

# 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<br>Right No(s). | Adjudication<br>Claim No(s). | Split | Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split |
|-----------------------|------------------------------|-------|-----------------------|------------------------------|-------|
|                       | 25-11407                     | —     |                       |                              | —     |
|                       |                              | —     |                       |                              | —     |
|                       |                              | —     |                       |                              | —     |
|                       |                              | —     |                       |                              | —     |
|                       |                              | —     |                       |                              | —     |

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)

GUY AND LA PREAL HINCKLEY

4. New Owner/Claimant(s)

LA PREAL HINCKLEY

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

New Mailing Address

685 N 3837 E

City, State and ZIP Code

RIGBY, ID 83442

New Telephone Number

(208) 745-6562

5. Date you acquired the property

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**CERTIFICATE OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Date Filed JUNE 26, 2003

State File No. 2003-04626

|                                                                                                                                |                                                |                                                                                |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>GUY W HINCKLEY</b>                                                                                 |                                                |                                                                                |                                                                |
| SEX<br><b>MALE</b>                                                                                                             | SOCIAL SECURITY NUMBER<br><b>518-28-3359</b>   | AGE<br><b>74 YEARS</b>                                                         | DATE OF BIRTH<br><b>JULY 10, 1928</b>                          |
| BIRTHPLACE<br><b>SUGAR CITY, IDAHO</b>                                                                                         |                                                | PLACE OF RESIDENCE<br><b>RIGBY, IDAHO</b>                                      |                                                                |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>                                                                              |                                                | NAME OF SURVIVING SPOUSE (If wife, maiden name)<br><b>ALICE LAPREAL LUFKIN</b> | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>YES</b>          |
| FATHER - NAME<br><b>HENRY E. HINCKLEY</b>                                                                                      |                                                |                                                                                | BIRTHPLACE<br><b>UTAH</b>                                      |
| MOTHER - MAIDEN NAME<br><b>ROSZINA EGGERTZ</b>                                                                                 |                                                |                                                                                | BIRTHPLACE<br><b>UTAH</b>                                      |
| METHOD OF DISPOSITION<br><b>BURIAL</b>                                                                                         |                                                | FUNERAL SERVICE LICENSEE<br><b>TERRY W. ECKERSELL</b>                          |                                                                |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>ECKERSELL MEMORIAL CHAPEL, RIGBY, IDAHO</b>                                         |                                                |                                                                                |                                                                |
| DATE OF DEATH<br><b>JUNE 09, 2003</b>                                                                                          | TIME OF DEATH<br><b>8:34 P.M.</b>              | CITY, TOWN OR LOCATION OF DEATH<br><b>RIGBY, IDAHO</b>                         | COUNTY OF DEATH<br><b>JEFFERSON</b>                            |
| CAUSE OF DEATH (underlying cause last)<br>a. <b>METASTATIC PROSTATE CANCER</b>                                                 |                                                |                                                                                | Approximate Interval Between Onset and Death<br><b>4 YEARS</b> |
| b. DUE TO (or as a consequence of):                                                                                            |                                                |                                                                                |                                                                |
| c. DUE TO (or as a consequence of):                                                                                            |                                                |                                                                                |                                                                |
| d. DUE TO (or as a consequence of):                                                                                            |                                                |                                                                                |                                                                |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                                |                                                                                | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                         |
| MANNER OF DEATH<br><b>NATURAL</b>                                                                                              | NAME OF CERTIFIER<br><b>DANE DICKSON, M.D.</b> |                                                                                | TITLE<br><b>PHYSICIAN</b>                                      |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY                                                                                  |                                                |                                                                                |                                                                |
| <b>EXTERNAL CAUSES ONLY</b>                                                                                                    |                                                |                                                                                |                                                                |
| DATE OF INJURY                                                                                                                 | TIME OF INJURY                                 | PLACE OF INJURY                                                                | INJURY AT WORK?                                                |
| LOCATION WHERE INJURY OCCURRED                                                                                                 |                                                |                                                                                |                                                                |
| DESCRIPTION OF HOW INJURY OCCURRED                                                                                             |                                                |                                                                                |                                                                |

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: JUNE 27, 2003

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

*Jane S. Smith*

JANE S. SMITH  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE