview, Wyo. Zip 831192. Date of Priority (Only one (1) per claim) May 1st 19193. Source of water supply (a) Crow Creek
which is tributary to (b) Salt River4. a. Location of existing point of diversion is: Township 9 S Range 46 E Section 29,
SE 1/4 of SE 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of Caribou

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.Dam and Headgate, Open ditch to Flood
irrigate.

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For irrigation purposes from April 1 to Nov. 1st amount 1.5 or 30

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.5 (cfs) and/or (b) 30 (acre feet)

8. Total consumptive use claimed is 30 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) 150 head of Stock Cattle - 10 horses
one household

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
9S	46E	28	NE	NW		5													50
"	"	29	20		5	20													45

Total number of acres irrigated 50

11. In which county (ies) are lands listed above as place of use located? Caribou

12. Do you own the property listed above as place of use? Yes ☒ No ☐

If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.

none

or None (X)

14. Remarks: I have stock Cattle and Horses
on my Ranch that must have
water to drink.

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NOV 06 1992

Last Name Kennington Ident No. 519-22-8203

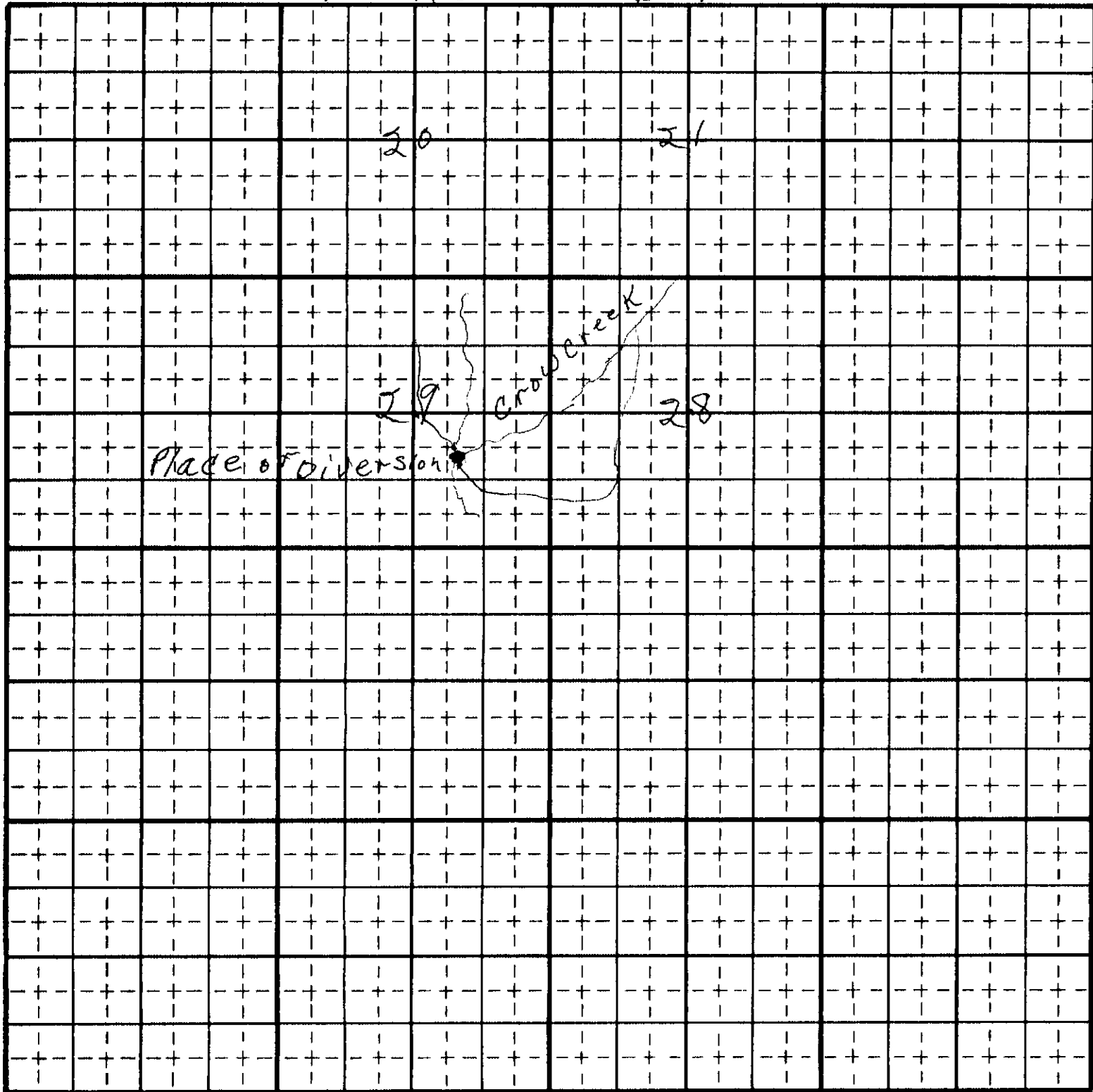
Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile

9S 46E

BM



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NOV 06 1992

Last Name Kennington Ident No. 519-22-8203

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____

Decree _____

If applicable provide IDWR Water Right Number 24-14018

Court _____ Case Number _____ Decree Date _____

Plaintiff vs Defendant _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read, and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments 4

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) G. Harvey Kennington Date 1-18-90

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____

Title

of _____, that I have signed the foregoing

Organization

document in the space below as _____ of _____

Title

Organization

and that the statements contained in the foregoing document are true and correct.

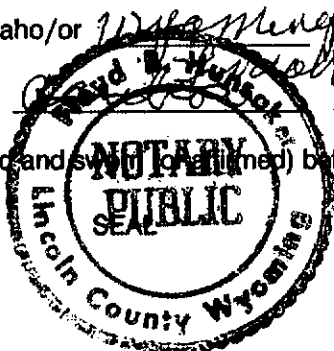
Signature of Authorized Agent _____

Title and Organization _____ Date _____

State of Idaho/or Wyoming

County of Fremont SS.

Subscribed and sworn to (affirmed) before me this 22nd day of January 19 90



Notary Public Floyd B Hunsaker

Residing at Afton Wyoming

My Commission Expires Apr. 25, 1990

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

MICROFILMED

NOV 06 1992

Last Name Kennington Ident. Number 519-22-8203

Copies White-State, Yellow-Claimant

Log for claim 24-04018

Spatial Dynamics BTD

4/6/01

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
09s46e	28	SENE	5	33	Indiscernible
09s46e	29	NENE	20	31	POD tract in wrong database?
09s46e	29	SWNE	5	28	Indiscernible
09s46e	29	SENE	20	5.1	
Totals:			50	97.1	

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CLAIM TO A WATER RIGHT

Under the provisions of Section 42-243, Idaho Code, any person using or claiming rights to the public waters of Idaho established by diversion and application to a beneficial use must file a claim with the Department of Water Resources on or before June 30, 1983. Exempted from this filing are single family domestic uses as defined in Section 42-230(d), Idaho Code. Also exempted are rights represented by a permit, license, decree, adjudicated right, or a previously filed claim.

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

Notice is hereby given that G Harvey Kinningson
(Name of Claimant)
P.O. Box 98, Fairview Wyo
(Mailing Address) 83119 Telephone No. 225-3451
(Zip Code)

claims a right to the diversion and beneficial use of the surface or ground water. The extent and nature of said claim is as follows:

- (1) Date of priority: (When was the water first applied to a beneficial use) MAY 1, 1919
A claim is not acceptable on a ground water source with a priority later than March 25, 1963 or on a surface water source with a priority later than May 20, 1971. An exception is that a claim may be filed on single family domestic use from a ground water source.
- (2) Describe the source of water: (Name of stream, lake, spring, etc., or ground water)
CROWN CREEK tributary to SALT RIVER
- (3) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:

(cfs, gpd, AFA)		(Domestic, Irrigation, Stock, Etc.)		[Both dates inclusive] (Mo., Day)	
Quantity	<u>0.9 cfs</u>	Use	<u>Irrigation</u>	Period of Use From	<u>Nov 1</u>
Quantity	_____	Use	_____	Period of Use From	To <u>Nov 1</u>
Quantity	_____	Use	_____	Period of Use From	To _____
Quantity	_____	Use	_____	Period of Use From	To _____
Quantity	_____	Use	_____	Period of Use From	To _____

- (4) 0.9 cfs TOTAL QUANTITY USED.
(cfs, gpd, AFA)
- (5) A) Point of diversion: (Location of point where water is diverted from its source)
SW 1/4 NE 1/4, Sec. 27 Twp. 9S Rge. 46E B.M., County of CARIBOU
Additional points of diversion:

B) Describe means of diversion of water: (Pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.). Give sizes and capacities: be as specific as possible. Describe any changes in the system and give the date of the change.

HEADGATE WITH DITCHES TO FLOOD IRRIGATION

- (6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

[illegible]

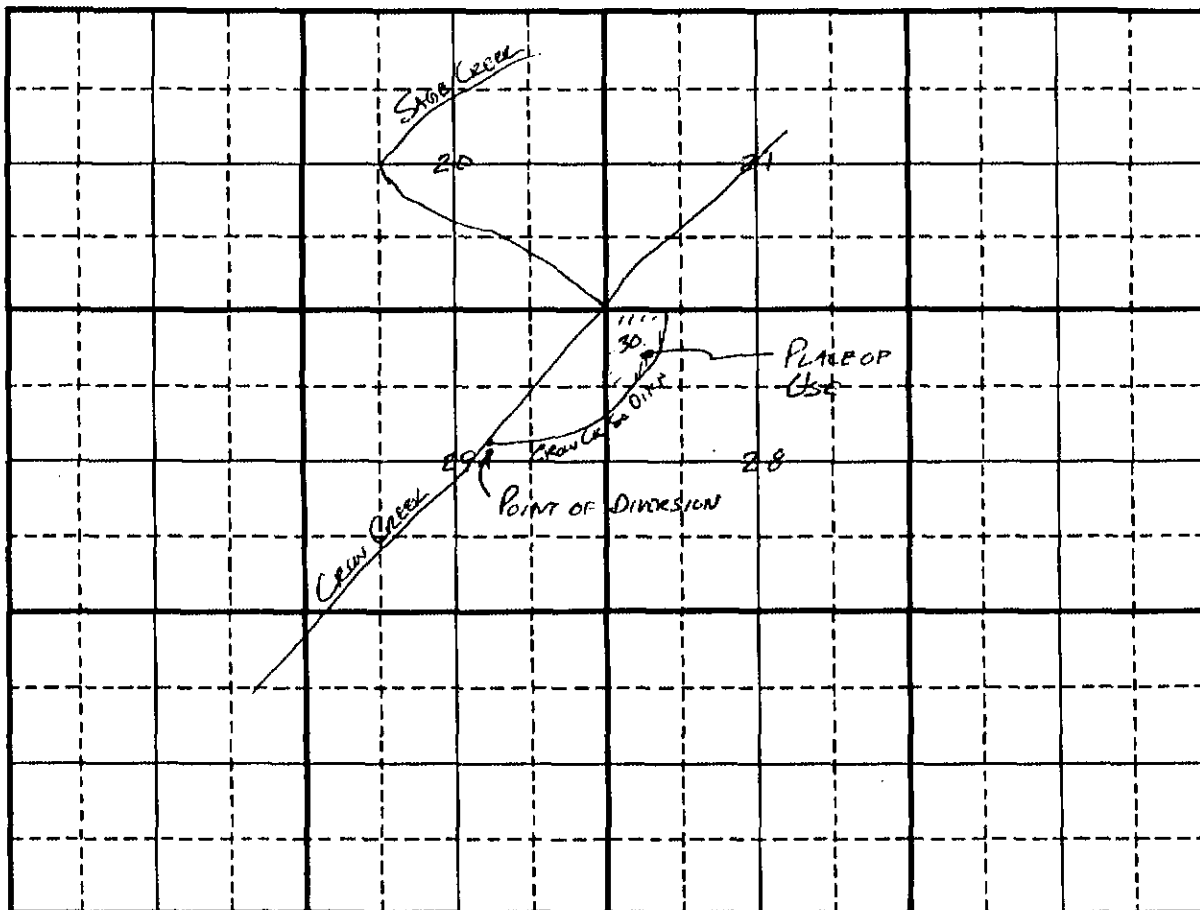
No. of acres 30

B) If water is used for other than irrigation, fully describe that use, being as specific as possible: _____

NOTE: Include here the type and number of stock watered: _____

- (7) If you are claiming water as a member of an organization, list name of organization: _____

18) Remarks Ditch Name: Crown Creek South.



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of Idaho)
County of Bannock) ss.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge.

Sworn to before me this 11th day of May

G. Harvey Harrington
(Claimant)

William Whay
Notary Public
Residing at Idaho Falls, Idaho

My commission expires 6/15/81

FOR DEPARTMENT USE ONLY			
Received by	dh	Date	5-11-79
Prelim. check by	dh	Date	5-11-79
\$20.00 fee received by	dh	Date	5-11-79 #11872
Published in	Caribou County Sun		
Dates	May 24 & 31, 1979		

Exception filed by: _____ Date _____

Forwarded to claimant by: _____ Date _____



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

May 20, 1999

PHILLIP KENNINGTON
PO BOX 31
FAIRVIEW WY 83119

RE: NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP
NOTICE OF CLAIM TO A WATER RIGHT 24-04000, A24-04018,
A24-04019, A24-04020, A24-04022

Dear Mr. Kennington:

The request for Change of Water Right Ownership concerning the above-referenced Notice of Claim has been processed and the Department's records updated to reflect you as the new claimant.

The enclosed report shows this change along with the elements of the water right being claimed. Please review this report and contact this office if there are corrections or questions.

Please keep this report for your records.

Respectfully yours,

Jennifer Hoagland
Technical Records Specialist

Enclosure

STATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

Department of Water Resources
Eastern Region

Please print or type. Attach pages with additional information. Instructions are on the back of this page.
Incomplete forms will be returned.

- DELOG DC 5-17-99
OK RECEIVED
MAY 10 1999
1. Water Right No(s): CA24-04019, CA240420, C 24-04000, CA24-04018, CA24-04000
 Adjudication Claim No(s): CA24-04022 → p.d. → p.d.
 2. The following REQUIRED information must be submitted with this form:
 - A. A copy of the most recent DEED, TITLE POLICY, CONTRACT OF SALE or other legal document indicating your ownership of the property and water rights or claims in question, WITH ATTACHED LEGAL DESCRIPTION.
 - AND
 - B. PLAT OF PROPERTY or SURVEY MAP for parcel of ten acres or less. (These are usually attached to your deed or on file with the county.)
 - OR
 - C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.
 3. Name and Address of Former Owner/Claimant: G. HARVEY Kennington
FAIRVIEW, WYO. 83119
 4. New Owner/Claimant(s) Phillip Kennington, DONALD Kennington, Lynette K. Beus, GRANT Kennington
 Name Connector (Check one): ☒ and, ☐ or, ☐ and/or
 New Mailing Address ANNA MAC K. ANDERSON, ANNA Beth Kennington
 City, State and ZIP Code Lynette K. Beus, Box 21, Fairview, Wyo. 83119
 New Telephone Number (307) 886-5749
 5. Date you acquired the property JULY 12, 1998
 6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.

Number of acres you irrigate _____ Number and type of stock _____

Diversion rate in CFS _____ Number of homes _____ Other uses _____

If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.
 7. Signature of New Owner or Claimant(s) Phillip Kennington Date MAY 1, 1999
 Date _____
 (Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign form.)
 8. For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him or her for all matters related to your claims..

SD-0601-2 Last Name: KENNINGTON

STATE

S E L	First Name	O W N	Water Right No.	Priority Date	Source	Total Diversion	Use Code Desc
KENNINGTON							
-	G HARVEY	C	A24-04019	05/01/1932	SAGE CREEK	1.200	01 IRR
-	G HARVEY	C	A24-04020	05/01/1902	SAGE CREEK	1.600	01 IRR
-	G HARVEY	C	24-04000	10/02/1967	FOX SPRING	0.020	43 DOMEST
-	G HARVEY	C	A24-04018	05/01/1919	CROW CREEK	1.500	01 IRR
-	~~G HARVEY~~	~~C~~	~~A24-04000~~	~~10/02/1967~~	~~FOX SPRING~~	~~0.020~~	~~43 DOMEST~~
-	G HARVEY	C	A24-04022	05/01/1930	CROW CREEK	1.100	01 IRR

(Enter=Continue)

(GOLD7=This Query)

(Menu _____)

RECEIVED

MAY 10 1999

Department of Water Resources
Eastern Region

CERTIFICATION OF VITAL RECORD

STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

34
TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT-NAME FIRST GEORGE		2. SEX MALE	
MIDDLE HARVEY		3. DATE OF DEATH (Mo., Day, Y.) JULY 12, 1998	
LAST KENNINGTON			
4. SOCIAL SECURITY NUMBER 519-22-8203		5. AGE-Last Birthday (Years) 91	
6. UNDER 1 YEAR Months 91		7. DATE OF BIRTH (Mo., Day, Y.) NOVEMBER 9, 1906	
7a. PLACE OF DEATH (Check only one) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)			
7b. FACILITY NAME (If not institution, give street and number) STAR VALLEY CARE CENTER		7c. CITY, TOWN, OR LOCATION OF DEATH AFTON	
7d. COUNTY OF DEATH LINCOLN			
8. STATE OF BIRTH (If not in U.S.A., name country) WYOMING		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10. SURVIVING SPOUSE (If wife, give maiden name)			
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) NO		12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RANCHER	
12b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE			
13a. RESIDENCE - STATE WYOMING		13b. COUNTY LINCOLN	
13c. CITY, TOWN OR LOCATION FAIRVIEW		13d. STREET AND NUMBER 4023 BITTERCREEK ROAD	
13e. INSIDE CITY LIMITS? (Specify yes or no) NO		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - If yes, specify Cuban, Mexican, Puerto Rican, Etc.) NO	
15. RACE - American Indian, Black, White, Etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
17. FATHER'S NAME First Middle Last ALONZO RICHARD KENNINGTON		18. MOTHER'S NAME First Middle Maiden Surname SUSAN IDA DIXON	
19a. INFORMANT-NAME (Type or Print) LYNETTE BEUS		19b. RELATIONSHIP TO DECEDENT DAUGHTER	
19c. MAILING ADDRESS STREET OR R.F.D. NUMBER CITY OR TOWN STATE ZIP CODE BOX 30 FAIRVIEW WYOMING 83119			
20a. Burial, Donation, Removal from State, Other (Specify) BURIAL		20b. DATE (Mo., Day, Y.) JULY 15, 1998	
20c. CEMETERY OR CREMATORY-NAME FAIRVIEW CEMETERY		20d. LOCATION CITY OR TOWN STATE FAIRVIEW WYOMING	
21a. FUNERAL SERVICE LICENSEE OR Person Acting in Such Capacity <i>[Signature]</i>		21b. NAME OF FACILITY SCHWAB MORTUARY	
21c. ADDRESS OF FACILITY 45 44 EAST FOURTH AVE., AFTON			
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> 7/16/98		22b. HOUR OF DEATH 3:40 A.M.	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) K. Paul Head, M.D.		22d. PRONOUNCED DEAD (Mo., Day, Y.) NO	
22e. PRONOUNCED DEAD (Hour) M		22f. PRONOUNCED DEAD (Mo., Day, Y.) NO	
22g. PRONOUNCED DEAD (Hour) M			
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) K PAUL HEAD MD 110 HOSPITAL LANE AFTON WYOMING 83110			
25a. REGISTRAR (Signature) <i>[Signature]</i>		25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Y.) 7-20-98	
26. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardiopulmonary arrest DUE TO (OR AS A CONSEQUENCE OF): upper gastrointestinal bleeding DUE TO (OR AS A CONSEQUENCE OF): Peptic ulcer disease DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death: 2 days			
27. PART II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to death but not related to cause given in PART I. NO			
28. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Suicide ☐ Could not be Determined ☐ Homicide			
29a. DATE OF INJURY (Month, Day, Year)		29b. TIME OF INJURY M	
29c. INJURY AT WORK? (Specify yes or no)		29d. DESCRIBE HOW INJURY OCCURRED	
29e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		29f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

VR 2-89
8/97 15M

058223

This is a true and exact reproduction of the document on file in the office of Vital Records Services, Cheyenne, Wyoming.

DATE ISSUED: **JUL 23 1998**

This copy is not valid unless prepared on paper with an engraved border displaying the date, seal and signature of the Deputy State Registrar

Lucinda McCaffrey
Lucinda McCaffrey
Deputy State Registrar



G. HARVEY KENNINGTON
REVOCABLE TRUST

THIS AGREEMENT made the 10th day of June, 1991, between **G. Harvey Kennington**, of Caribou County, State of Idaho, (mailing address: P. O. Box 31, Fairview, Wyoming 83119) (the "Grantor"), and **G. Harvey Kennington**, (the "Trustee").

WITNESSETH:

WHEREAS, the Grantor desires to create a trust of the property hereinafter specified for the purposes hereinafter set forth,

NOW, THEREFORE, in consideration of the premises and of the mutual covenants herein contained, the Grantor does hereby assign, convey, transfer and deliver to the Trustee the property set forth in the schedule hereto annexed, to hold the same and any other property which the Trustee may hereafter at any time hold or acquire hereunder (the "trust estate") IN TRUST, NEVERTHELESS, for the following uses and purposes and subject to the terms and conditions hereinafter set forth.

Grantor has five living children: Phillip Kennington, Donald Kennington, Lynette K. Beus, Grant Kennington and Anna Mae K. Anderson and one deceased child, Lavell Kennington, LaVell is survived by his wife, Anna Beth Kennington, all children of his marriage to Virginia Beyeler Kennington, deceased.

I
DISTRIBUTION

The Trustee shall hold, manage, invest and reinvest the trust estate, shall collect the income thereof, and shall pay over the net income to the Grantor or shall apply the same for his benefit if under any incapacity, in convenient installments but at least quarterly during his life. In addition, the Trustee is hereby authorized, at any time and from time to time, in his absolute discretion (a) to pay to the Grantor for his care, support, maintenance, education or general welfare, or to apply for any such purpose, any part or all of the trust estate, and (b) to pay to, or on behalf of, the Grantor the amount of any and all taxes caused by the sale of any of the assets comprising the trust estate. Upon the Grantor's death, the trust estate shall be distributed to Grantor's issue surviving Grantor

RECEIVED

MAY 10 1999

4/11/1989

BA CLAIMS RECEIVING CHECKLIST

CLAIMANT'S NAME

Kennington

CLAIM IDENT. NO.

A24-04018

DATE RECEIVED

1/29/90

CK #

AMOUNT \$

1. Is the name and address complete with zip code? ☐
2. Is a priority date entered? ☐
Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required.
3. (a) Is a source entered? ☐
(b) Is a tributary to entered? (if required) ☐ N/A
4. Is the legal description of the p.d. sufficient? ☐
5. Is there a description of the diverting works? ☐
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. ☐
Is the period of use included? ☐
Is a quantity claimed for each use? ☐
7. Is a total quantity claimed entered? ☐
8. If required is a consumptive use entered? ☐ N/A ☒
Is the consumptive use correct? ☐ N/A ☒
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. ☐ N/A
10. Is (are) the place(s) of use and purpose(s) indicated? ☐
11. Is (are) the county(ies) entered? ☐
12. Is the ownership of p.u. checked? ☐
13. Are other water rights listed or "none" indicated? ☐
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) ☐ N/A
15. Is the basis of the claim indicated? ☐
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☐ N/A
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☐
18. Has the claim been signed, sealed, and dated by a notary? ☐
19. Was this claim filed on time, or was an extension granted? ☐
20. Is the fee enclosed correct? ☐ Exempt
21. If this claim is based on an existing water right, has the identification number been entered? ☐ N/A
22. Should this claim be data entered? ☐

Claim checked by:

DC

Date:

1/30/90

Claim must be returned to claimant:

(Yes) ☒ (No)

Claimant must be notified of modifications:

☒ (Yes) ☐ (No)

Receipt Prepared by:

Claim data entered by:

Sent to claimant by:

Date:

Date: 1/30/90

Date:

Checked by:

Date:

Comments:

Notify claimant that total consumptive use should be

#8 is 125 AF/ANNUAL and PD is NW 1/4 of SE 1/4 of sec 29.
point of diversion?

NOV 06 1992

FRED BEYLER

AFFIDAVIT

FILED: August 23, 1956 at 1:53 P.M.
Instrument No. 38,157
Recorded: Book 6 of Miscellaneous Records, at
Page 23, records of Caribou County, Idaho.

STATE OF IDAHO)
COUNTY OF BEAR LAKE) SS.

FRED BEYLER, being first duly sworn upon oath deposes and says: That he is a citizen of the United over the age of Sixty five years; That he is the owner of a certain ranch situated at the junction of Sage Creek and Crow Creek Canyons, in Caribou County Idaho, situated in Sections 20, 21, 28 and 29, in Township 9 South, Range 46 East of the Boise Meridian, comprising approximately 760 acres, of which approximately 120 acres are irrigated, approximately 80 acres being irrigated from Sage Creek and 40 acres from Crow Creek.

That affiant homesteaded 600 acres of the above mentioned ranch and purchased 160 acres thereof, said 160 acres being known as the Stephen Green homestead.

That affiant commenced to homestead the said 600 acres in the year 1914 but prior to that time to-wit in the year 1907 was working on the said Green place and knows of his knowledge that at said time approximately 30 acres thereof was being irrigated from Sage Creek, well defined ditches being visible and in use at said time and affiant has been informed by others that said place had been irrigated for several years prior to said year 1907.

That since the year 1914 when affiant commenced to homestead said ranch as above stated, he has increased the irrigated portion of same, particularly in the year 1930 at which time affiant built a diversion ditch from the North side of Crow Creek and conveyed water therefrom on to approximately 40 acres of said land. That in the year 1932 affiant diverted from Sage Creek water through what is known as Halls Sage Creek ditch which has been constantly used since said time in the irrigation of 20 additional acres of said land.

That in the year 1919 affiant diverted from Crow Creek on the South side thereof through what is known as the Hall and Beyler Ditch water for the irrigation of approximately 30 acres of said land, and has continuously irrigated 30 acres of said land from said source ever since said time with the exceptions of the years 1931 and 1932, and at the present time there is now irrigated on said ranch a total of approximately 120 acres.

Fred Beyler

Subscribed and sworn to before me this 12th day of July, 1956.

(Seal)

Albert E. Leeright
Notary Public for Idaho
Residing at Montpelier, Idaho
My Commission Expires March 9, 1957

CARIBOU COUNTY ABSTRACT COMPANY
Boda Springs, Idaho

NOV 20 1956