

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.

OKge
6/1/05
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JUN 01 2005
 Department of Water Resources
 Eastern Region

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>22-2180</u>	_____	___	_____	_____	___
<u>22-2200</u>	_____	___	_____	_____	___
<u>22-12900</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) JUNIOR OSTERMILLER
E. HWY 33 NEWDALE, ID 83436
4. New Owner/Claimant(s) CAROL OSTERMILLER
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address P.O. Box 142 8881 E. HIGHWAY 33
- City, State and ZIP Code NEWDALE, ID 83436
- New Telephone Number (208) 458-4135
5. Date you acquired the property OCTOBER 8, 1994

data
entry
done
JC
6/1/05

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) Carol Ostermiller
(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 _____
 Received 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

State File No. _____

Local Reg. No. 184#1

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2401 & 39-2402

DECEDENT 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)
	JUNIOR OSTERMILLER						Male	Oct. 8, 1994
	SOCIAL SECURITY NUMBER		AGE — Last Birthday (Yr.)	UNDER 1 YEAR MONTHS	UNDER 1 DAY HOURS	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (City and State or Foreign Country)	
	518 28 8396		63			Oct. 16, 1930	Newdale, Idaho	
	WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		HOSPITAL			OTHER
	☐ Yes ☒ No		(1) ☒ Inpatient		(4) ☐ Home			(6) ☐ Licensed Shelter Home
			(2) ☐ ER Outpatient (3) ☐ DOA		(5) ☐ 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		COUNTY OF DEATH
	Eastern Idaho Reg. Medical Center					Idaho Falls		Bonneville
	MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If male, 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		Carol Godfrey		farmer		Farming	
	RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER		ZIP CODE		
	Idaho	Madison	Newdale	8881 East Hwy. 33		83436		
	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)		DECEDENT'S EDUCATION (Specify only highest grade completed)		
	☒ Yes ☐ No	☐ Yes ☒ No		white		Elementary/Secondary (0-12) 12 College (1-4 or 5+)		
	FATHER — NAME		BIRTHPLACE		MOTHER — FULL MAIDEN NAME		BIRTHPLACE	
	Johann George Ostermiller		Russia		Maria Katherina Kurueger		Russia	
	INFORMANT'S NAME (Type/print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
	Carol G. Ostermiller		P.O. Box 142, Newdale, Idaho 83436					
	METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION — City or Town, State			
	☒ Burial ☐ Cremation ☐ Removal from Idaho		Teton - Newdale Cemetery		RFD Teton City, Idaho			
	DISPOSITION		SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY	
	☐ Donation ☐ Other (Specify)		Gary D. Bidwell		M539		Bidwell Funeral Home P.O. Box 60, St. Anthony, Id. 83445	
	TIME OF DEATH	DATE PRONOUNCED DEAD (Month, Day, Year)	WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)			
	9:45 P.	Oct. 8, 1994	☐ 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)							
	a. Cardio-Respiratory Arrest							
	b. Acute Myocardial Infarction							
	CAUSE OF DEATH							
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST							
	c. Coronary Artery Obstructive Disease							
	d. Atherosclerosis							
	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		
	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							
	NAME AND ADDRESS OF CERTIFIER (Type/print)					LICENSE NUMBER		
	B. SHIELDS STUTTS, M.D. 2860 Channing Way Suite 225, Idaho Falls, Id. 83404					M-5171		
	DATE OF INJURY (Mo., Day, Yr.)	HOUR 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)		LOCATION (Street or Route Number, City/Town, or County, and State)	
	☐ Yes ☐ No		☐ Driver ☐ Passenger ☐ Pedestrian					
	CORONER'S REVIEW AREA		CORONER'S ACTION (Check One)		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)	
			(2) ☐ Reviewed, Completed Items 26 and/or 30					
	REGISTRAR		(1) ☐ Reviewed Only (3) ☐ Reviewed, Amended and Certified		REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)	
					Vickie Stuart		Nov 1, 1994	

VITAL STATISTIC'S COPY

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

52545

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:

Nov 1, 1994

JANE S. SMITH
State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Law Offices
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Of Counsel
Fred J. Hahn

*Also Licensed in Utah and Arizona
**Also Licensed in Missouri & Kansas

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JUN 11 2005

**Department of Water Resources
Eastern Region**

May 31, 2005

Allen B. Ruberry
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-1718

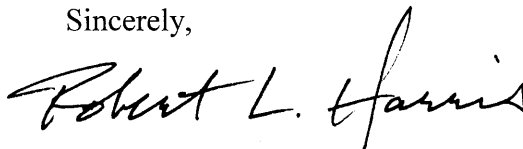
Re: Notice of Change in Water Right Ownership
From Junior Ostermiller to Carol Ostermiller

Dear Allen:

Enclosed with this letter is a Notice of Change in Water Right Ownership filed on behalf of Carol Ostermiller. A few months ago, you and I talked about changing the names on Junior Ostermiller's water rights from his name to his wife's name. As you requested, I have included a copy of Junior Ostermiller's death certificate. As you can see, Junior died on October 8, 1994. Carol Ostermiller, his wife, inherited his real property, including his water rights.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Robert L. Harris

Enclosures

c: Carol Ostermiller