

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>29-4065</u>				
	<u>29-4156</u>				
	<u>29-4215</u>				
	<u>29-10010</u>				
	<u>~~75~~ 75-10881</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) _____
4. New Owner/Claimant(s) Carma B Smith
 Name Connector (Check one): [] and, [] or, [] and/or
- New Mailing Address 5137 W Portneuf RD
- City, State and ZIP Code Idaho ID 83245
- New Telephone Number (208) 775-3604
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) Barbara L. Smith
(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 _____

2-1
WARRANTY DEED

*Across
the river*

752902

FOR VALUE RECEIVED, FRANEY GABRIELSON, a widow, the Grantor,
does hereby grant, bargain, sell and convey unto THEREON J. SMITH
and CARMA SMITH, husband and wife, Grantees, the following described
premises in Bannock County, Idaho: *5137 W. Portneuf Road*
Inkom, Idaho

Commencing at a point where the South boundary line of Oregon Short Line Railroad Right of Way crosses West boundary line of Section 24 in Township 7 South, Range 35 East of Boise Meridian in Idaho, running thence in Southeasterly direction along South boundary line of Oregon Short Line Railroad Right of Way to a point where said Right of Way intersects East boundary line of Northwest quarter of Southwest quarter of said Section 24, thence South following East boundary line of said Northwest quarter of Southwest quarter to a point where same intersects with North line of Portneuf River, thence in Westerly direction following meander of Portneuf River to a point where said Portneuf River intersects West boundary line of said Section 24, thence North along said West boundary line of said Section 24 to point of beginning, same being that parcel of land in Northwest quarter of Southwest quarter of Section 24, Township 7 South, Range 35 East of Boise Meridian, that lies between Oregon Short Line Railroad Right of Way and Portneuf River and containing ten acres, more or less.

Commencing at a point where the South boundary line of Oregon Short Line Railroad Right of Way crosses East boundary line of Section 23 in Township 7 South, Range 35 East of Boise Meridian, in Idaho, running thence South to North boundary line of Portneuf River, thence in Northwesterly direction and following meander of Portneuf River to point where boundary line of Portneuf River intersects West line of Northeast quarter of Southeast quarter of said Section, thence North along said West line of Northeast quarter of Southeast quarter of said Section to Oregon Short Line Railroad Right of Way, thence in Southeasterly direction following Oregon Short Line Railroad Right of Way to East boundary line of said Section, and the point of beginning, the same being that parcel of land in Northeast quarter of Southeast quarter of Section 23, which lies between Oregon Short Line Railroad Right of Way and Portneuf River, and containing six acres, more or less.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantees that she

CERTIFICATION OF VITAL RECORDS

STATE OF IDAHO

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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THIS DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER IDAHO CODES 30-2-100 & 30-2-214

State File No.

Local Reg. No. 6-323

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. NAME OF DECEDENT: For use by physician or institution	DECEDENT - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Month, Day, Year)
	1. Theron J. Smith		Male	July 14, 1998
	SOCIAL SECURITY NUMBER		DATE OF BIRTH (Month, Day, Year)	
	519-36-9890		May 6, 1934	
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		OTHER
☒ Yes ☐ No		(1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		(4) ☐ Long-Term Care Facility (5) ☒ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)			CITY, TOWN OR LOCATION OF DEATH	
Own Res. 5137 W. Portneuf Rd.			Inkom	
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.)
Married		Carma Bowers		Teacher/Farmer
RESIDENCE STATE		CITY, TOWN OR LOCATION		KIND OF BUSINESS / INDUSTRY
ID		Inkom		Education/Agriculture
INSIDE CITY LIMITS? ☐ Yes ☒ No		STREET AND NUMBER		ZIP CODE
		5137 W. Portneuf Rd.		83245-
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		White		Elementary/Secondary (0-12) College (14 or 5+) 5+
FATHER - NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME
Jason Lynn Smith		Utah		Ruby Alice Edwards
INFORMANT'S NAME (Type/print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
Carma Smith		5137 W. Portneuf Rd., Inkom, Idaho 83245		
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		
☒ Burial ☐ Cremation ☐ Removal from Idaho		Inkom Cemetery		
DISPOSITION		LOCATION - City or Town, State		
☐ Donation ☐ Other (Specify)		Inkom, ID		
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		NAME AND ADDRESS OF FACILITY		
<i>Lin Baker</i>		Colonial Funeral Home		
LICENSE NUMBER (of Licensee)		2005 South Fourth Pocatello, ID 83201		
MRT 767				
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?
12:00 PM		July 14, 1998		☐ Yes ☒ No
MANNER OF DEATH (Check one)		Approximate Interval Between Onset and Death		
☒ Natural ☐ Homicide ☐ Suicide ☐ Accident		3 mo		
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)		DUE TO (or as a consequence of):		
a. Renal Cell Carcinoma				
b. DUE TO (or as a consequence of):				
c. DUE TO (or as a consequence of):				
d. 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.		WAS AN AUTOPSY PERFORMED?		
		☐ Yes ☒ No		
		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
		☐ Yes ☒ No		
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		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)
<i>D. D. Smith</i>		0-136		7/17/98
NAME AND ADDRESS OF CERTIFIER				
Dr. D. D. Smith, 220 Bannock St., Malad, Idaho 83252				
DATE OF INJURY (Month, Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK? ☐ Yes ☒ No		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
		☐ Driver ☐ Passenger ☐ Pedestrian		LOCATION (Street or Route Number, City/Town, or County, and State)
		☐ Other		
CORONER'S ACTION (Check one)		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)
(1) ☒ Reviewed Only (2) ☐ Reviewed and/or Amended, and Certified				
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)		
<i>Jane S. Smith</i>		July 21, 1998		

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: July 21, 1998

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

JANE S. SMITH
STATE REGISTRAR

AJ5809NP
No. A29-04156

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 12/28/94
PAGE: 10

OWNER
CODE NAME & ADDRESS
C THERON J SMITH
5137 W PORTNEUF RD
INCOM ID 83245
(208) 775-3604

PRIORITY
DATE 05/01/1904
WATER USE IRRIGATION

USE PERIOD
FROM 04-01 TO 11-01

DIVERSION
RATE 0.40 CFS

DIVERSION
VOLUME 37.50 AFA

TOTAL DIVERSION:
CONSUMPTIVE USE: 0.40 CFS

Water Source: PORTNEUF RIVER
Tributary to: SNAKE RIVER
Stage: STATUTORY CLAIM

Point(s) of Diversion: TOTS R35E S23 NESE
BANNOCK County

Place of use Legal Description for: IRRIGATION

		NE		NW		SW		SE		SUM
T	R	S	Ac	Ac	Ac	Ac	Ac	Ac	Ac	
07S	35E	23	:	:	:	:	:	:	:	8.0
07S	35E	24	:	:	:	:	:	:	:	7.0
TOTAL ACRES										15.0

POU County: BANNOCK

Non-Irrigation Uses: NONE.

Other Rights: A29-04215 SAME P/D.

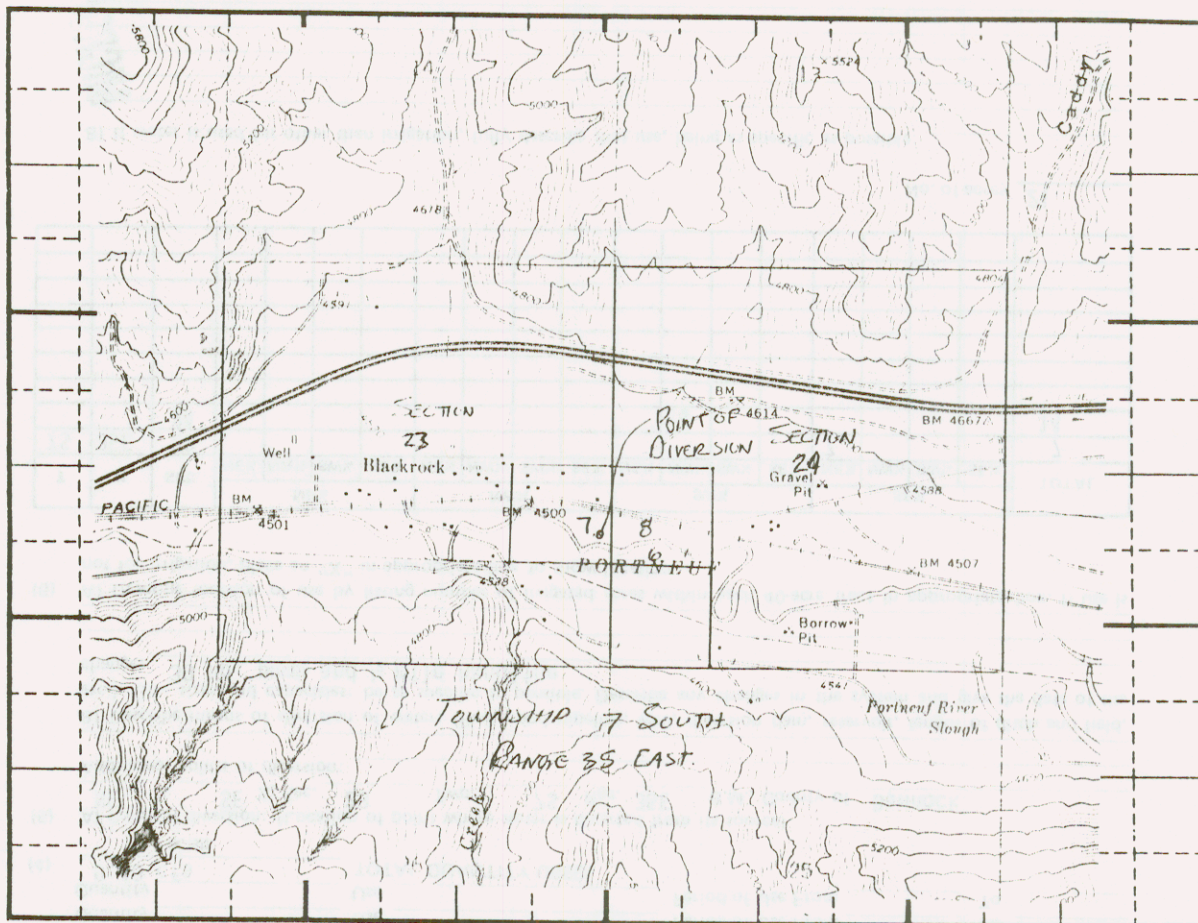
Dates: Exam Made Date: Verified Date:

Misc: Water District Number: 29
Field Inspection Flag: Presumption Flag:

*I can't recall the exact yr, but I
think the tract of land has been excluded
from the Portneuf for as long as I can
remember & I move to that area in
1905.*

Signed
Notarially
Notary Public
SIGNED
NOTARY PUBLIC-STATE OF IDAHO

(8) Remarks _____



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of Idaho)
County of Bonneville) ss.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge.

Sworn to before me this 31st day of March, 1983.

Theron Smith
(Claimant)
Colleen Wray
Notary Public
Residing at Idaho Falls, ID

My commission expires 6-15-85

FOR DEPARTMENT USE ONLY

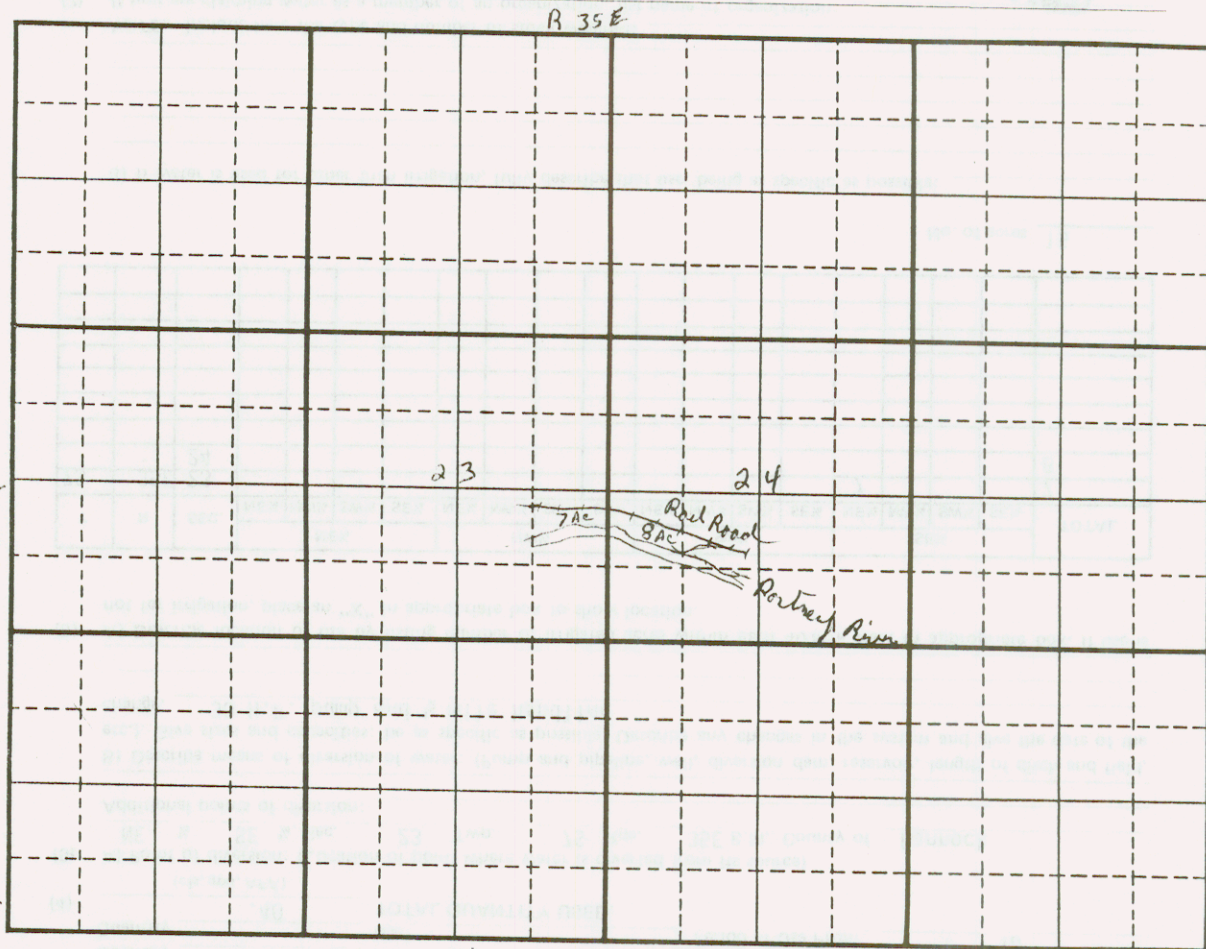
Received by S.M. Date 3-31-83 Exception filed by: _____ Forwarded to: _____ Date: _____
Prelim. check by HWS Date 4-04-83
\$30.00 fee received by N.A. Date 3-31-83
Published in Idaho State Journal
Dates 4/21 : 4/28/83

CLAIM TO A WATER RIGHT

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

MICROFILMED

(8) Remarks _____



Scale: 2 inches equal 1 mile.

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State of Idaho)
County of Bonneville) ss.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge.

Sworn to before me this 1 day of February, 1980.

Theron Smith
(Claimant)
Kathryn A. Walker
Notary Public
Residing at Idaho Falls

My commission expires life

FOR DEPARTMENT USE ONLY

Received by KW Date 2/7/80 Exception filed by: _____ Forwarded to _____ Date _____
Prelim. check by JS Date _____
\$20.00 fee received by KW Date 2/11/80 # 15581 claimant by: _____
Published in Idaho State Journal
Dates 2/21 & 2/28/80