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FEB 23 2006

DEPARTMENT OF
WATER RESOURCES

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA)

A.)

Subcase

63-3004

(Insert water right number)

Case No. 39576)

STANDARD FORM 1
OBJECTION

Please fill in the following information:

B. NAME AND ADDRESS OF PERSON OBJECTING

Name:

Joy Lynn

Address:

4050 Chaparral Road

Eagle, ID 83616

Daytime Phone:

208-286-9533

Name & Address of Attorney, if any:

C. CLAIMANT OF WATER RIGHT AS LISTED IN DIRECTOR'S REPORT

Name:

D Mark Lynn, Joy Lynn

Address:

4050 Chaparral Road

Eagle, ID 83616

D. I object to the following elements as recommended in the Director's Report. (Please check the appropriate box(es)).

1. ☒ **Name and Address**
Should be: Joy Lynn
2. ☐ **Source**
Should be: _____
3. ☒ **Quantity**
Should be: 0.6 AFY domestic
4. ☐ **Priority Date**
Should be: _____
5. ☐ **Point of Diversion**
Should be: _____
6. ☐ **Instream Flow Beginning and Ending Point**
Should be: _____
7. ☐ **Purpose(s) of Use**
Should be: _____
8. ☐ **Period of Year**
Should be: _____
9. ☐ **Place of Use**
Should be: _____
10. ☐ **I object because:**
 - ☐ This water right Should not exist.
 - ☐ This water right was not recommended, but Should be recommended with the elements described above.

E. REASONS SUPPORTING OBJECTIONS(S): _____

- ① Name and Address - D Mark Lynn (joint owner and husband of Joy Lynn) is deceased.
- ② Quantity - domestic volume is incorrect; appears to be a typo error. All other quantity elements are correct.

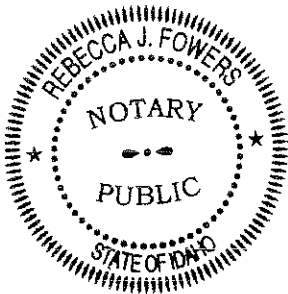
F.

VERIFICATION (must be completed)

State of Idaho)
)ss.
County of Ada)

Joy Lynn, duly sworn, upon oath, deposes and says:
(Name of person filing objection)

That I am the party/claimant filing this objection, as defined by I.C. §§ 42-1401A(1) and (6) or that I am the attorney for the party/claimant objecting and that I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.



Joy Lynn
(Signature of person filing objection)

(Attorney signing in representative capacity)

Subscribed and sworn to before me on: February 7th, 2006

Rebecca J. Fowers
Notary Public, for Idaho
Residing at: Bowen, ID
My Commission Expires: 9/1/2009

INSTRUCTIONS FOR MAILING

You must mail the objection, to the Clerk of the court. **FAX filings will not be accepted.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

G. CERTIFICATE OF MAILING

I certify that on February 22, 2006, I mailed the original and copies of this objection, including all attachments, to the following persons:

1. Original to:

Clerk of the District court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. One copy to the claimant of the water right at the following address:

Name: Joy Lynn
Address: 4050 Chaparral Rd
Eagle ID 83616

3. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
550 W Fort Street, MSC 033
Boise, ID 83724

Chief, Natural Resources Division
Office of Attorney General
PO Box 44449
Boise, ID 83711-4449

Joy Lynn
Signature of objector or attorney
mailing on Objector's behalf

12/12/2005

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 63-3004

NAME AND ADDRESS: ~~B MARK LYNN~~ *Deceased*
~~4050 CHAPARRAL RD.~~
~~EAGLE ID 83616~~

JOY LYNN
4050 CHAPARRAL RD
EAGLE ID 83616

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.500 CFS
112.60 AFY

This right when combined with Right Nos. 63-11996, 63-12450, & 63-28379 shall provide no more than .02 cfs per acre or 4.5 afa per acre.

PRIORITY DATE: 11/04/1954

POINT OF DIVERSION: T05N R01W S3 SENWNE Lot 2 Within ADA County

PURPOSE AND PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.020 CFS 0.06 AFY
IRRIGATION	03/15 11/15	0.500 CFS 112.50 AFY

Domestic use is for 1 home and does not include lawn, garden, landscape, or other types of irrigation.

PLACE OF USE: IRRIGATION Within ADA County

T05N R01W S03 Lot 1 NENE	9.00	T05N R01W S03 Lot 2 NWNE	6.00
T06N R01W S34 SWSE	0.50	T06N R01W S34 SESE	9.00
T06N R01W S35 SWSW	0.50		

DOMESTIC Within ADA County

T05N R01W S03 Lot 2 NWNE

25 ACRES TOTAL

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License

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

Date Filed APRIL 06, 2004

State File No. 2004-02376

DECEDENT - LEGAL NAME DAVID MARK LYNN			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 56 YEARS	DATE OF BIRTH NOVEMBER 30, 1947
BIRTHPLACE LONGVIEW, WASHINGTON		PLACE OF RESIDENCE EAGLE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) MARJORIE JOY MCKELLOP	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CORBETT LYNN			BIRTHPLACE KENTUCKY
MOTHER - MAIDEN NAME LUCILLE DAMERON			BIRTHPLACE KENTUCKY
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE N. QUINN PETERSON	
NAME AND ADDRESS OF FUNERAL FACILITY SUMMERS FUNERAL HOME, BOISE, IDAHO			
DATE OF DEATH MAR. 31, 2004	TIME OF DEATH 1:10 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. BRAIN HERNIATION b. BRAIN HEMORRHAGE c. d.			Approximate Interval Between Onset and Death 1 DAY
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER TIMOTHY JOHN JOHANS, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

QUERY INFORMATION ADDED 05/05/2004



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: MAY 06, 2004

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