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MAY 17 2004

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

Department 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 (under the "split" heading), 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
	75-4318				

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

☒ 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) is 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) Katherine B + Rex L Christman
608 Courthouse Dr. Solana ID 83467
4. New Owner/Claimant(s) Katherine B +/and Hubert Steve Breiby
 Name Connector (Check one): [] and, [] or ☒ and/or
- New Mailing Address 608 Courthouse Dr.
- City, State and ZIP Code Solana ID 83467
- New Telephone Number (208) 756-2436
5. Date you acquired the property 10-1976

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the 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. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) Katherine B. Bielby
(include title if applicable) _____

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by _____ Date _____ Fee _____
 Received by _____ Date _____ Receipt No. _____
 Processed by _____ AJ Date _____ WR _____ Date _____

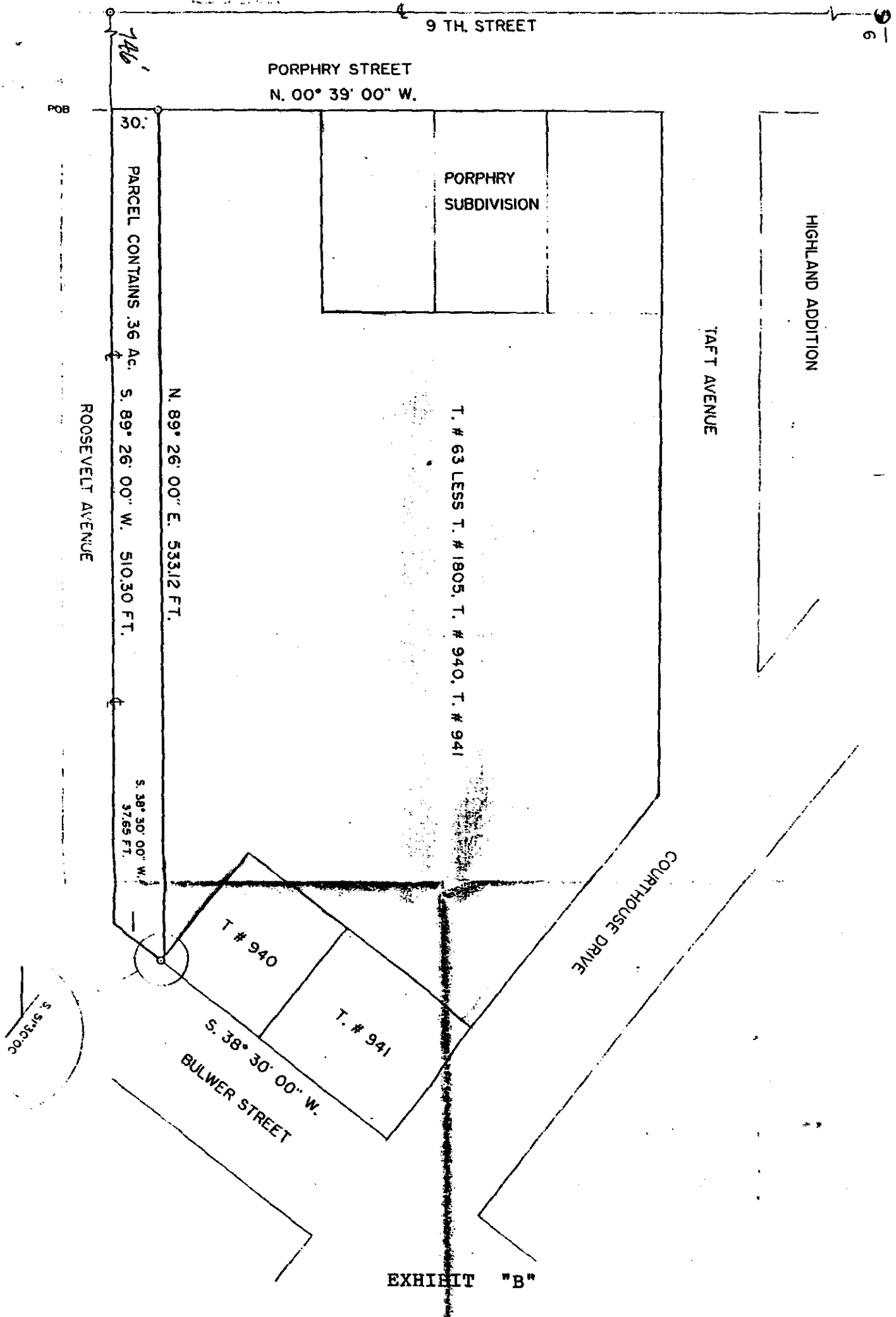


EXHIBIT "B"

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

Date Filed **FEBRUARY 10, 1994**

CERTIFICATE OF DEATH

State File No. **1994-00783**

DECEASED - NAME REX L. CHRISTENSEN				AGE 70 YEARS	
DATE OF DEATH JAN. 31, 1994		SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH APR. 23, 1923	
BIRTHPLACE UTAH		MARRIAGE STATUS MARRIED		SURVIVING SPOUSE (if wife, maiden name) KATHERINE BOAN	
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION OF DEATH SALMON			
FATHER - NAME JOSEPH L. CHRISTENSEN				BIRTHPLACE UTAH	
MOTHER - FULL MAIDEN NAME NEATA STEVENS				BIRTHPLACE UTAH	
NAME AND ADDRESS OF FUNERAL HOME JONES & CASEY FUNERAL HOME, SALMON, IDAHO					
FUNERAL SERVICE LICENSEE SHAUN O'REILLY					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 10:34 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) A CARDIAC ARREST				Approximate Interval Between Onset and Death IMMEDIATE	
DUE TO (or as a consequence of): A LEFT VENTRICULAR DYSFUNCTION				5 YEARS	
DUE TO (or as a consequence of): B					
DUE TO (or as a consequence of): C					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not resulting in the underlying cause given above) HBP, DM, AT. FIB.				AUTOPSY PERFORMED? NO	
NAME OF CERTIFIER ARTHUR D. EARL, M.D.				TITLE OF CERTIFIER PHYSICIAN	
ACTION [REDACTED]					
DATE OF INQUIRY [REDACTED]		HOUR OF INQUIRY [REDACTED]		INQUIRY AT WORK? [REDACTED]	
DESCRIPTION OF HOW INQUIRY OCCURRED [REDACTED]					
PLACE OF INQUIRY [REDACTED]		LOCATION OF INQUIRY [REDACTED]			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: **MAY 12, 2004**

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR

