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Kira M. Slawson
Stanley K. Stoll
Thomas C. Sturdy

March 22, 2004

Cindy E. Bird
Adjudication Bureau
Idaho Dept. of Water Resources
15 West Center Street
Soda Springs, Idaho 83276

Re: SRBA Claim 27-2048

Dear Ms. Bird:

In response to your letter of February 18, 2004, to my mother Naomi Christensen, I enclose the requested change in address form as well as a copy of the death certificate of my father, Thomas F. Christensen, and a copy of Letters Testamentary issued to me as the Personal Representative of my father's estate. My mother, Naomi Christensen, is entitled to all of my father's interest in the water rights described in the enclosures to your letter. In the near future, we anticipate transferring such rights to my mother's living trust or to a limited liability company with my mother and her children. For the present time, however, my mother is the owner of all of my father's interest in the water rights.

Please let me know if you need any additional information.

Very truly yours,

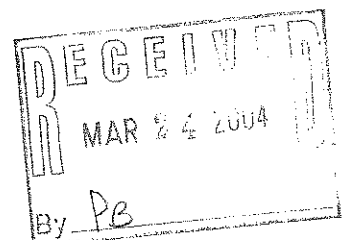


Thomas Christensen, Jr.

TC/ajc

Enclosures

cc: Naomi L. Christensen



**SNAKE RIVER BASIN ADJUSTICATION
CHANGE IN ADDRESS OF NOTICE OF CLAIM**

27-11730

Claim Number(s): 27-2048 27-11728 27-11729

Previous Mailing Address: Thomas Christensen
845 E 1000 N
Shelley ID 83274

New Mailing Address: Naomi Christensen
845 E 1000 N
Shelley ID 83274

Telephone Number: (801) 521-7900 and 208-357-7382

Signature of Claimant(s): Naomi Christensen
Thomas Christensen P.R. of
Estate of Thomas F. Christensen

Please return this completed form to the address indicated below:

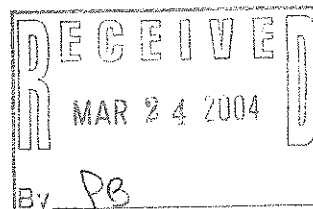
☐ Adjudication Bureau
Idaho Dept. of Water Resources
1301 N. Orchard St.
Boise, ID 83706-2237
Ph. 1/800/451-4129 or
FAX 208/327-5400

☐ Adjudication Bureau
Idaho Dept. of Water Resources
1341 Fillmore St., Ste. 200
Twin Falls, ID 83301-3380 or
FAX 208/736-3037

☐ Adjudication Bureau
Idaho Dept. of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Ph. 208/334-2190 or
FAX 208/334-2348

☐ Adjudication Bureau
Idaho Dept. of Water Resources
900 N. Skyline, Ste A.
Idaho Falls, ID 83402-3653 or
FAX 208/525-7177

➔ ☒ Adjudication Bureau
Idaho Dept. of Water Resources
15 West Center Street
Soda Springs, ID 83276
Ph. 208/547-3993 or
FAX 208/547-3939



STEPHEN J. BLASER

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Blackfoot, Idaho 83221

(208) 785-4700
Fax No. (208) 785-7080
I.S.B. #1923

2001 NOV 21 AM 11:48
CLERK
11-21-01
JL

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BINGHAM
MAGISTRATE DIVISION

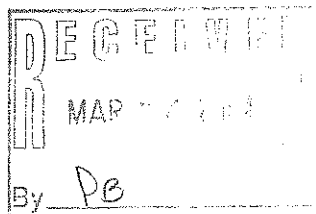
In the Matter of the Estate of)
) Case No. SP 01- 875
THOMAS F. CHRISTENSEN,)
) LETTERS TESTAMENTARY
Deceased.)
)
)
)

1. Thomas Christensen, Jr. was duly appointed and qualified as Personal Representative of the estate of the above-named decedent on the 21 day of November, by the Magistrate acting as Registrar with all authority pertaining thereto.

2. Administration of the estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS my signature and the seal of this Court, this 21 day of November, 2001.



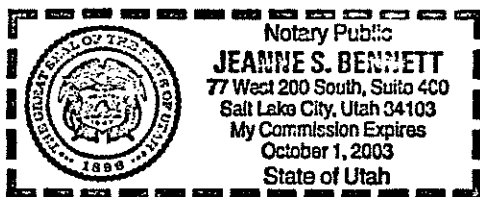
MAGISTRATE

STATE OF UTAH)
) ss.
County of SALT LAKE)

I, THOMAS CHRISTENSEN, JR., hereby accept the duties as personal representative of the estate of Thomas F. Christensen, deceased, and do solemnly swear that I will perform according to law the duties of personal representative of the estate of Thomas F. Christensen, deceased.


THOMAS CHRISTENSEN, JR.

SUBSCRIBED AND SWORN to before me this 12th day of November, 2001.




 Notary Public for State of Utah
 Residing at SLC Utah

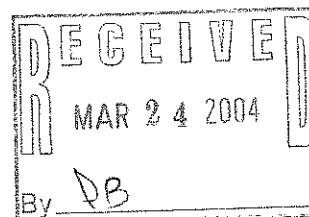
My cmn exprs:

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed OCTOBER 15, 2001

State File No. 2001-07230

DECEDENT - NAME THOMAS FRANKLIN CHRISTENSEN				AGE 81 YEARS	
DATE OF DEATH OCT. 04, 2001		SEX MALE	SOCIAL SECURITY NUMBER 518-18-2416	DATE OF BIRTH FEB. 16, 1920	BIRTHPLACE IDAHO
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARTIAL STATUS MARRIED		SURVIVING SPOUSE (If wife, maiden name) NAOMI LAWRENCE	
CITY, TOWN OR LOCATION OF DEATH SHELLEY, IDAHO		RESIDENCE STATE IDAHO			
FATHER - NAME RENN CHRISTENSEN				BIRTHPLACE UTAH	
MOTHER - FULL MAIDEN NAME ESTHER GARDNER				BIRTHPLACE IDAHO	
NAME AND ADDRESS OF MORTUARY NALDER'S FUNERAL HOME, SHELLEY, IDAHO					
FUNERAL SERVICE LICENSEE JASON PHILLIP MECHAM					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 7:45 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. MYOCARDIAL INFARCTION					Approximate Interval Between Onset and Death IMMEDIATE
b. DUE TO (or as a consequence of): INCIDENT TO AGE					
c. DUE TO (or as a consequence of):					
d. DUE TO (or as a consequence of):					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE LISTED					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER KENNETH JOHNSON				TITLE OF CERTIFIER CORONER	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			



This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: OCTOBER 16, 2001

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE