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JC
2-305

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
<u>25-4085</u>	_____	___	_____	_____	___
<u>25-7082</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) 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) Terri H Ockerman

4. New Owner/Claimant(s) wife Joy Ockerman
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 _____

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 _____
Receipted by _____	Date _____	Receipt No. _____
Processed by _____ AJ	Date _____	WR _____ Date _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE COOPERATIVE CENTER FOR HEALTH STATISTICS State of Idaho

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2101 & 29-211

State File No. _____
Local Reg. No. 544-#7

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN	DECEDENT		DECEDENT — NAME		SEX	DATE OF DEATH (Month, Day, Year)
	FIRST		MIDDLE	LAST	Male	Nov. 26, 1993
	Terrell		LeRoy	Ockerman		
	SOCIAL SECURITY NUMBER		AGE - Last Birthday (7/2)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)
519-36-7071		58			Oct. 4, 1935	Moreland, Idaho
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one) *	HOSPITAL	OTHER		
☐ Yes ☒ No		(1) ☒ Inpatient	(2) ☐ ER/Outpatient (3) ☐ DOA	(4) ☐ Home	(5) ☐ Private Residence	(6) ☐ Licensed Shelter Home (7) ☐ Other (Specify)
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		
Eastern Idaho Reg. Med. Ctr.		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.)		KIND OF BUSINESS/INDUSTRY
Married		Bula Joyce Price		Police Officer		Law Enforcement
RESIDENCE STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER	ZIP CODE	
Idaho		Bonneville	Idaho Falls	295 S. Amy Ln.	83406	
INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE — American Indian, Black, Japanese, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)
☒ Yes ☐ No		☐ Yes ☒ No		White		12
FATHER — NAME		BIRTHPLACE	MOTHER — FULL MAIDEN NAME		BIRTHPLACE	
James Olin Ockerman		Idaho	Zelma Jeanetta Durrant		Idaho	
INFORMANT'S NAME (Type/print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
Joy Ockerman		295 S. Amy Ln., Idaho Falls, ID. 83406				
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION — City or Town, State		
☒ Burial ☐ Cremation ☐ Removal from Idaho		Moreland Cemetery		Moreland, Idaho		
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)	NAME AND ADDRESS OF FACILITY			
<i>[Signature]</i>		M-636	Wood Funeral Home			
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)	WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)	
4:09 P.M.		Nov. 26, 1993	☐ Yes ☒ No		☒ 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)		IMMEDIATE CAUSE				
a. Cardio-Respiratory Arrest		DUE TO (or as a consequence of)				
b. Ventricular Tachycardia		DUE TO (or as a consequence of)				
c. Cardiomyopathy		DUE TO (or as a consequence of)				
d. Coronary Artery Obstructive Disease		DUE TO (or as a consequence of)				
27. PART II		Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.				
Generalized Atherosclerosis						
WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
☐ Yes ☒ No		☐ Yes ☐ No				
CERTIFIER (Check only one)		To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
☒ PHYSICIAN		☐ 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)		
<i>[Signature]</i>		M5171		November 30, 1993		
NAME AND ADDRESS OF CERTIFIER (Type/print)		Dr. B. Shield Stutts, 2860 Channing Way, Idaho Falls, ID				
DATE OF INJURY (Mo., Day, Yr.)		HOURLY OF INJURY	DESCRIBE HOW INJURY OCCURRED			
INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		
☐ Yes ☐ No		☐ Driver ☐ Passenger ☐ Pedestrian		LOCATION (Street or Route Number, City/Town, or County, and State)		
		☐ Other				
CORONER'S ACTION (Check One)		(2) ☐ Reviewed, Completed Items 26 and/or 30		CORONER'S SIGNATURE		
(1) ☐ Reviewed Only (3) ☐ Reviewed, Amended and Certified				DATE SIGNED (Month, Day, Year)		
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)				
<i>[Signature]</i>		Dec 1, 1993				

HW-0128
revised 1-89

VITAL STATISTIC'S COPY

*At a minimum, complete items 1, 3, 9a, b, c, d, 21a, b, 22; and 29e for the 24-Hour Report & Authorization For Final Disposition

42298

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: Dec 1, 1993

JANE S. SMITH
State Registrar



ANY ALTERATION OR FRAUD Voids THIS CERTIFICATE