

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

RECEIVED

AUG 18 2004

DEPARTMENT OF
WATER RESOURCES

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
73-49					
73-155A					
73-10061					

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) 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)

Robert E. Folsom
4867 Floribunda Dr.

4. New Owner/Claimant(s)

SLC UT 84117

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

New Mailing Address

City, State and ZIP Code

New Telephone Number

()

5. Date you acquired the property

Mr. Folsom is deceased and we just want his name removed. There are no other changes. Enclosed is a certified death certificate. Thank you -
Nancy Folsom, 801-278-9861

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) _____
(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 _____

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 1/00)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
		ROBERT		ELRY		FOLSOM	
DECEDENT PERSONAL DATA	4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY
	12/30/1931		70		M		07/07/2002
	8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS
	CHILE				☒ YES ☐ NO ☐ UNK		MARRIED
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED	
CAUCASIAN		☐ YES ☒ NO		HERCULES		16	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
ENGINEER		ROCKET MOTORS		38			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
4867 FLORIBUNDA DR.							
USUAL RESIDENCE		21. CITY		22. COUNTY		23. ZIP CODE	
		HOLLADAY		SALT LAKE		84117	
24. YEARS IN COUNTY		25. STATE OR FOREIGN COUNTRY					
55		UT					
INFORMANT		26. NAME RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
		NANCY P. FOLSOM - WIFE		4867 FLORIBUNDA DR., HOLLADAY, UT 84117			
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		
	NANCY		RAE		PEARSON		
	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		
	ELRY		LEONARD		FOLSOM		
34. NAME OF MOTHER—FIRST		35. MIDDLE		36. LAST (MAIDEN)			37. BIRTH STATE
MAURINE				BENNION			UT
38. DATE MM/DD/CCYY		39. PLACE OF FINAL DISPOSITION					
07/10/2002		HOLLADAY CEMETERY, HOLLADAY, UT					
FUNERAL DIRECTION AND LOCAL REGISTRAR		41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
		TR/BU		<i>John Mattaracci</i>		B6027	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY	
CHAPEL OF THE HILLS		FD-940		<i>Maria J. ...</i>		07/10/2002	
PLACE OF DEATH		101. NAME OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL	
09		O'CONNOR HOSPITAL		☒ IP ☐ ER/OR ☐ DOA		☐ CONV. ☐ RES. ☐ CARE ☐ OTHER	
104. COUNTY		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH WAS CAUSED BY—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
SANTA CLARA		2105 FOREST AVE.		SAN JOSE			
IMMEDIATE CAUSE		(A) RESPIRATORY FAILURE		8 DAYS		108. DEATH REPORTED TO CORONER	
DUE TO (B) MYOCARDIAL INFARCT		10 DAYS		☐ YES ☒ NO		109. BIOPSY PERFORMED	
DUE TO (C) CORONARY ARTERY DISEASE		30 YEARS		☐ YES ☒ NO		110. AUTOPSY PERFORMED	
DUE TO (D)				☐ YES ☒ NO		111. USED IN DETERMINING CAUSE	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		DIABETES					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		CABG, 06/27/2002					
PHYSICIAN'S CERTIFICATION		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEASED LAST BEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
		06/27/2002 07/07/2002		<i>A. Sywak, M.D.</i>		A29735	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. INJURY AT WORK		120. HOUR	
		ALEX SYWAK, M.D., 2061 CLARMAR AVE., SAN JOSE, CA 95128		☐ YES ☒ NO		121. PLACE OF INJURY	
122. MANNER OF DEATH		123. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
☐ NATURAL ☐ SUICIDE ☐ HOMICIDE							
124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE MM/DD/CCYY		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

H1556242

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

SS

DATE ISSUED

By

CERTIFIED COPY OF VITAL RECORDS

16807

CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

MARTIN D. FENSTERSCHEID
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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