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Department of Water Resources

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

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
74-522					
74-523A					

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)

George L or Ramona L or Nellie B Shoup
PO Box 48 Tendency Idaho 83468

4. New Owner/Claimant(s)

George L or Ramona L. Shoup

Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

PO Box 48

City, State and ZIP Code

Tendency, Idaho 83468

New Telephone Number

(208) 256-2968

5. Date you acquired the property

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) *Ramona L Shoup*
(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 _____



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

COPY

June 8, 2004

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JUL 09 2004

Department of Water Resources

GEORGE L SHOUP
PO BOX 48
TENDON ID 83468

Re: Snake River Basin Adjudication (SRBA)
Waiver Rights #74-522 and 74-523A

Dear Mr. Shoup:

Your request to remove Nellie B. Shoup's name from your water rights can only be achieved by your completing a Notice of Change in Water Right Ownership form. I have enclosed that form for your possible use.

Including a copy of Mrs. Shoup's death certificate will replace the need for a Warranty Deed.

Your water rights are still pending in the Snake River Basin Adjudication. As such, there is no fee due to change the ownership.

Please call me toll-free at 1/800-451-4129 if you have any questions or concerns.

Sincerely,

Sally Sherman

Sally Sherman
Technical Records Specialist
Adjudication

SS region
Enclosure:

Form 42-248/42-1409(6)

Sally
Please remove
the name
Nellie B Shoup
Thank you
Rosanna Shoup

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: FEBRUARY 08, 1999

STATE FILE NUMBER: 99-00733

DECEDENT: NELLIE BATES SHOUP

DATE OF DEATH: JAN. 30, 1999
TIME OF DEATH: 6:10 P.M.

PLACE OF DEATH: SALMON, IDAHO

DATE OF BIRTH: MAR. 26, 1912

PLACE OF BIRTH: MONTANA

AGE: 86 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER:

RESIDENCE: SALMON, IDAHO

FATHER: ALBERT BATES
FATHERS BIRTHPLACE: NEBRASKA
MOTHER (MAIDEN): IDA BLILER
MOTHERS BIRTHPLACE: MONTANAMORTUARY: SALMON RIVER FUNERAL CHAPEL
MORTICIAN: SHAUN O'REILLYSALMON, IDAHO
DISPOSITION: CREMATION

CERTIFYING PHYSICIAN: SAMUEL D. GARDNER, DO

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CARDIAC ARREST
CADIMMEDIATE
LONGSTANDING

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

ALZHEIMERS

MANNER OF DEATH: NATURAL

AMENDED: 03/04/1999

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

DATE ISSUED: MARCH 04, 1999

This copy is not valid unless prepared on engraved border
displaying state seal and signature of the Registrar.JANE S. SMITH
STATE REGISTRAR