

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
77-4074	186145	—			
77-4074	186146	—			
77-4074	186147	—			

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)

Clyde J. Sampson (deceased)
325 Franklin Pocatello, Id 83201

4. New Owner/Claimant(s)

Wilma Sampson, Sally Jones, Susan Maughan,
 Name Connector (Check one): ☐ and, ☐ or ☒ and/or Robert Sampson

New Mailing Address

2065 Faye Lane

City, State and ZIP Code

Pocatello, Id 83201

New Telephone Number

208-251-2192

5. Date you acquired the property

January 30, 2002

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) Sally S. Jones
(include title if applicable) OWNER - Representative

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

20105537

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

COMMUNITY PROPERTY AGREEMENT ON FILE 10s20-0711 BOOK #244 INST.# 485934

CERTIFICATE OF DEATH

State File No
Local Reg. No. 6-128

DECEDENT	DECEDENT - NAME		SEX	DATE OF DEATH
	Clyde Jay Sampson		Male	March 6, 2001
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH	BIRTH-PLACE
	[REDACTED]	80	Oct. 27, 1920	Delta, Utah
WAS DECEDENT EVER IN U.S. ARMED FORCES?	PLACE OF DEATH			
	☒ Yes ☐ No ☐ (1) Inpatient ☐ (2) ERY/Outpatient ☐ (3) DCA ☐ (4) Long-Term Care Facility ☐ (5) Own Residence ☐ (6) Other Private Residence ☐ (7) Other (Specify)			
FACILITY NAME AND ADDRESS (if not a hospital, enter name of place, street and number)	CITY/TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
	325 Franklin Ave.		Pocatello Bannock	
MARITAL STATUS	SURVIVING SPOUSE (if wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (give kind of work done during most of working life. Do not use retired.)	
Married	Wilma Ward		Plumber/Pipe Fitter Industrial Contractor	
RESIDENCE STATE	COUNTY	CITY/TOWN OR LOCATION	STREET AND NUMBER	ZIP CODE
Idaho	Bannock	Pocatello	325 Franklin Ave.	83201
INSIDE CITY LIMITS	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.)		DECEDENT'S EDUCATION (Specify only highest grade completed)	
☒ Yes ☐ No	☐ Yes ☒ No		Elementary/Secondary (0-12) College (13-16 or 17+)	
FATHER - NAME		BIRTH-PLACE	MOTHER - FULL MAIDEN NAME	BIRTH-PLACE
Clyde Anthony Sampson		Utah	Crystal Haskett	Indiana
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
Wilma Sampson		325 Franklin Pocatello, ID 83201		
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		
☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		Restlawn Memorial Gardens Pocatello, Idaho		
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (License Number for Licensee)		NAME AND ADDRESS OF FACILITY		
[Signature]		Colonial Funeral Home 2005 S. 4th Ave. Pocatello, ID 83204		
TIME OF DEATH (Date pronounced dead, Month, Day, Year)		MANNER OF DEATH (Check One)		
7:00 A.M., March 6, 2001		☐ Yes ☒ No ☐ 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. Approximate interval between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Ischemic Cardiomyopathy > 1 yr				
b. DUE TO (or as a consequence of)				
c. DUE TO (or as a consequence of)				
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.				
WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
☐ Yes ☒ No		☐ 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		LICENSE NUMBER	DATE SIGNED (Month, Day, Year)	
[Signature]		0-173	3/8/01	
NAME AND ADDRESS OF CERTIFIER (Type/Print)				
Dr. Thomas Davis 333N. 18th Ave. Bldg. B Pocatello, Idaho				
DATE OF INJURY (Mo, Day, Yr)		HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
TO BE USED FOR EXTERNAL CAUSES ONLY				
INJURY AT WORK? IF TRANSPORTATION ACCIDENT, Specify				
☐ Yes ☐ No ☐ 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				
I have reviewed and/or amended, and certified.				
REGISTRAR'S SIGNATURE				
[Signature]				
DATE FILED (Month, Day, Year)				
Mar. 8, 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: Mar. 8, 2001

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

JANE S. SMITH
STATE REGISTRAR

2-2

20105537

NO 20105537
RECORDED AT REQUEST OF
Wilma Sampson
2001 MAR 23 PM 3 19

BOOK NO 778
BANK IDAHO
LARRY W. GARDNER
REC'D 6.00 *J*

STATE OF IDAHO County of Bannock

This copy of a death certificate was issued by
the District Health Department prior to filing
with the Idaho Bureau of Vital Records.

[Signature]

Local Vital Statistics Registration Official

000999306