

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 (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
	422-7009	N			

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)

Margaret M. Ward

5517 W. 5000 S. Rexburg, ID

- ☒ 4. New Owner/Claimant(s)

Joyce Randklev

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

New Mailing Address

201 E. Chapel Downs Dr.

City, State and ZIP Code

Southlake, TX. 76092

New Telephone Number

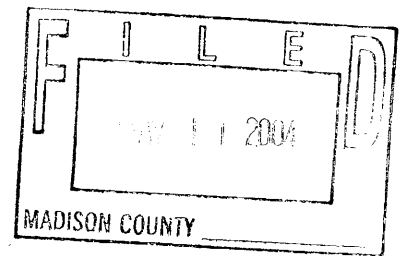
(817) 488-9922

- ☒ 5. Date you acquired the property

10-13-2003

RECEIVED
DEC 14 2005
Department of Water Resources
Eastern Region

Gordon S. Thatcher
of RIGBY, THATCHER, ANDRUS,
RIGBY & MOELLER, *Chartered*
Attorneys at Law
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Rexburg, Idaho 83340
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Idaho State Bar #880



Attorneys for Personal Representative

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR MADISON COUNTY

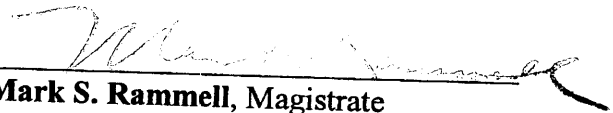
IN THE MATTER OF THE ESTATE OF)
MARJORIE MAY WARD,)
Deceased.)

Case No. 04- 243

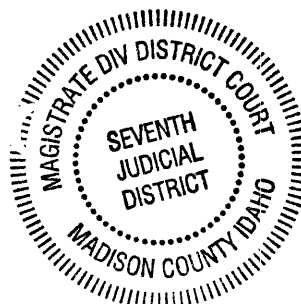
LETTERS TESTAMENTARY

The Court having admitted the Will of MARJORIE MAY WARD to probate in informal proceedings, Joyce Randklev, who is duly qualified, is hereby appointed Personal Representative of the estate of MARJORIE MAY WARD, deceased, to serve without supervision, restriction or bond.

WITNESS: Mark S. Rammell, Magistrate of the above entitled Court with the seal thereof affixed this 11 day of May, 2004.


Mark S. Rammell, Magistrate

CERTIFICATE
I HEREBY CERTIFY THE
FOREGOING INSTRUMENT
TO BE A TRUE AND COR-
RECT COPY OF THE ORIG-
INAL ON FILE IN MY
OFFICE.
DATED 10-19-04
Marilyn R. Rasmussen
Madison County Clerk,
Auditor and Recorder.
Clerk of the District Court
By AW Deputy



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 OCTOBER 27, 2003

State File No. 2003-07958

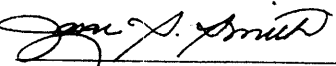
DECEDENT - LEGAL NAME MARJORIE MAY WARD			
SEX FEMALE	SOCIAL SECURITY NUMBER 519-52-9017	AGE 83 YEARS	DATE OF BIRTH AUGUST 01, 1920
BIRTHPLACE REXBURG, IDAHO		PLACE OF RESIDENCE REXBURG, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CHARLES JENKINS			BIRTHPLACE KANSAS
MOTHER - MAIDEN NAME EMMA ANDERSON			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE GARTH E. FLAMM	
NAME AND ADDRESS OF FUNERAL FACILITY FLAMM FUNERAL HOME, INC., REXBURG, IDAHO			
DATE OF DEATH OCT. 13, 2003	TIME OF DEATH 8:38 A.M.	CITY, TOWN OR LOCATION OF DEATH REXBURG, IDAHO	COUNTY OF DEATH MADISON
CAUSE OF DEATH (underlying cause last) a. RENAL FAILURE			Approximate Interval Between Onset and Death 4 HOURS 48 - 72 HOURS 48 - 72 HOURS
b. RHABDOMYOLYSIS			
c.			
d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above FALL AT HOME			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER ALAN JEFFERY, D.O.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
REVIEWED AND IF NECESSARY AMENDED THE MEDICAL SECTION: RICK DAVIS			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

SUPPLEMENTAL INFORMATION ADDED 11/06/2003

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: NOVEMBER 06, 2003

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


JANE S. SMITH
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE