Form 42-248/42-1409(6) July, 2000

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Department of Water Resources
Eastern Region

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
	29-07067				

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): LEWIS L PROBART
   WILMA J PROBART

4. New Owner/Claimant(s): LEWIS L. PROBART
   Name Connector (Check one): [ ] and, [ ] or, [ ] and/or

   New Mailing Address: 2475 ADA ST

   City, State and ZIP Code: POCATELLO, ID 83201

   New Telephone Number: (208) 237-9045

5. Date you acquired the property: _____

WILMA PROBART PASSED AWAY 6/9/1997,
COPY OF DEATH CERTIFICATE ATTACHED.
SPOUSE, LEWIS L PROBART IS SOLE OWNER
OF PROPERTY.

Delia L Cheatum, POA
208-239-2146

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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) (include title if applicable) LEWIS L PROBART
Delma L Cheatum
power of attorney

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 _____
Receipted by _____ Date _____ Receipt No. _____
Processed by _____AJ Date _____ WR _____ Date _____

COPY OF POWER OF ATTORNEY ATTACHED

STATE OF IDAHO

Department of Water Resources
Eastern Region

not owned by Lewis Product - area marked with X

Water Right(s): 29-07067

see copy of map



1320 0 1320 2640 Feet

Total Irrigated Acres: 7.0

- Point(s) of Diversion
- Place of Use
- Quarter Quarter Lines
- Section Lines

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GIS Place of Use Illustration
1987/1988 NAPP Photography
Prepared by: C. Saxton
Date: March 2002

PROBART PROPERTY
OUTLINED IN BLACK



NO REPRODUCTION OF THIS MATERIAL IN ANY FORM IS AUTHORIZED
WITHOUT WRITTEN CONSENT OF THE CITY OF POCATELLO.
THE CITY OF POCATELLO DOES NOT GUARANTEE THE INFORMATION
CONTAINED IN THIS MAP TO BE AN ACCURATE
REPRESENTATION OF ACTUAL CONDITIONS OR PROPERTY LINES.

View1

1"=100'

CORRECTED MAP

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY
State of Idaho

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 29-241(k) & 39-274

State File No. _____
Local Reg. No. 6-236

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN

NAME OF DECEDENT. For use by physician or institution

1. DECEDENT — NAME (First)	(Middle)	(Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Wilma	Jane	Probart	Female	June 9, 1997

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Yrs.)	5b. UNDER 1 YEAR MONTHS / DAYS	5c. UNDER 1 DAY HOURS / MINS.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	78			September 26, 1918	Idaho Falls, Idaho

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one)	HOSPITAL	OTHER
☐ Yes ☒ No		(1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA	(4) ☐ Long-Term Care Facility (5) ☒ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)

9b. FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)	9c. CITY, TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
(residence) 795 Leo Lane	Pocatello	Bannock

10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS / INDUSTRY
married	Lewis LeRoy Probart	Homemaker	Home

13a. RESIDENCE STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER	13e. ZIP CODE
Idaho	Bannock	Pocatello	795 Leo Lane	83204

13f. INSIDE CITY LIMITS?	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE — American Indian, Black, Japanese, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	☐ Yes ☒ No (Specify):	White	12	

PARENTS

17a. FATHER — NAME	17b. BIRTHPLACE	18a. MOTHER — FULL MAIDEN NAME	18b. BIRTHPLACE
Lawrence Leonard Drake	Utah	Agnes Janette Park	Idaho

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Lewis LeRoy Probart	795 Leo Lane, Pocatello, Idaho, 83204

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION — City or Town, State
☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____	Southeast Idaho Crematory	Blackfoot, Idaho

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (or Licensee)	22. NAME AND ADDRESS OF FACILITY
[signature]	M765	Colonial Funeral Home 2005 S. 4th Ave., Pocatello, Idaho

23. TIME OF DEATH	24. DATE PRONOUNCED DEAD (Month, Day, Year)	25. WAS CASE REFERRED TO CORONER?	26. MANNER OF DEATH (Check One)
12:25 P M	June 9, 1997	☐ Yes ☒ No	☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined

CAUSE OF DEATH

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, shock, or heart failure. List only one cause on each line.

	IMMEDIATE CAUSE	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ►	a. Cerebrovascular Disease	Weeks
	DUE TO (or as a consequence of):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	b.	
	DUE TO (or as a consequence of):	
	c.	
	DUE TO (or as a consequence of):	
	d.	

27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

29a. 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.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
[signature]	M3188	6/11/97

29e. NAME AND ADDRESS OF CERTIFIER (Type/Print)
C. Peter Groom M.D.- 707 N. 7th- Pocatello, Idaho 83201

TO BE USED FOR EXTERNAL CAUSES ONLY

30a. DATE OF INJURY (Mo., Day, Yr.)	30b. HOUR OF INJURY	30c. DESCRIBE HOW INJURY OCCURRED

30d. INJURY AT WORK?	30e. IF TRANSPORTATION ACCIDENT, Specify	30f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	30g. LOCATION (Street or Route Number, City/Town, or County, and State)
☐ Yes ☐ No	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____		

CORONER'S REVIEW AREA

31a. CORONER'S ACTION (Check One)	31b. CORONER'S SIGNATURE	31c. DATE SIGNED (Month, Day, Year)
(1) ☐ Reviewed Only (2) ☐ Reviewed and/or Amended, and Certified		

REGISTRAR

32a. REGISTRAR'S SIGNATURE	32b. DATE FILED (Month, Day, Year)
► Kathrin Vreeland (Deputy)	June 12, 1997

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Eastern Region

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: June 12, 1997

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

JANE S. SMITH
STATE REGISTRAR

MIDWEST BANK NOTE COMPANY
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DURABLE POWER OF ATTORNEY

TO PERSON EXECUTING THIS DOCUMENT:

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS.

1. THIS DOCUMENT MAY PROVIDE THE PERSON YOU DESIGNATE AS YOUR ATTORNEY-IN-FACT WITH BROAD POWERS TO DISPOSE, SELL, CONVEY AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY.

2. THESE POWERS WILL EXIST FOR AN INDEFINITE PERIOD OF TIME UNLESS YOU LIMIT THEIR DURATION IN THIS DOCUMENT. THESE POWERS WILL CONTINUE TO EXIST NOTWITHSTANDING YOUR SUBSEQUENT DISABILITY OR INCAPACITY.

3. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME.

TO WHOM IT MAY CONCERN:

LEWIS L. PROBART, presently a resident of Pocatello, Bannock County, Idaho, hereby appoints my daughter DEBRA L. CHEATUM, as the principal's true and lawful attorney in fact for the principal and in the principal's name, place and stead:

1. To manage, control, lease, sublease, and otherwise act concerning any real property which the principal may own, collect and receive rents or income therefrom; pay taxes, charges and assessments on the same; repair, maintain, protect, preserve, alter and improve the same; and to do all things necessary or expedient to be done in the agent's judgment in connection with the property.

2. To purchase, sell, invest, reinvest and generally deal with all stocks, bonds, debentures, warrants, partnership interests, rights and securities owned by the principal.

3. To collect and deposit for the benefit of the principal all debts, interest, dividends or other assets that may be due or belong to the principal, and to execute and deliver receipts and other discharges therefor; to demand, arbitrate and pursue litigation on the principal's behalf concerning all rights and benefits to which the principal may be entitled; and to compromise, settle and discharge all such matters as my agent considers appropriate under the circumstances.

4. To pay any sums of money which may at any time be or become owing from the principal, to sell, and to adjust and compromise any claims which may be made against the principal

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as my agent considers appropriate under the circumstances.

5. To grant, sell, transfer, mortgage, pledge and otherwise deal in all property, real and personal, owned by me including

Lots 8, 10, 18, 20, 22, 24, 26, 28, 30, 32 and 36 of Cedarvale Tracts, a subdivision in Lot Three (3), Section Seven (7), Township Seven (7) South, Range Thirty Five (35) EBM, Bannock County, Idaho

free of my homestead rights; and to execute such instruments as my agent deems proper in conjunction with all matters covered in this paragraph 5.

6. To prepare and file all income and other federal and state tax returns which the principal is required to file; to sign the principal's name; hire preparers and advisors and pay for their services; and to do whatever is necessary to protect the principal's assets from assessments for income taxes and other taxes for the years 1998 and subsequent years. My agent is specifically authorized to receive confidential information; to receive checks in payment of any refund of taxes, penalties, or interest; to execute waivers (including offers of waivers) of restrictions on assessments or collection of tax deficiencies and waivers of notice of disallowance of claims for credit or refund; to execute consents extending the statutory period for assessment or collection of taxes; to execute closing agreements under Internal Revenue Code Section 7121, or any successor statute; and to delegate authority or substitute another representative with respect to all above matters.

7. To deposit in and draw on any checking, savings, agency or other accounts which the principal may have in any banks, savings and loan associations, and any accounts with securities brokers or other commercial institutions, and to establish and terminate all such accounts.

8. To invest and reinvest the principal's funds in every kind of property, real, personal or mixed, and every kind of investment, specifically including, but not limited to, corporate obligations of every kind; preferred or common stocks; shares of investment trusts, investment companies and mutual funds; that, under the circumstances then prevailing (specifically including but not limited to the general economic conditions and the principal's anticipated needs) persons of skill, prudence and diligence acting in a similar capacity and familiar with those matters would use in the conduct of an enterprise of a similar character and with similar aims, to attain the principal's goals; and to consider individual investments as part of an overall plan.

9. To have access to all safe deposit boxes in the principal's name or to which the principal is an authorized signatory; to contract with financial institutions for the maintenance and continuation of safe deposit boxes in the principal's name; to add to and remove the contents of all such safe deposit boxes; and to terminate contracts for all such safe deposit boxes.

10. My agent is authorized to undertake all acts and do all things necessary to provide for the principal's personal care, support and maintenance, to maintain the principal's customary standard

of living, including the authority to enter into contracts to provide suitable living quarters by purchase, lease, contract with care providers or other arrangement, or by paying the ongoing costs of maintenance of the principal's present residence, including but not limited to interest, taxes, repairs and procurement of domestic help. My agent is authorized to procure and pay for clothing, transportation, medical care, food and other needs and to make arrangements and enter into contracts on the principal's behalf with hospitals, hospices, nursing homes, convalescent homes and similar establishments and to hire and compensate household, nursing and other employees as my agent considers advisable for the principal's well being.

11. My agent is authorized to apply for and make any elections required for payment of governmental, insurance, retirement, or other benefits to which the principal may be entitled, to take possession of all such benefits, and to distribute such benefits to or for the principal's benefit.

12. Generally to do, execute and perform any other act, deed, matter or thing, that in the opinion of my agent ought to be done, executed or performed in conjunction with this power of attorney, of every kind and nature, as fully and effectively as the principal could do if personally present. The enumeration of specific items, acts, rights or powers in this instrument does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers granted to my agent except where powers are expressly restricted. My agent is authorized and directed to commence enforcement proceedings, at the principal's expense, against any third party who fails to honor this durable power of attorney.

13. Notwithstanding any other possible language to the contrary in this instrument, my agent is specifically not granted the power to use the principal's assets for my agent's own legal obligations.

14. Any third party from whom my agent may request information, records or other documents regarding the principal's personal affairs may release and deliver all such information, records or documents to my agent. The principal hereby waives any privilege that may apply to release of such information, records or other documents.

15. My agent's signature under the authority granted in this power of attorney may be accepted by any third party or organization with the same force and effect as if the principal were personally present and acting on the principal's own behalf. No person or organization who relies on my agent's authority under this instrument shall incur any liability to the principal, the principal's estate, heirs, successors or assigns, because of reliance on this instrument.

16. The principal's estate, heirs, successors and assigns shall be bound by my agent's acts under this power of attorney.

17. This power of attorney shall not be affected by the subsequent disability or incapacity of the principal.

18. The principal hereby ratifies and confirms all that my agent shall do, or cause to be done, by virtue of this power of attorney.

19. In the event protective proceedings for the principal's person or estate are hereafter commenced, I hereby nominate and appoint my daughter, DEBRA L. CHEATUM, as guardian of my person and conservator of my estate.

20. In the event my daughter, DEBRA L. CHEATUM, declines to act or cannot for any reason continue to serve as my attorney in fact, then and in that event I appoint my daughter, JUDY F. LONG, as my attorney in fact in the place and stead of Debra L. Cheatum.

I hereby revoke all durable powers of attorney previously executed by me for the purpose of asset management but do not revoke the Durable Power of Attorney for Health Care heretofore executed.

IN WITNESS WHEREOF, the principal has signed this durable power of attorney on 30 March, 1998.

Lewis L Probart

LEWIS L. PROBART

STATE OF IDAHO)
:ss
County of Bannock)

On this 30 day of March, 1998, before me the undersigned notary public, personally appeared LEWIS L. PROBART, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Edda B. McDaniel
NOTARY PUBLIC FOR IDAHO
Residing at Pocatello
My Commission Expires: 7/25/2003

NOTARY PUBLIC
STATE OF IDAHO
EDDA B. McDANIEL
MY COMMISSION EXPIRES JULY 25, 2003
(SEAL)