

RECEIVED

APR 01 2005

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Department of Water Resources
Eastern Region

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
21-144			~~21-12285~~		
21-155			21-10229		
21-158			21-12486		
21-2046			21-12507		
~~21-12284~~					

*changed
ownership
of
4/1/05*

*\$75- sent copy to
K.L. 3/30/05*

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)

Cleon Anderson
(Deceased)

4. New Owner/Claimant(s)

Anna Jane Anderson

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

New Mailing Address

1802 E 300 N

City, State and ZIP Code

St Anthony, Idaho, 83445

New Telephone Number

(208) 624-7730

5. Date you acquired the property

Cleon died July 18, 2005

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) Anna Jane Anderson
(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 gc Date 4-1-05 Fee \$ 75 -
 Received by gc Date 4-1-05 Receipt No. E 030737
 Processed by _____ AJ Date _____ WR _____ Date _____

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 JULY 30, 2004

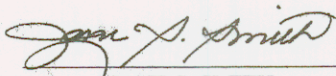
State File No. 2004-05448

DECEDENT - LEGAL NAME CLEON MCCULLOCH ANDERSON			
SEX MALE	SOCIAL SECURITY NUMBER 518-34-8395	AGE 72 YEARS	DATE OF BIRTH OCTOBER 03, 1931
BIRTHPLACE SALEM, IDAHO		PLACE OF RESIDENCE ST. ANTHONY, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) ANNA JANE COLEMAN	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME LEE EARL ANDERSON		BIRTHPLACE IDAHO	
MOTHER - MAIDEN NAME AFTON MCCULLOCH		BIRTHPLACE IDAHO	
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE BERT L. FLAMM	
NAME AND ADDRESS OF FUNERAL FACILITY BERT FLAMM MORTUARY, ST. ANTHONY, IDAHO			
DATE OF DEATH JULY 18, 2004	TIME OF DEATH 12:00 NOON	CITY, TOWN OR LOCATION OF DEATH (EGIN) ST. ANTHONY, IDAHO	COUNTY OF DEATH FREMONT
CAUSE OF DEATH (underlying cause last) a. BLUNT TRAUMA (FX SKULL, RIBS, NECK) b. AUTO ACCIDENT c. d. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			Approximate Interval Between Onset and Death INSTANTLY WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH ACCIDENT		NAME OF CERTIFIER PAUL ROMRELL	TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY JULY 18, 2004	TIME OF INJURY 12:00 NOON	PLACE OF INJURY STREET	INJURY AT WORK? NO
LOCATION WHERE INJURY OCCURRED 1800 E & 400 N, ST ANTHONY 83445, IDAHO			
DESCRIPTION OF HOW INJURY OCCURRED VICTIM FAILED TO YIELD TO CROSS TRAFFIC AT INTERSECTION			

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: AUGUST 11, 2004

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


JANE S. SMITH
STATE REGISTRAR

