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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
	25-11540				

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) NIKKI JEAN + VERNON MOBLEY
674 N 3600 E, MENAN, ID 83434
4. New Owner/Claimant(s) NIKKI JEAN MOBLEY
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
674 N 3600 E, PO BOX 113
City, State and ZIP Code MENAN, ID 83434
New Telephone Number (208) 754-0475
5. Date you acquired the property _____

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Department of Water Resources
Eastern Region

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)

Nikki Jean Mowley

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 _____

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Department of Water Resources
Eastern Region

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 DECEMBER 02, 2002

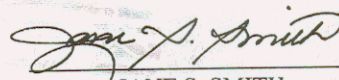
State File No. 2002-08548

DECEDENT - NAME VERNONN LUALLEN MOBLEY				AGE 63 YEARS	
DATE OF DEATH NOV. 26, 2002		SEX MALE	SOCIAL SECURITY NUMBER 518-52-2898	DATE OF BIRTH DEC. 12, 1938	
BIRTHPLACE IDAHO					
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS MARRIED		SURVIVING SPOUSE (if wife, maiden name) NIKKI JEAN JACOBS	
CITY, TOWN OR LOCATION OF DEATH MENAN, IDAHO					
RESIDENCE STATE IDAHO			CITY, TOWN OR LOCATION MENAN		
FATHER - NAME ROY ANDREW MOBLEY					BIRTHPLACE NEBRASKA
MOTHER - FULL MAIDEN NAME NELLIE ETHEL ORMOND					BIRTHPLACE IDAHO
NAME AND ADDRESS OF MORTUARY ECKERSELL MEMORIAL CHAPEL, RIGBY, IDAHO					
FUNERAL SERVICE LICENSEE BRADLEY YOUNGSTROM					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 7:00 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. MYOCARDIAL INFARCTION					Approximate Interval Between Onset and Death MINUTES
DUE TO (or as a consequence of): b.					
DUE TO (or as a consequence of): c.					
DUE TO (or as a consequence of): d.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE LISTED					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER BRUCE KARREN				TITLE OF CERTIFIER CORONER	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY			INJURY AT WORK?
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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: DECEMBER 11, 2002

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


JANE S. SMITH
STATE REGISTRAR



IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 25-11540 V1

WATER RIGHT NUMBER: 25-11540 V1

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	NIKKI JEAN MOBLEY 674 N 3600 E P O BOX 113 MENAN, ID 83434-0113 (208)754-0475
Original Owner	VERNON L MOBLEY 674 N 3600 E MENAN, ID 83434 (208)754-0475

Priority Date: 04/01/1944

Basis: Beneficial Use

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
COMMERCIAL	1/01 to 12/31	0.020 CFS	
<u>Total Diversion:</u>		0.020 CFS	

Location of Point(s) of Diversion

GROUND WATER

SE1/4NE1/4NE1/4

Sec. 33, Twp 05N, Rge 38E, B.M.

JEFFERSON County

Place of Use

COMMERCIAL

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
05N	38E	33	X																

Conditions of Approval:

1. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.
2. n06 The quantity of water under this right shall not exceed 2,500 gallons per day.

Remarks: