



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE
GOVERNOR

October 31, 2001

KARL J. DREHER
DIRECTOR

FRANKLIN DEAN WRIGHT
607 W 225 S
BLACKFOOT ID 83221

RE: CHANGE IN OWNERSHIP FOR A27-23F, 27-27C AND 27-37K

Dear Mr. Wright:

The request for Change in Ownership concerning the Notice(s) of Claim in the above reference has been processed and the Notice(s) modified to reflect you as the new owner(s).

Enclosed is a copy of the Notice(s) of Claim, with your name shown as the current owner. Review the forms and if there are other corrections or questions, feel free to contact this office.

If there are no questions or corrections, please keep this Notice for your records.

Respectfully submitted,

Cheri Vandermeulen
Records Clerk

Enclosure: Notice(s) of Claim

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

OK JC 10/31/01
RECEIVED

OCT 30 2001

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, 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>27-23F</u>					
<u>27-27C</u>					
<u>27-37K</u>					
<u>27-27D</u>					
<u>27-37D</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)

Phyllis Wright

4. New Owner/Claimant(s)

Franklin Dean Wright

Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

Franklin Dean Wright

City, State and ZIP Code

607 W 2255 Blackfoot Id 83221

New Telephone Number

208.785-2399

5. Date you acquired the property

Aug 9 - 2001

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) Franklin D Wright
(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 AW Date 10/30/01 Fee \$150.00
 Receipted by AW Date 10/30/01 Receipt No. EO27230
 Processed by _____ AJ Date _____ WR _____ Date _____

STATE OF IDAHO
COUNTY OF BINGHAM } SS

KEVIN B. HOMER, ESQ. – Idaho State Bar No. 2901
381 Shoup Avenue -- P.O. Box 51015
Idaho Falls, Idaho 83405
Telephone: (208) 523-9131
Attorney for Petitioner

I hereby certify that the foregoing instrument is a full,
true and correct copy of the original on file in the
office of the undersigned Clerk of the Magistrate's
Division, District Court of the Seventh Judicial District of
Idaho, for Bingham County.

Date

August 3rd 2001

JUDIE HAMPTON

Clerk Dist. Court Magistrate Div.

By

Deputy Clerk
Deputy Clerk

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO -- IN AND FOR BINGHAM COUNTY

IN THE MATTER OF)

Case Nr SP 00-562

PHYLLIS EDNA CLEMENT WRIGHT,)

**ORDER OF
EMERGENCY APPOINTMENT OF
GUARDIAN AND CONSERVATOR**

An Incapacitated Person.)

This matter came before the Court *ex parte* on the verified Petition of Franklin Dean Wright seeking, pursuant to Idaho Code § 15-5-310, his immediate appointment as the temporary guardian of his mother, Phyllis Edna Clement Wright, and as the temporary conservator of her financial resources, pending a hearing on a petition for his subsequent permanent appointment to those positions once a guardian *ad litem*, visitor and physician can be appointed by the Court and a hearing scheduled and conducted.

The court has reviewed that verified Petition and finds that an emergency does exist within the contemplation of Idaho Code § 15-5-310—namely, that Phyllis Edna Clement Wright suffers from hallucinations severely enough that she is apparently unable and unwilling to make decisions necessary to her physical well being, and that she does require the emergency appointment of a guardian in order to protect her best interests and ensure that she does receive necessary medical care. The Court finds that the petitioner—Franklin Dean Wright—is her only son and is therefore an appropriate person to serve as that temporary guardian. The Court finds further that it is appropriate to appoint the petitioner as the conservator of his mother's financial estate, in order to allow him to provide for payment of medical expenses, etc., to the extent that such expenses are not paid by Medicare, Medicaid, other government grants, or any private insurance funds which may be available.

COPY

IT IS THEREFORE ORDERED:

1. Pursuant to Idaho Code § 15-5-310, the petitioner, Franklin Dean Wright, who resides at 607 West 225 South, Blackfoot, Bingham County, Idaho, is hereby *immediately* appointed, on a temporary basis for a period not to exceed six (6) months from the date of this Order, the Temporary Guardian of his mother, Phyllis Edna Clement Wright, born February 9, 1912;

2. Franklin Dean Wright is hereby appointed, on that same basis, the Temporary Conservator of the financial estate of Phyllis Edna Clement Wright;

3 The petitioner is hereby directed to file with the Court his formal Petition for Appointment of Guardian and Conservator, which shall nominate appropriate persons to serve as the guardian *ad litem*, visitor and physician for Phyllis Edna Clement Wright in this guardianship proceeding;

4. Both immediately, pending that permanent appointment, and permanently thereafter, the petitioner is directed to submit to the Court at least monthly his sworn accounting of all funds belonging to Phyllis Edna Clement Wright accessed by the petitioner, all financial and business transactions conducted by the petitioner on behalf of Phyllis Edna Clement Wright, and all other ways in which he has used any of the funds, credit, or other aspects of the financial estate of Phyllis Edna Clement Wright;

5. Letters of Temporary Guardianship and Conservatorship shall immediately issue;

6. This Order shall be subject to revocation by the Court at any time, upon showing of good cause by any person.

Dated this 3rd day of August, 2001.

By the Court: JAMES L. MARTSCH
Magistrate Judge

CERTIFICATION OF VITAL RECORD

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

State of Idaho CERTIFICATE OF DEATH

State File No. _____
Local Reg. No. 6-403

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

DECEDENT NAME: Phyllis Edna Wright SEX: Female DATE OF DEATH: August 9, 2001

SOCIAL SECURITY NUMBER: 518-14-2008 AGE: 89 DATE OF BIRTH: February 9, 1912 BIRTHPLACE: Moreland, Idaho

PLACE OF DEATH: HOSPITAL (1) ☐ Inpatient (4) ☒ Long-Term Care Facility (6) ☐ Other Private Residence
(2) ☐ ER/Outpatient (3) ☐ DOA (5) ☐ Own Residence (7) ☐ Other (Specify) _____

FACILITY NAME AND ADDRESS (if not a hospital, enter name of place, street and number): Portneuf Valley Rehabilitation Center CITY/TOWN OR LOCATION OF DEATH: Pocatello COUNTY OF DEATH: Bannock

MARITAL STATUS: Widowed SURVIVING SPOUSE (if wife, give maiden name): _____ DECEDENT'S USUAL OCCUPATION (give kind of work done): Homemaker KIND OF BUSINESS, INDUSTRY (during most of working life. Do not use retired.): Own Home

RESIDENCE STATE: Idaho COUNTY: Bingham CITY/TOWN OR LOCATION: Blackfoot STREET AND NUMBER: 607 West 225 South ZIP CODE: 83221

WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.): No RACE: White IS DECEDENT'S EDUCATION (Specify only highest grade completed): 12 (Elementary/Secondary (9-12) College (13-16 or 17+))

PARENTS

FATHER - NAME: Clarence Morain Clement BIRTHPLACE: Utah MOTHER - FULL MAIDEN NAME: Florence Weaver BIRTHPLACE: Idaho

INFORMANT

INFORMANT'S NAME (Type/Print): Dean Wright MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 607 West 225 South Blackfoot, Idaho 83221

DISPOSITION

METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from Idaho
☐ Donation ☐ Other (Specify) _____ PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Moreland Cemetery LOCATION - City or Town, State: Moreland, Idaho

CAUSE OF DEATH

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Kevin J. Dietrich LICENSE NUMBER OR LICENSEE NAME AND ADDRESS OF FACILITY: M-748 Hawker Hill Funeral Home 214 S. University Blackfoot, ID 83221

TIME OF DEATH: 4:30 A.M. August 9, 2001 (DATE PRONOUNCED DEAD, Month, Day, Year) WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No MANNER OF DEATH (Check One): ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined

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): Dehydration & Renal Failure
DUE TO (or as a consequence of): _____
UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: Obstructed Circulation of Probable repeat CVA
DUE TO (or as a consequence of): _____
Cerebrovascular Disease & Ischemic Hemorrhage
DUE TO (or as a consequence of): _____

PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I: G-I bleed - etial UK

WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No

CERTIFIER

CERTIFIER (Check only one): ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the causes 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: John B. Reichman, MD LICENSE NUMBER: M-3714 DATE SIGNED (Month, Day, Year): 8/21/01

NAME AND ADDRESS OF CERTIFIER (Type/Print): Dr. John B. Reichman 333 North 18th Avenue Pocatello, Idaho 83201

TO BE USED FOR EXTERNAL CAUSES ONLY

DATE OF INJURY (Mo., Day, Year): _____ HOUR OF INJURY: _____ DESCRIBE HOW INJURY OCCURRED: _____

INJURY AT WORK? ☐ Yes ☐ No IF TRANSPORTATION ACCIDENT, Specify: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____ PLACE OF INJURY - at home, farm, street, factory, office building, etc. Specify: _____ LOCATION - Street or Route Number, City/Town or County, and State: _____

CORONER'S REVIEW AREA

CORONER'S SIGNATURE: _____ CORONER'S SIGNATURE: _____ DATE SIGNED (Month, Day, Year): _____

REGISTRAR

REGISTRAR'S SIGNATURE: Jane S. Smith DATE FILED (Month, Day, Year): Aug. 21, 2001

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: Aug. 21, 2001

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

JANE S. SMITH
STATE REGISTRAR



Idaho Department of Water Resources Receipt

Receipt ID E027230

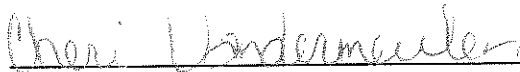
Payment Amount \$50.00 Date Received 10/30/2001 11:57:56 AM Region Eastern Status
Payment Type Check Check Number 838

Payer WRIGHT, FRANKLIN DComment 27-27D AND 27-37D

Fee Detail

Amount Description

Fund FD PCA SO

\$50.00 OWNERSHIP CHANGES/SECURITY INTERESTS 0229 21 63140 1155

Signature Line (Dept. Representative)