

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, 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>29-10992</u>					

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) 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) S. PAUL CLEAVER
881 N. OLD HWY 91, INKOM, IDAHO 83245
4. New Owner/Claimant(s) PAUL R. CLEAVER
 Name Connector (Check one): [] and, [] or, [] and/or
- New Mailing Address 839 N. OLD HWY 91
- City, State and ZIP Code INKOM, IDAHO 83245
- New Telephone Number (208) 775-3142
5. Date you acquired the property 4-16-2000

RECEIVED
APR 18 2003

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)

PERSONAL REPRESENTATIVE

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 _____

Receipted by _____ Date _____ Receipt No. _____

Processed by _____ AJ Date _____ WR _____ Date _____

DIANE BILYEU
Bannock County Assessor
P.O. Box 4969
Pocatello, ID 83205-4969

**ASSESSMENT NOTICE
& ESTIMATE OF TAX**

THIS IS NOT A BILL.
DO NOT PAY.

2002

PARCEL DESCRIPTION:

TRACT 7
EASTS LITTLE ACRES

For any questions, please notify the Assessor's Office immediately

Assessor's Telephone Number: 208-236-7268

Parcel Address: 881 N OLD HWY 91

252 *****AUTOCR**R001



CLEAVER, PAUL
881 N OLD HIGHWAY 91
INKOM ID 83245-1724

Appeals of your property value must be filed in writing, on a form provided by the County, by:

JUNE 24, 2002

Tax Code Area: 005100

Parcel Number: RRELA000700

ASSESSED VALUE OF YOUR PROPERTY

CURRENT DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
15 RUR RES SUB 37 IMP ON CAT 15	2.700	25,250 90,478	25,250 90,478
SUBTOTAL: LESS HOMEOWNERS EXEMPTION: NET TAXABLE PROPERTY VALUE:	2.700	115,728 41,239 74,489	115,728 41,239 74,489

These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.

ESTIMATED PROPERTY TAXES

TAXING DISTRICTS	LAST YEAR'S TAXES	CURRENT YEAR'S ESTIMATED TAXES	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
COUNTY	401.50	401.50	208-236-7210	AUG 23, 2002
COUNTY RD&BRG	52.59	52.59	208-236-7210	AUG 23, 2002
SCHOOL NO. 21	404.60	404.60	208-254-3306	JUNE 11, 2002
BAN FREE LIB	27.96	27.96	208-897-5270	AUG 21, 2002
INKOM CEM	11.85	11.85	208-775-3712	AUG 19, 2002
AMBULANCE	19.70	19.70	208-236-7210	AUG 23, 2002
SUBTOTAL:	918.20	918.20		
FEES:	81.92	81.92		
TOTAL PROPERTY TAXES & FEES:	1,000.12	1,000.12		

THIS IS NOT A BILL. DO NOT PAY.

See the back of this Notice for details

0000370

LAST WILL AND TESTAMENT
OF
GERTRUDE MARGARET CLEAVER

GERTRUDE MARGARET CLEAVER, a resident of Bannock County, Idaho, hereby make this my Last Will and Testament and revoke all of my previous Wills and Codicils. I am specifically revoking the Last Will and Testament I made on the 12th day of September, 1991.

ARTICLE 1. STATEMENT OF FAMILY

1.1 CHILDREN. My children that are currently living are:

Paul Robert Cleaver, Inkom, Idaho;

Linton William Metts - deceased

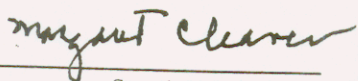
ARTICLE 2. DESIGNATION OF PERSONAL REPRESENTATIVE

2.1 PERSONAL REPRESENTATIVE. I appoint Paul Robert Cleaver and Daisy V. Metts as Co-Personal Representatives of my Estate.

ARTICLE 3. TAXES, DEBTS AND EXPENSES

3.1 TAXES. My Co-Personal Representatives shall pay all death taxes and other government charges payable by reason of my death on any property included in my Estate for tax purposes without contribution from any person and without apportionment.

3.2 DEBTS AND EXPENSES. My Co-Personal Representatives shall pay the expenses of my last illness and funeral and all just claims filed against my Estate.

Gertrude Margaret Cleaver

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE CENTER FOR VITAL STATISTICS AND HEALTH POLICY

State of Idaho CERTIFICATE OF DEATH

State File No. _____
Local Reg. No. 6-186

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE SEAL OF HEALTH & WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODES 20-1-103 & 20-2-1

DECEDENT	DECEDENT - NAME Gertrude Margaret CLEAVER		SEX Female	DATE OF DEATH (Month, Day, Year) April 16, 2000
	SOCIAL SECURITY NUMBER 499-28-5290		AGE - Last Birthday (Yrs.) 91	DATE OF BIRTH (Month, Day, Year) August 10, 1908
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Specify only one) (1) ☐ Inpatient (4) ☐ Long-Term Care Facility (5) ☐ Other Private Residence (2) ☐ ER/Outpatient (3) ☐ DOA (6) ☒ Own Residence (7) ☐ Other (Specify) _____	
	FACILITY NAME AND ADDRESS (if not a hospital, enter name of place, street and number) 881 N. Old Hwy 91		CITY, TOWN OR LOCATION OF DEATH Inkom	
NAME OF DECEDENT FOR use by physician or coroner	MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	
	RESIDENCE STATE Idaho		COUNTY Bannock	
FATHER - NAME	CITY, TOWN OR LOCATION Inkom		STREET AND NUMBER 881 N. Old Hwy 91	
	CITY, TOWN OR LOCATION Inkom		ZIP CODE 83245	
PARENTS	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		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (8-12) ☐ Secondary (9-12) ☒ College (14 or 5+) ☐	
INFORMANT	FATHER - NAME (Unknown) Jankowski		BIRTHPLACE Wisconsin	
	MOTHER - FULL MAIDEN NAME Marian Russell		BIRTHPLACE UNK	
DISPOSITION	INFORMANT'S NAME (Type/print) Paul Robert Cleaver		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 839 N. Old Hwy 91, Inkom, Idaho 83245	
	METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Restlawn Cemetery	
CAUSE OF DEATH	LOCATION - City or Town, State Pocatello, Idaho		SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
	TIME OF DEATH 1:00A		DATE PRONOUNCED DEAD (Month, Day, Year) April 16, 2000	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No		MANNER OF DEATH (Check one) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Could Not Be Determined ☐ Pending Investigation	
	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 a. <i>Acute myocardial infarction</i> b. <i>Coronary artery disease</i> c. <i>congestive heart failure</i> d. <i>chronic renal failure</i>			
CERTIFIER	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			
TO BE USED FOR EXTERNAL CAUSES ONLY	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 <i>[Signature]</i> Dr. Scherer		LICENSE NUMBER 7804	
CORONER'S REVIEW AREA	NAME AND ADDRESS OF CERTIFIER (Type/print) 465 Memorial Drive, Pocatello, ID 83201 (208) 236-2330		DATE SIGNED (Month, Day, Year) 4/17/00	
	DATE OF INJURY (Month, Day, Year) April 16, 2000		HOUR OF INJURY 1:00A	
REGISTRAR	INJURY AT WORK? IF TRANSPORTATION ACCIDENT, Specify ☐ Yes ☒ No ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Inkom	
	CORONER'S ACTION ☒ I have reviewed and/or amended, and certified.		CORONER'S SIGNATURE <i>[Signature]</i>	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		DATE FILED (Month, Day, Year) April 17, 2000		

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

DATE ISSUED: April 17, 2000

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

JANE S. SMITH
STATE REGISTRAR