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Department of Water Resources
Eastern Region

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
	25-4124				

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)

Keith & Imogene Douglas

4. New Owner/Claimant(s)

RAND DOUGLASS & TERRIE KILLIAN
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

PO Box 50250 C/O TRACTOR SALES
IDAHO FALLS, ID 83405
208 522-7291 WORK
3-26-03

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 _____

Gary L. Meikle, Esq.
HOLDEN, KIDWELL, HAHN & CRAPO, P.L.L.C.
330 Shoup Avenue, 3rd Floor
P. O. Box 50130
Idaho Falls, Idaho 83405-0130
Telephone: (208) 523-0620
Telefax: (208) 523-9518
Idaho State Bar Number 2111

STATE OF IDAHO
County of Bonneville } SS
I HEREBY CERTIFY that above and foregoing
is a full and correct copy of the original
thereof, on file in my office.
Dated March 31 2003
RONALD LONGMORE
Clerk of the District Court
By R. Doolittle
Deputy Clerk

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE)
)
OF)
)
KEITH "S" DOUGLASS,)
)
Deceased.)
_____)

Case No. CV-03-1977

LETTERS TESTAMENTARY

1. Randall "K" Douglass and Terrie Kaye Killian were duly appointed and qualified as co-personal representatives of the estate of the above named decedent on the 26 day of March, 2003, by the Magistrate acting as Registrar with all authority pertaining thereto.
2. Administration of the estate is unsupervised.
3. These letters are issued to evidence the appointment, qualification, and authority of said co-personal representatives.

WITNESS, my signature and the seal of this court, this 26 day of March, 2003.

L. Mark Riddick
Magistrate

Gary L. Meikle, Esq.
HOLDEN, KIDWELL, HAHN & CRAPO, P.L.L.C.
330 Shoup Avenue, 3rd Floor
P. O. Box 50130
Idaho Falls, Idaho 83405-0130
Telephone: (208) 523-0620
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Idaho State Bar Number 2111

STATE OF IDAHO)
County of Bonneville) SS
I HEREBY CERTIFY that above and foregoing
is a full and correct copy of the original
thereof, on file in my office.
Dated March 31 2003
RONALD LONGMORE
Clerk of the District Court
By [Signature]
Deputy Clerk

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE)
)
OF)
)
IMOGENE W. DOUGLASS,)
)
Deceased.)
_____)

Case No. CV-02-1585

LETTERS TESTAMENTARY

1. Terrie Kaye Killian and Randall "K" Douglass were duly appointed and qualified as co-personal representatives of the estate of the above named decedent on the 28 day of March, 2003, by the Magistrate acting as Registrar with all authority pertaining thereto.
2. Administration of the estate is unsupervised.
3. These letters are issued to evidence the appointment, qualification, and authority of said co-personal representatives.

WITNESS, my signature and the seal of this court, this 28 day of March, 2003.

[Signature: L. Mark Riddick]

Magistrate

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. 158 #7

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	Complete/Verify and File Within 5 Days of Death MORTICIAN: Complete Within 72 Hours of Death CERTIFIER:	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) Keith S Douglass		2. SEX Male	3. SOCIAL SECURITY NUMBER 518-32-7613	
		4a. AGE-Last Birthday 80 (Years)		4c. UNDER 1 DAY January 30, 1923		5. DATE OF BIRTH (Mo/Day/Yr)
		7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Bonneville		7c. CITY OR TOWN Idaho Falls, Idaho
		7d. STREET AND NUMBER 282 3rd Street		7e. APT. NO. 83401		7f. ZIP CODE 83401
		8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name)		
10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Anthony Francis Douglass		11b. BIRTHPLACE (State, Territory, or Foreign Country) Utah		
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Irmadean Southwick		12b. BIRTHPLACE (State, Territory, or Foreign Country) Idaho		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 171 East 33rd North, Idaho Falls, ID, 83401		
13b. RELATIONSHIP TO DECEDENT Son		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) Wood Funeral Home 273 N. Ridge Ave. Idaho Falls, ID 83402				
14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Enshrinement ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Eagle Rock Crematory Idaho Falls, Idaho		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Chris Peterson		17b. LICENSE NUMBER (Of licensee) M-778		18. WAS CORONER CONTACTED? ☐ Yes ☒ No		
* 19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:				
* 20. FACILITY NAME (If not facility, give street and number) Eastern Idaho Regional Medical Cnt		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Idaho Falls, 83404		* 22. COUNTY OF DEATH Bonneville		
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 12, 2003		24. TIME OF DEATH 1631 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 12, 2003		
26. TIME PRONOUNCED DEAD 1631 (24hr)		27. CAUSE OF DEATH				
PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory Failure						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) b. Recurrent Aspiration Pneumonia						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I						
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined		
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, forest, etc.)		
35. INJURY AT WORK? ☐ Yes ☐ No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____				
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable						
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				
39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER M4522		39c. DATE SIGNED 3/18/03		
Signature and Title of Certifier Dr. Kenneth E. Krell, 2860 Channing Way, #214, Idaho Falls, Idaho 83404		40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.				
41a. REGISTRAR'S SIGNATURE Sara J. Landon - Asst. Registrar		41b. DATE SIGNED 03/18/2003				

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

DATE ISSUED: March 18, 2003

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

State File No. _____
Local Reg. No. 9947

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-241(k) & 39-274

DECEDENT — NAME		FIRST	LAST	SEX	DATE OF DEATH (Month, Day, Year)
Imogene		Venette	Douglass	Female	February 16, 2002
SOCIAL SECURITY NUMBER		AGE — Last Birthday (Yrs.)	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINES	DATE OF BIRTH (Month, Day, Year)
519-22-0398		78			April 6, 1923
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one) * ☐ Yes ☒ No		HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DOA	
		OTHER ☒ Long-Term Care Facility ☐ Own Residence ☐ Other (Specify)			
FAMILY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)			CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH
Life Care Center of Idaho Falls			Idaho Falls		Bonneville
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	
Married		Keith S. Douglass		Homemaker	
RESIDENCE STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER	ZIP CODE
Idaho		Bonneville	Idaho Falls	282 - 3rd Street	83401
INSIDE CITY LIMITS? ☒ Yes ☐ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) White	
				15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1	
FATHER — NAME		BIRTHPLACE		MOTHER — FULL MAIDEN NAME	
Burt Louis Wackerli		Iowa		Ada Cecelia Hanson	
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
Keith S. Douglass		282 - 3rd Street, Idaho Falls, Idaho, 83401			
METHOD OF DISPOSITION * ☐ Burial ☒ Cremation ☐ Removal from Idaho 20a. ☐ Donation ☐ Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b. Eagle Rock Crematory		LOCATION — City or Town, State 20c. Idaho Falls, Idaho	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY	
Ryan Meeves		M-816		Wood Funeral Home 273 North Ridge, Idaho Falls, ID, 83402	
TIME OF DEATH		DATE ANNOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?	
8:12 A.M.		February 16, 2002		☐ Yes ☒ No	
MANNER OF DEATH (Check One) 26. ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined					
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive heart failure DUE TO (or as a consequence of): 10yrs b. Diabetes DUE TO (or as a consequence of): 20yrs c. DUE TO (or as a consequence of): d.		Approximate Interval Between Onset and Death			
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED? 28a. ☐ Yes ☒ No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 28b. ☐ Yes ☐ No	
CERTIFIER (Check only one) ☒ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)	
Wallace C. Baker		#M-6919		02/18/02	
NAME AND ADDRESS OF CERTIFIER (Type/Print) 29a. Dr. Wallace C. Baker, 1880 John Adams Pkwy., Idaho Falls, ID, 83404, 208-524-6633					
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
30a.		30b.		30c.	
INJURY AT WORK? ☐ Yes ☐ No		IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 30d.	
CORONER'S REVIEW AREA 31a. I have reviewed and/or amended, and certified.		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year) 31b.	
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)			
Sara J. Landon - Asst. Registrar		Feb. 19, 2002			

HWH-0128
(Rev.9/00)

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JANE S. SMITH
STATE REGISTRAR

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