

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		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	8. HOUR			
	12/30/1931	70	M	07/07/2002	1115			
	9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED			
	CHILE		X YES ☐ NO ☐ UNK	MARRIED	16			
USUAL RESIDENCE	14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER					
	CAUCASIAN	☐ YES ☒ NO	HERCULES					
	17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION					
	ENGINEER	ROCKET MOTORS	38					
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)								
4867 FLORIBUNDA DR.								
INFORMANT	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY			
	HOLLADAY	SALT LAKE	84117	55	UT			
SPOUSE AND PARENT INFORMATION	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					
	28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)					
	NANCY	RAE	PEARSON					
DISPOSITIONS	31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE				
	ELRY	LEONARD	FOLSOM	UT				
	35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE				
	MAURINE		BENNION	UT				
FUNERAL DIRECTION AND LOCAL REGISTRAR	39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION						
	07/10/2002	HOLLADAY CEMETERY, HOLLADAY, UT						
	41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.					
	TR/BU	<i>John Mattaracci</i>	B6027					
PLACE OF DEATH	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				
	101. NAME OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY				
	O'CONNOR HOSPITAL	X IP ☐ ER/OR ☐ DOA ☐ CONV. ☐ RES. ☐ CARE ☐ OTHER		SANTA CLARA				
CAUSE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY					
	2105 FOREST AVE.		SAN JOSE					
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER					
	IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		8 DAYS	☐ YES ☒ NO				
CORONER'S USE ONLY	DUE TO (B) MYOCARDIAL INFARCT		10 DAYS	109. BIOPSY PERFORMED				
	DUE TO (C) CORONARY ARTERY DISEASE		30 YEARS	☐ YES ☒ NO				
	DUE TO (D)			110. AUTOPSY PERFORMED				
				☐ YES ☒ NO				
111. USED IN DETERMINING CAUSE								
☐ YES ☐ NO								
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.	117. DATE MM/DD/CCYY		
	06/27/2002 07/07/2002		<i>A. Sywak, M.D.</i>		A29735	07/08/2002		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP							
	ALEX SYWAK, M.D., 2061 CLARMAR AVE., SAN JOSE, CA 95128							
CORONER'S USE ONLY	119. MANNER OF DEATH		120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY		
	☐ NATURAL ☐ SUICIDE ☐ HOMICIDE		☐ YES ☐ NO					
	☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)								
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY	128. 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.