

IDAHO DEPARTMENT OF WATER RESOURCES
Adjudication Claim Report 25-13326

WATER RIGHT NUMBER: 25-13326

Owner Type

Current Owner

Name and Address

MATT MANN
13043 N 115 E
IDAHO FALLS, ID 83401
(208)538-7894

Priority Date: 06/15/1885

Basis: Beneficial Use

Status: Active

Source

UNNAMED STREAM

Tributary

GRAYS LAKE OUTLET

Beneficial Use

IRRIGATION

From To

4/01 to 11/01

Diversion Rate

2.000 CFS

Annual Volume

Total Diversion: 2.000 CFS

Location of Point(s) of Diversion

UNNAMED STREAM

SW1/4NW1/4NW1/4

Sec. 20, Twp 03S, Rge 43E, B.M.

BONNEVILLE County

Place of Use

IRRIGATION Within BONNEVILLE County

T03S R43E S19	SWNE	28.0	T03S R43E S19	SENE	37.0
T03S R43E S19	NESE	15.0	T03S R43E S19	NWSE	18.8
Total Acres: 98.8					

Conditions of Approval:

Remarks:

- General SOURCE OF WATER IS KNOWN LOCALLY AS POSEY CREEK.

Dates and Other Information:

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

OK JC
changed 10-31-02
RECEIVED
OCT 31 2002

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. **Department of Water Resources**
 Incomplete forms will be returned. **Eastern Region**

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, 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
	<u>25-13326</u>				

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. *0*
- 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**. *death certificate*
- 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) are 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)

Forrest MANN
257 West Maple Shelly Id 83274

4. New Owner/Claimant(s)

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

New Mailing Address

13043N 115E

City, State and ZIP Code

Idaho Falls Idaho 83401

New Telephone Number

(208) 538-7894

5. Date you acquired the property

1996

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) Matt Mars
(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

900 N. Skyline Dr., Suite A, Idaho Falls, ID 83402-1718 • Phone: (208) 525-7161 FAX: (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

June 21, 2002

RE: Investigation of Water Right Claims in the Snake River Basin Adjudication

Dear Claimant:

The Idaho Department of Water Resources (IDWR) is commencing its Snake River Basin Adjudication (SRBA) investigation of water rights in the Blackfoot River, Willow Creek and South Fork of the Snake River Drainages. This investigation is a major effort, and IDWR has hired a contractor, Intrepid Engineering Services, to assist us with this task.

The purpose of this letter is to advise you that personnel from Intrepid will make an effort to contact claimants to arrange for conducting a field investigation and obtain information about your water use. IDWR requests that you provide Intrepid with access to your water diversion system so that their personnel can conduct this field examination. Intrepid will be gathering information on the rate of flow, diversion location and place of use of your water rights. Information collected during this process will be reported to IDWR and used by a Senior Water Resource Agent to prepare a recommendation on the water right.

The process of adjudicating water rights is straightforward for most people, resulting in the issuance of decreed water rights. Experience has shown that water users who work with our agency early in the process to ensure that their recordings are correct have a better experience than those who wait until IDWR has filed its findings with the SRBA Court. Thus, we encourage you to work with our staff and with Intrepid to ensure that the results accurately reflect your water uses.

If you have sold your property, we request that you forward this letter to the purchaser. The new owner is responsible for advising IDWR of the change in ownership so future correspondence will be mailed to the correct party. If you are unable to forward this letter, please send any information regarding a new owner to our Eastern Regional Office located at 900 N Skyline Dr, Idaho Falls, ID, 83402, Attention: Jennifer Crabtree (208) 525-7161.

Sincerely,

Ernest Carlsen
Adjudication Section Supervisor
Eastern Regional Office

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE COOPERATIVE CENTER FOR HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

State File No. 17
Local Reg. No. 17

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE COPY OF DEATH'S VERIFICATION SHALL BE USED AS PROOF OF DEATH. EVIDENCE OF THIS DEATH UNDER OTHER LAWS SHALL BE USED AS PROOF OF DEATH.

DECEDENT NAME: Forrest, Carol Mann SEX: Male DATE OF BIRTH: January 23, 1995

SOCIAL SECURITY NUMBER: 519-42-9593 AGE: 67 UNDER 1 YEAR: None UNDER 1 DAY: None DATE OF BIRTH: June 27, 1927 BIRTHPLACE: Shelton, Idaho

WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

PLACE OF DEATH: (Check only one) ☐ (1) Inpatient ☐ (2) Outpatient ☐ (3) DOA ☐ (4) Home ☐ (5) Private Residence ☐ (6) Licensed Nursing Home ☐ (7) Other (Specify):

FACILITY NAME AND ADDRESS (if not a hospital, enter name of place, street and number): 257 West Maple (home) CITY, TOWN OR LOCATION OF DEATH: Shelley COUNTY OF DEATH: Bingham

MARITAL STATUS: Married SURVIVING SPOUSE (if with, give maiden name): Dorothy Gaye Telford DECEASED'S USUAL OCCUPATION (show kind of work done during most of working life, do not use retired): Rancher/Farmer INDUSTRY: Ranching/Agriculture

RESIDENCE STATE: Idaho COUNTY: Bingham CITY, TOWN OR LOCATION: Shelley STREET AND NUMBER: 257 West Maple ZIP CODE: 83274

INSIDE CITY LIMITS? ☒ Yes ☐ No

WAS DECEDENT OF LEGAL AGE? (Specify No or Yes) ☒ Yes ☐ No

RACE: White DECEASED'S EDUCATION: (Specify and attach grade certificate) Elementary/Secondary (8-12) College (1-4 or 5+)

PARENTS: Claude Charles Mann Idaho Alice Mary Barnes Idaho

INFORMANT: Mrs. Dorothy G. Mann 257 West Maple, Shelley, ID 83274

METHOD OF DEPOSITION: ☒ Burial ☐ Cremation ☐ Removal from Idaho

PLACE OF DEPOSITION (Name of cemetery, or other place): Ririe-Shelton Cemetery Ririe, Idaho

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] LICENSE NUMBER: M-656 NAME AND ADDRESS OF FACILITY: Wood Funeral Home, 273 North Ridge, Idaho Falls, ID 83402

TIME OF DEATH: 1:41 p.m. DATE PRONOUNCED DEAD (Month, Day, Year): January 23, 1995 MANNER OF DEATH (Check One): ☐ Natural ☐ Homicide ☐ Suicide ☐ Accident ☒ Pending investigation

27. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

IMMEDIATE CAUSE (Final disease or condition resulting in death): PROSTATE CANCER

CAUSE OF DEATH: PROSTATE CANCER

27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.

WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No

CERTIFIER: ☒ PHYSICIAN ☐ CORONER

SIGNATURE AND TITLE OF CERTIFIER: [Signature] LICENSE NUMBER: M-4222 DATE SIGNED: 1/24/95

NAME AND ADDRESS OF CERTIFIER (Physician): Dr. Roger H. Tall, 2001 South Woodruff, Idaho Falls, ID 83404

DATE OF INJURY: Jan. 21 HOUR OF INJURY: 1:41 p.m. DESCRIBE HOW INJURY OCCURRED: None

TO BE USED FOR EXTERNAL CAUSES ONLY: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other

CORONER'S REVIEW: (1) Reviewed Only (2) Reviewed, Completed Items 28 and 30 (3) Reviewed, Amended and Certified

REGISTRAR'S SIGNATURE: [Signature] DATE FILED: January 30, 1995

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: January 30, 1995

JANE S. SMITH
State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE