

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: A29-00299
Date Received: 2/06/1990
Receipt No: E011971
Received By: Kew

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ROBERT E. COLLING 208-775-3623
Address: 587 SAWMILLE CREEK ROAD
INKOM, ID 83245
OR
Name: LILA COLLING 208-775-3623
Address: 587 SAWMILL CREEK ROAD
INKOM, ID 83245

2. Date of Priority: MAR 04, 1905

3. Source: SAWMILL CREEK Trib. to: RAPID CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
06S	36E	35	SW	SE			BANNOCK
07S	36E	2	SE	NW			BANNOCK

5. Description of diverting works:
DIVERSION DAM TO DITCHES PUMPS FOR IRRIGATION

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.800		

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

8. Total consumptive use is 98.5 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

A29-00299

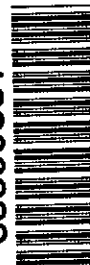
Page 1

Date: 02/06/90

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A2900299



10. Place of Use:

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
07S	36E	2	NW		NE	2	IRR	2.0
			SW		NE		IRR	6.0
			SE		NW		IRR	6.0
			NE		SW		IRR	24.6
			NW		SE		IRR	0.8
							Section Acres	39.4
							Total Acres	39.4

11. Place of use in counties: BANNOCK

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

13. Other Water Rights Used:
29-0309.

14. Remarks:
SOURCE DECREED AS JOE RAINEY CREEK

15. Basis of Claim: DECREED
Case Number:
Court :
Decree date:

CHARLES E. STEWART, ET. AL.
Decree Plaintiff

vs

A. J. DAMRON, ET. AL.
Decree 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: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Robert E. Bolling Date: 2-6-90

Date: _____

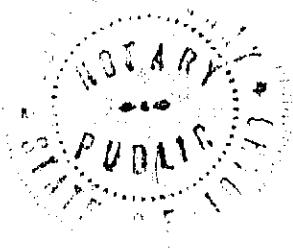
State of Idaho)
County of Donner) SS.

Subscribed and sworn (or affirmed) before me this 6th day

of February 19 90

Notary Public
Notary Public

Seal



Residing at Idaho Falls
My Commission Expires 7/22/1991

RECORDED
NOV 13 1992

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 29-299
Date Received: 2/6/90
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

Name: LILA COLLING Phone: (208)775-3623

Address: 587 SAWMILL CREEK RD
INKOM ID USA 83245

2. Date of Priority: 03/04/1905

3. Source: SAWMILL CREEK Trib. to: RAPID CREEK

4. Point of Diversion:

Township	Range	Section 1/4 of 1/4 of 1/4	Lot	County
07S	36E	2 SE NW		BANNOCK
06S	36E	35 SW SE		BANNOCK

5. Description of diverting works:

DIVERSION DAM TO DITCHES PUMPS FOR IRRIGATION

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	0.8	

7. Total Quantity Appropriated is:
0.8 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section 1/4 of 1/4	Lot	Use	Acres
07S	36E	2	SW	NE	IRRIGATION 6
			SE	NW	IRRIGATION 6
			NE	SW	IRRIGATION 24.6
			NW	SE	IRRIGATION 0.8
			NW	NE	IRRIGATION 2
					Section Acres 39.4
					Total Acres 39.4

11. Place of use in counties: BANNOCK

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

13. Other Water Rights Used:

14. Remarks:

Use of water under this water right will be regulated by the watermaster of State Water District
No. 4 DISTRICT.
CHANGED OWNERSHIP PER REQUEST/JC/8-28-00

15. Basis of Claim: Decreed

5675

x5616

34

35

R36E

ring

Sawmill

T6S

T7S

POINTS OF DIVERSION

PLACE OF USE

2

5936

921

667

A29-00299

NOV 18 1892



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

August 28, 2000

LILA COLLING
587 SAWMILL CREEK RD
INKOM ID 83245

RE: NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP
NOTICE OF CLAIM TO A WATER RIGHT A29-00299, A29-00309

Dear Claimant:

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 Crabtree
Technical Records Specialist

Enclosure

RECEIVED

AUG 28 2000

RECEIVED

AUG 25 2000

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Department of Water Resources
Eastern RegionDepartment of Water Resources
Eastern Region

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
	1739-00299				
	1739-00309				

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

Robert + Lila Colling

4. New Owner/Claimant(s)

Lila Colling

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

587 Sawmill Creek Rd

City, State and ZIP Code

Idaho ID 83245

New Telephone Number

() 775-3623

5. Date you acquired the property

9/28/95

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESINSTRUCTIONS FOR FILING
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

This form has been prepared to assist all claimants and owners of water rights to comply with the requirements of Sections 42-248 and 42-1409(6), Idaho Code. All claimants and owners of water rights are required to notify the Department of Water Resources (IDWR) of any change in mailing address or change in ownership of all or part of a water right. In addition, all purchasers of water rights within a pending general adjudication area must inquire whether a notice of claim has been filed and, if not, shall file a notice of claim if necessary.

Separate brochures are available from IDWR describing the adjudication of water rights and the requirement to notify IDWR of changes in ownership. Please contact your nearest IDWR office, or call 1-800-451-4129, if you would like more information or need help completing this form. Please attach additional sheets to the form if you require additional space to describe or explain any of the items on the form.

1. If there are water rights associated with the property, **the seller should be able to provide you with the water right or adjudication claim number(s)**. Please enter the number(s) at **Item 1**. Corresponding water right and adjudication claim numbers should be listed next to each other on the form. You may have purchased only a portion of the water right(s) held by the seller. If so, the water right(s) held by the seller may need to be "split" to provide you your share of each right. Indicate if a split is required by checking in the space provided next to each water right.

If you receive water from a municipal provider, an irrigation district or other water delivery organization, where the water rights are held by the organization, please do not use this form to record a change. You may need to contact the water delivery organization to determine if any action is necessary.

If you or the seller believes there are water rights for the property but the numbers are unknown, you may wish to contact IDWR for assistance in identifying the water rights for the property in question. If adjudication claims for the rights are required and have not been filed, IDWR will so advise you.

2. The information described at **Item 2** is required, since IDWR cannot process the requested change without documentation of ownership. The preferred types of documentation are shown; contact IDWR if you have difficulty obtaining this information. Do not obtain a new survey for purposes of this form before contacting IDWR.
3. Please provide the name and address of the former owner/claimant(s) of the water right(s) at **Item 3**.
4. The name, mailing address, and telephone numbers of the new owner/claimant(s) is entered at **Item 4**. Please indicate the relationship between multiple owners by using the connector "and", "or", or "and/or." If an "and" is used, all parties must sign this form. If an "and/or" or "or" is used, all parties may sign; however, only one of the named parties is required to sign.
5. At **Item 5**, please provide the date the property in question was acquired. This may be the date of "closing" in the case of a real estate transaction or the date of court order for other types of ownership changes.
6. You may have purchased only a portion of the water right(s) held by the seller. If this change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. For each water right requiring a split between owners, fill in the appropriate spaces in the box(es) at **Item 6**. Copy the page as many times as necessary to fully describe each water right after the change. Include documentation as necessary to describe nonstandard agreements or arrangements regarding division of the water right(s). **If the water right(s) will not be split, skip Item 6 and go to Item 7.**
7. The new owner(s) must sign the form in the space(s) provided at **Item 7**. If an "and" connector is used at **Item 4**, all parties must sign this form. If an "and/or" or "or" connector is used, all parties may sign; however, only one of the named parties is required to sign. If someone other than the owner signs the notice, evidence of authority to sign for the owner must be attached. If the new owner is a corporation or other organization, the person signing the notice must be an officer of the corporation or otherwise have authority to sign for the organization and must include their title with the signature.
8. The filing fee is \$25 per water right, except for those water rights which will be divided as a result of the change in ownership. The filing fee for division of a water right is \$100 per water right to be divided. When complete, you should retain a copy and return the original of the form to the IDWR office nearest you:

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-1101 & 39-271

State File No. _____
Local Reg. No. 6-368

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. NAME OF DECEDENT For use by physician or institution	DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Month, Day, Year)
	ROBERT		EUGENE		COLLING		Male	September 28, 1995
	SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (City and State or Foreign Country)	
	518-42-9981		70		April 22, 1925		Inkom, Idaho	
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		HOSPITAL		OTHER		
☐ Yes ☒ No		(1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DCA		(4) ☐ Long-Term Care Facility (5) ☒ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)				
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)				CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		
587 E. Sawmill Canyon Road				Inkom		Bannock		
MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not enter retired)		KIND OF BUSINESS / INDUSTRY		
Married		Lila Mae Goodenough		Farmer / Rancher		Agricultural		
RESIDENCE STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		ZIP CODE
Idaho		Bannock		Inkom		587 E. Sawmill Canyon Road		83245
INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE - American Indian, Black, Japanese, White, etc. (Specify)		EDUCATION (Specify only highest grade completed)		
☐ Yes ☒ No		☐ Yes ☒ No		White		Elementary/Secondary (0-12) College (14 or 16+)		
FATHER - NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME		BIRTHPLACE		
Charles A. Colling		Unknown		Helene A. Malleck		Nebraska		
INFORMANT'S NAME (Type/Print)				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
Lila Colling				587 E. Sawmill Canyon Road Inkom, Idaho 83245				
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - City or Town, State				
☒ Burial ☐ Cremation ☐ Removal from Idaho		Inkom Cemetery		Inkom, Idaho				
SIGNATURE OF PHYSICIAN OR LICENSED PERSON ATENDING AS SUCH		LICENSE NUMBER (If Licensee)		NAME AND ADDRESS OF FACILITY				
<i>[Signature]</i>		M-597		Henderson Funeral Home Pocatello, Idaho				
TIME OF DEATH		DATE PROHOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)		
12:00 PM		September 28, 1995		☒ Yes ☐ No		☒ Natural ☐ Homicide ☐ Suicide ☐ Accident		
27. PART I. Enter the diseases, injuries, or complications that caused the 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								
IMMEDIATE CAUSE (Final disease or condition resulting in death)								
A. <u>Acute myocardial infarction</u>								
DUE TO (or as a consequence of):								
B.								
DUE TO (or as a consequence of):								
C.								
DUE TO (or as a consequence of):								
D.								
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.						WERE AN AUTOPSY PERFORMED?		
						☐ Yes ☒ No		
						WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
						☐ Yes ☒ No		
CERTIFIER (Check only one)								
☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.								
☒ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.								
SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)				
<i>[Signature]</i> Deputy Coroner				30th, 1995				
NAME AND ADDRESS OF CERTIFIER (Type/Print)		DATE OF INJURY (Month, Day, Year)						
Fred Mann 928 Tanager Drive Pocatello, Idaho 83201 (Deputy Coroner)								
DATE OF INJURY (Month, Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED				
INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Rural Route Number, City/Town, or County, and State)		
☐ Yes ☒ No		☐ Driver ☐ Passenger ☐ Pedestrian						
		☐ Other						
CORONER'S ACTION (Check One)		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)				
(1) ☐ Reviewed Only (2) ☐ Reviewed and/or Amended, and Certified								
REGISTRAR'S SIGNATURE				DATE FILED (Month, Day, Year)				
<i>[Signature]</i> Kathy V. [Signature]				October 12, 1995				

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: October 12, 1995

JANE S. SMITH
State Registrar

Log for claim A29-00299

Spatial Dynamics LTD

8/25/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
07s36e	2	NWNE	2	0.9	
07s36e	2	SWNE	6	6.6	
07s36e	2	SENE	6	8.7	
07s36e	2	NESW	24	26	
07s36e	2	NWSE	0.8	0.1	
Totals:			38.8	42.3	

DATE: 05/18/00
PAGE: 62

Audit: 02/06/90 WILSON 04/04/94 THOMPSON 03/29/95 POST-STD 04/12/00 CVANDERM