

No ✓

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		3. LAST (FAMILY)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
ROBERT		ELRY		FOLSOM	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX	
12/30/1931		70		M	
7. DATE OF DEATH MM/DD/CCYY		8. HOUR		9. MINUTE	
07/07/2002		1115			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
CHILE		X YES ☐ NO ☐ UNK ☐		MARRIED	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
16		CAUCASIAN		HERCULES	
16. RACE		17. OCCUPATION		18. YEARS IN OCCUPATION	
CAUCASIAN		ENGINEER		38	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION)		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		21. CITY	
4867 FLORIBUNDA DR.		4867 FLORIBUNDA DR.		HOLLADAY	
22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
SALT LAKE		84117		55	
25. STATE OR FOREIGN COUNTRY		26. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
UT		4867 FLORIBUNDA DR., HOLLADAY, UT 84117		4867 FLORIBUNDA DR., HOLLADAY, UT 84117	
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)	
MAURINE		BENNION		UT	
37. DATE MM/DD/CCYY		38. PLACE OF FINAL DISPOSITION		39. DATE MM/DD/CCYY	
07/10/2002		HOLLADAY CEMETERY, HOLLADAY, UT		07/10/2002	
40. TYPE OF DISPOSITION		41. SIGNATURE OF ENBALMER		42. LICENSE NO.	
TR/BU		John Mattaracci		B6027	
43. NAME OF FUNERAL DIRECTOR		44. SIGNATURE OF LOCAL REGISTRAR		45. DATE MM/DD/CCYY	
CHAPEL OF THE HILLS		FD-940		07/10/2002	
46. PLACE OF DEATH		47. IF HOSPITAL, SPECIFY ONE		48. FACILITY OTHER THAN HOSPITAL	
O'CONNOR HOSPITAL		X IP ☐ ER/OR ☐ DOA ☐		CONV. ☐ RES. ☐ CARE ☐ OTHER ☐	
49. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		50. COUNTY		51. CITY	
2105 FOREST AVE.		SANTA CLARA		SAN JOSE	
52. DEATH WAS CAUSED BY—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		53. TIME INTERVAL BETWEEN DEATH AND DEATH		54. DEATH REPORTED TO CORONER	
(A) RESPIRATORY FAILURE		8 DAYS		X YES ☐ NO ☐	
(B) MYOCARDIAL INFARCT		10 DAYS		100. BIOPSY PERFORMED	
(C) CORONARY ARTERY DISEASE		30 YEARS		X YES ☐ NO ☐	
(D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		110. AUTOPSY PERFORMED		X YES ☐ NO ☐	
DIABETES		111. USED IN DETERMINING CAUSE		X YES ☐ NO ☐	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? IF YES, LIST TYPE OF OPERATION AND DATE.		113. TYPE OF OPERATION		114. DATE	
CABG, 06/27/2002					
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NO.	
06/27/2002 07/07/2002		A. Sywak, M.D.		A29735	
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		X YES ☐ NO ☐		121. PLACE OF INJURY	
122. MANNER OF DEATH		123. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)	
X NATURAL ☐ SUICIDE ☐ HOMICIDE ☐					
X ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED ☐					
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

JUL 15 2002

Martin D. Fensterheib, MD
 MARTIN D. FENSTERHEIB
 HEALTH OFFICER AND LOCAL REGISTRAR
 OF BIRTHS AND DEATHS

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