

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.

RECEIVED
APR 10 2003
Department of Water Resources
Eastern Region

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>done 8c</u> <u>4-11-03</u>	<u>29-10698</u>	☐	_____	_____	☐
	<u>29-4067</u>	☐	_____	_____	☐
	<u>29-7658</u>	☐	_____	_____	☐
_____	_____	☐	_____	_____	☐
_____	_____	☐	_____	_____	☐

The following REQUIRED information must be submitted with this form:

- A. The appropriate FILING FEE. See instructions for fee amounts. + death certificate
- 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.

Name and Address of Former
Owner/Claimant(s)

Virgil Germer

New Owner/Claimant(s)

Laura Germer

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

Same
New Mailing Address

5268 W Fortneut Rd

City, State and ZIP Code

Idaho Id. 83245-1611

New Telephone Number

(208) 775-3782

5.

Date you acquired the property

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

CERTIFICATE OF DEATH

Date Filed OCTOBER 02, 1995

State File No. 1995-05852

DECEDENT - NAME VIRGIL T. GERMER				AGE 67 YEARS	
DATE OF DEATH SEPT. 21, 1995		SEX MALE	SOCIAL SECURITY NUMBER ~~000-00-0000~~	DATE OF BIRTH MAR. 03, 1928	
BIRTHPLACE IDAHO		WAS DECEDENT EVER IN U.S. ARMED FORCES? YES		MARITAL STATUS MARRIED	
SURVIVING SPOUSE (if wife, maiden name) LAURA B. ABBEY		CITY, TOWN OR LOCATION OF DEATH POCATELLO, IDAHO			
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION INKOM			
FATHER - NAME JOHN GERMER				BIRTHPLACE IDAHO	
MOTHER - FULL MAIDEN NAME VIRGINIA BERDOLLI				BIRTHPLACE ITALY	
NAME AND ADDRESS OF MORTUARY MANNING-WHEATLEY FUNERAL CHAPEL, POCATELLO, IDAHO					
FUNERAL SERVICE LICENSEE MICHAEL S. HAMMOND					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 7:00 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. MULTIPLE METASTATIC CA TO BRAIN					Approximate Interval Between Onset and Death MONTHS
b. DUE TO (or as a consequence of): LUNG CA					MONTHS
c. DUE TO (or as a consequence of): SMOKING					YEARS
d. DUE TO (or as a consequence of):					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above CONCURRENT CVA 2NDARY BRAIN METS					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER CHRISTOPHER C. SHIELDS, M.D.				TITLE OF CERTIFIER PHYSICIAN	
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 CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: DECEMBER 12, 2000

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