

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
85-7032		NONE			

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)

FRANCES R. BODINE DAVID P. BODINE
 Rt 1 Box 82 Rt 1 Box 82

4. New Owner/Claimant(s)

GRANGEVILLE, ID 83530 GRANGEVILLE, ID

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

New Mailing Address

DAVID or ROBERTA BODINE

City, State and ZIP Code

Rt 1 Box 81

New Telephone Number

(208) 983-2736

5. Date you acquired the property

OCTOBER 23, 2002

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)

David P. Bodin Jr.
OWNER

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 _____

E CHECK PAYABLE TO:

2004 TAX BILL/RECEIPT

PARCEL NUMBER

RON A COX

RP31N02E109010A

HO COUNTY TREAS. TAX COLL

BILL#

14994

CODE AREA 59-0000

L

21,534

WEST MAIN, ROOM 2

I

137,368

GRANGEVILLE, ID 83530-1994

1ST HALF DUE

2ND HALF DUE

FULL DUE

TOT MV

158,902

930.74

TAX

930.74

TAX

1,861.48

E

LATE

LATE

T

INT

INT

COST

COST

TOT

TOT

TOT AC5

39.24

BODINE DAVID P JR

*

RT 1 BOX 81

GRANGEVILLE

ID 83530

TAXING DISTRICT

RATE

AMOUNT

STATE

.000000000

COUNTY

.002666001

423.62

SCHOOL #241

.007301770

1,160.21

UNION IND HWY

.000000000

GRANGEVILLE CEM

.000358735

57.00

SYRINGA HOSP

.000406535

64.60

DISTRICT TOTAL

.010733041

1,705.48

SOLID WASTE

156.00

AMOUNT DUE

1,861.48

T31N R2E SEC 10

39.24 AC

SE4SE4 LESS RD

PLACE OF USE FOR IRRIGATION, STOCKWATER,
AND DOMESTIC USE.

*** IMPORTANT ***

PLEASE READ BOTH FRONT AND BACK

*** MONTHLY PAYMENTS ARE ACCEPTED ***

PAYMENTS RECEIVED WITH A DELINQUENCY WILL BE
APPLIED TO THE OLDEST DELINQUENT YEAR.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

KEEP TOP PORTION FOR YOUR RECORDS.

PERSONAL CHECKS ARE YOUR RECEIPT
SUBJECT TO BANK CLEARANCE.

PAYMENTS POSTMARKED AFTER DECEMBER 20, 2004 WILL
SUBJECT TO LATE FEES & INTEREST 208-983-2801

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

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PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

BODINE, DAVID P JR

2004
14994

BODINE, DAVID P JR

2004
14994

2ND HALF

1ST HALF

FULL

AMOUNT DUE

930.74

AMOUNT DUE

930.74

1,861.48

HO COUNTY
IN02E109010A
59-0000

LATE

INT

COST

TOT

IDAHO COUNTY
RP31N02E109010A
59-0000

LATE

INT

COST

TOT

LATE

INT

COST

TOT

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2005

TE PAID
ID BY

CHECK #
CASH

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2004

DATE PAID
PAID BY

CHECK #
CASH

TXN1 2004

