

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.

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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

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 <u>JUNIOR</u> MIDDLE <u>OSTERMILLER</u> LAST		SEX Male	DATE OF DEATH (Month, Day, Year) Oct. 8, 1994
	SOCIAL SECURITY NUMBER 518 28 8396		AGE — Last Birthday (M, D, Y) 63	
	DATE OF BIRTH (Month, Day, Year) Oct. 16, 1930		BIRTHPLACE (City and State or Foreign Country) Newdale, Idaho	
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
PLACE OF DEATH (Check only one) (1) ☒ Inpatient (2) ☐ ER Outpatient (3) ☐ DOA		OTHER (4) ☐ Home (5) ☐ Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify) _____		
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street, and number) Eastern Idaho Reg. Medical Center		CITY, TOWN OR LOCATION OF DEATH Idaho Falls		COUNTY OF DEATH Bonneville
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) married		SURVIVING SPOUSE (If wife, give maiden name) Carol Godfrey		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) farmer
RESIDENCE STATE Idaho		CITY, TOWN OR LOCATION Newdale		STREET AND NUMBER 8881 East Hwy. 33
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
DECEDENT'S EDUCATION (Specify only highest grade completed) 12		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farming		
FATHER — NAME Johann George Ostermiller		BIRTHPLACE Russia		MOTHER — FULL MAIDEN NAME Maria Katherina Kurueger
INFORMANT'S NAME (Type/print) Carol G. Ostermiller		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 142, Newdale, Idaho 83436		
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Teton - Newdale Cemetery		
LOCATION — City or Town, State RFD Teton City, Idaho		SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Gary D. Bidwell		
LICENSE NUMBER (of Licensee) M539		NAME AND ADDRESS OF FACILITY Bidwell Funeral Home P.O. Box 60, St. Anthony, Id. 83445		
TIME OF DEATH 9:45 P. M.		DATE PRONOUNCED DEAD (Month, Day, Year) Oct. 8, 1994		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No
MANNER OF DEATH (Check One) ☒ 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 DUE TO (or as a consequence of): b. Acute Myocardial Infarction DUE TO (or as a consequence of): c. Coronary Artery Obstructive Disease DUE TO (or as a consequence of): 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		
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 B. SHIELDS STUTTS, M.D.		LICENSE NUMBER M-5171		DATE SIGNED (Month, Day, Year) 10-31-94
NAME AND ADDRESS OF CERTIFIER (Type/print) 2860 Channing Way Suite 225, Idaho Falls, Id. 83404				
DATE OF INJURY (Mo., Day, Yr.) _____		HOUR OF INJURY _____		
DESCRIBE HOW INJURY OCCURRED _____		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) _____		
LOCATION (Street or Route Number, City/Town, or County, and State) _____		INJURY AT WORK? ☐ Yes ☐ No		
IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____		CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified		
CORONER'S SIGNATURE _____		DATE SIGNED (Month, Day, Year) _____		
REGISTRAR'S SIGNATURE Vickie Stuart		DATE FILED (Month, Day, Year) Nov 1, 1994		

VITAL STATISTICS 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

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*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

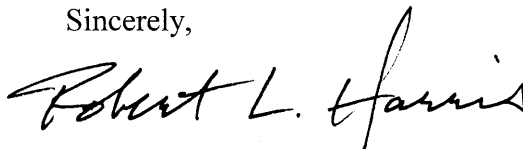
Re: Notice of Change in Water Right Ownership
From Junior Ostermiller to Carol Ostermiller

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