



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. SKYLINE DR., SUITE A, IDAHO FALLS, ID 83402-1718

PHONE: (208) 525-7161 FAX: (208) 525-7177 WEB SITE: www.idwr.state.id.us

EASTERN REGION

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

January 27, 2006

RAY TOMINAGA
515 W 73 S
BLACKFOOT ID 83221

RE: Notice of Change of Water Right Ownership (NCO) for 27-7120, 27-7261, 27-10151, 27-11968 and Notice of Completed Administrative Proceeding (NCAP)

Dear Sir/Madam:

On April 15, 2005, the Idaho Department of Water Resources (IDWR) received an NCO changing the right holder for the above referenced water right(s). Based on this NCO, IDWR water right records for the Snake River Basin Adjudication (SRBA) have been updated.

Furthermore, as directed by the SRBA Court, this office mailed a copy of the updated water right record(s) to each party listed on the enclosed NCAP. The intent of this mailing is to ensure each party has a current record of water right(s) as recorded in the SRBA.

Please feel free to contact me if you have any questions concerning this matter.

Respectfully,

Jennifer Crabtree
Technical Records Specialist

Enclosure

cc: Richard & Joann Tominaga

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)

Water Rights: 27-7120, 27-7261, 27-
10151, 27-11968

Case No. 39576)

NOTICE OF COMPLETED
ADMINISTRATIVE
PROCEEDING

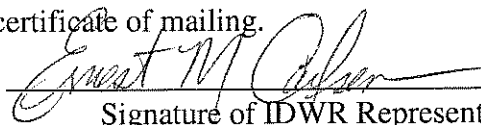
IDWR has completed the following Administrative proceeding:

- ☐ Address change
- ☒ Substitution of Party
- ☐ I.C. § 42-222 transfer
 - ☐ point of diversion ☐ place of use
 - ☐ period of use ☐ nature of use
 - ☐ split of water right ☐ change in ownership

IDWR certifies that it has completed its investigation into the changes to the elements of the water rights listed above as set forth in the attached *Amended Director's Reports* for said water rights. No other changes have been made to the elements of these water rights except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Amended Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED: January 25, 2005



Signature of IDWR Representative

CERTIFICATE OF MAILING

I certify that on Jan 27, 2006, I mailed the original and copies of this form to the following persons, postage prepaid by regular mail and addressed as follows:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
PO Box 2707
Twin Falls ID 83303-2707

2. One copy to:

Claimant/**Seller** for Substitution of Party or attorney of record:
ROSEMARY TOMINAGA (DECEASED)

3. One copy to:

Claimant/**Purchaser** for Substitution of Party, or attorney of record:
RAY TOMINAGA RICHARD TOMINAGA
515 W 73 S JOANN TOMINAGA
BLACKFOOT ID 83221 702 W 100 N
 BLACKFOOT ID 83221

4. One copy to:

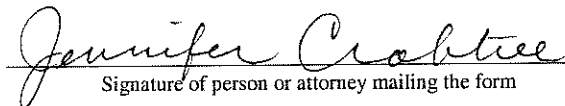
Each party in the subcase, or attorney of record
N/A

5. One copy each to:

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

6. One Copy to:

United States Dept of Justice
Environment & Natural Resource Div
550 West Fort Street MSC 033
Boise ID 83724



Signature of person or attorney mailing the form

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.

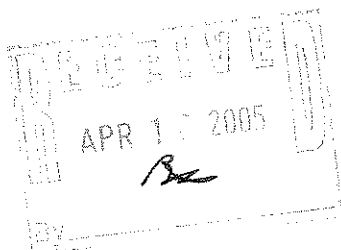
1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" 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
27-07120					
27-07261					
27-07422	← not an adjudication claim				
27-10151					
	27-11968		enlargement claim to 27-07120		

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) RAY + ROSEMARY TOMSWAGA
4. New Owner/Claimant(s) RAY TOMSWAGA
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address _____
- City, State and ZIP Code _____
- New Telephone Number () _____
5. Date you acquired the property _____



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)

Roy Tommen

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	<i>KMO</i>	Date	<i>4/4/15</i>	Fee	<i>0</i>
Received by	<i>KMO</i>	Date		Receipt No.	
Processed by	<i>KMO</i>	AJ	<i>4/4/15</i>	WR	
				Date	

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

State File No. _____
Local Reg. No. 193

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PROOF OF DEATH.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.	DECEDENT - NAME FIRST MIDDLE LAST <u>Rosemary Rice Tominaga</u>		SEX <u>Female</u>	DATE OF DEATH (Month, Day, Year) <u>December 5, 1999</u>	
	SOCIAL SECURITY NUMBER <u>[REDACTED]</u>	AGE - Last Birthday (Yrs.) <u>53</u>	UNDER 1 YEAR MONTHS _____ DAYS _____	UNDER 1 DAY HOURS _____ MINS _____	DATE OF BIRTH (Month, Day, Year) <u>September 6, 1946</u>
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA (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) <u>1420 Wagonwheel Dr.</u>		CITY, TOWN OR LOCATION OF DEATH <u>Blackfoot</u>		COUNTY OF DEATH <u>Bingham</u>
PARENTS	MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		SURVIVING SPOUSE (If wife, give maiden name) <u>Ray Tominaga</u>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Homemaker</u>
	RESIDENCE STATE <u>Idaho</u>		CITY, TOWN OR LOCATION <u>Blackfoot</u>	STREET AND NUMBER <u>1420 Wagonwheel Dr.</u>	ZIP CODE <u>83221</u>
	INSIDE CITY LIMITS? ☒ Yes ☐ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) <u>White</u>
	FATHER - NAME <u>Maurice Boillot</u>		BIRTHPLACE <u>Colorado</u>	MOTHER - FULL MAIDEN NAME <u>Maxine Blankenbaker</u>	BIRTHPLACE <u>Nebraska</u>
INFORMANT	INFORMANT'S NAME (Type/Print) <u>Ray Tominaga</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>1420 Wagonwheel Dr. Blackfoot, ID. 83221</u>		
	METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Fielding Memorial Park</u>		
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		LICENSE NUMBER (of Licensee) <u>M-748</u>	NAME AND ADDRESS OF FACILITY <u>Hill, Hawker, Sandberg Funeral Home</u> <u>214 S. University Blackfoot, ID. 83221</u>	
	TIME OF DEATH <u>10:20 P.</u>		DATE PRONOUNCED DEAD (Month, Day, Year) <u>December 5, 1999</u>	WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined
DISPOSITION	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 (Final disease or condition resulting in death) <u>Lung Cancer</u>		Approximate Interval Between Onset and Death <u>5-10 Mo</u>		
	27. PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. _____		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		
	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 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.				
CAUSE OF DEATH	SIGNATURE AND TITLE OF CERTIFIER <u>Michael Francisco</u>		LICENSE NUMBER <u>M6270</u>	DATE SIGNED (Month, Day, Year) <u>12 7 99</u>	
	NAME AND ADDRESS OF CERTIFIER (Type/Print) <u>Dr. Michael Francisco 707 N. 7th Pocatello, Idaho 83201</u>				
	DATE OF INJURY (Mo, Day, Yr.) <u>12 5 99</u>	HOUR OF INJURY <u>10:20</u>	DESCRIBE HOW INJURY OCCURRED <u>At home, farm, street, factory, office building, etc. (Specify)</u>		
	INJURY AT WORK? ☐ Yes ☒ No	IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>At home</u>		
TO BE USED FOR EXTERNAL CAUSES ONLY	CORONER'S ACTION I have reviewed and/or amended, and certified. <u>[Signature]</u>		CORONER'S SIGNATURE <u>[Signature]</u>		
	REGISTRAR'S SIGNATURE <u>Rafael Teff</u>		DATE FILED (Month, Day, Year) <u>December 9, 1999</u>		
	VITAL STATISTIC COPY				
	At a minimum, complete items 1; 3; 9a, b, c, d; 20a; 21a, b; 22; and 29a for the 24 Hour Report & Authorization for Final Disposition				

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 9, 1999

This copy is not valid unless prepared on engraved border

JANE S. SMITH
STATE REGISTRAR