

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

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APR 26 2006

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. **Department of Water Resources**
 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
67-26 B					

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)

Lois A. Danielson

4. New Owner/Claimant(s)

John G.G. Danielson

Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

3535 N. Station Ave.

City, State and ZIP Code

Meridian Idaho 83642

New Telephone Number

(208) 884-0789 208-921-6900 (cell)

5. Date you acquired the property

1/10/05

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

Date Filed **DECEMBER 22, 2003**

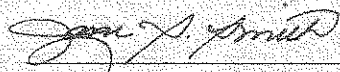
State File No. **2003-09672**

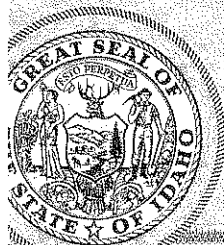
DECEDENT - LEGAL NAME LOIS ALLISON DANIELSON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 86 YEARS	DATE OF BIRTH NOVEMBER 16, 1917
BIRTHPLACE CAMBRIDGE, IDAHO		PLACE OF RESIDENCE CAMBRIDGE, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ALEXANDER ALLISON			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME MARTHA ABERNATHEY			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE ROBERT E. THOMASON	
NAME AND ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME, INC., WEISER, IDAHO			
DATE OF DEATH DEC. 05, 2003	TIME OF DEATH 8:00 A.M.	CITY, TOWN OR LOCATION OF DEATH CAMBRIDGE, IDAHO	COUNTY OF DEATH WASHINGTON
CAUSE OF DEATH (underlying cause last) a. DEHYDRATION b. INFLUENZA c. ALZHEIMER'S DISEASE, END-STAGE d.			Approximate Interval Between Onset and Death SEVERAL DAYS SEVERAL DAYS YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (if not resulting in the underlying cause given above) NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER HELEN LUCE, D.O.	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			

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: **SEPTEMBER 10, 2004**

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


JANE S. SMITH
STATE REGISTRAR



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PERSONAL REPRESENTATIVE'S DEED

Department of Water Resources

THIS DEED, Made by JOHN GEORGE GREEN DANIELSON, as Personal Representative of the Estate of George Green Danielson and Lois Allison Danielson, Grantor, to the JOHN GEORGE GREEN DANIELSON, referred to as GRANTEE.

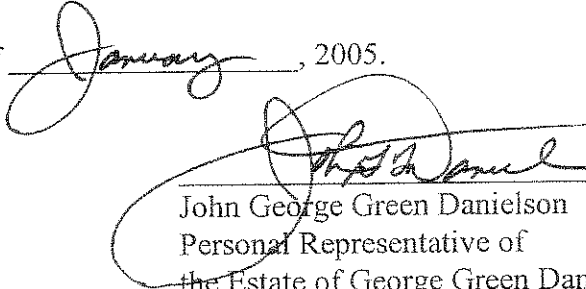
WHEREAS, Grantor is the Personal Representative of the estate of George Green Danielson and Lois Allison Danielson, filed as Probate No. SP 03-00477, Washington County, Idaho.

For good and valuable consideration, the receipt of which is hereby acknowledged, Grantor grants and conveys to Grantee the following described real property located in Washington County, Idaho:

The East Half of the Northwest Quarter of the Southwest Quarter of Section Eleven, Township Fourteen North, Range Three West of the Boise, Meridian.

Together with any and all tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining to the property, including all existing fixtures; SUBJECT TO any and all easements, rights-of-way, or restrictions of record, and the exceptions, provisions and reservations contained in patents or deeds from the United States of America, or the State of Idaho, or in other deeds of record.

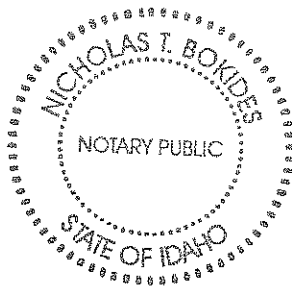
EXECUTED this 10th day of January, 2005.


John George Green Danielson
Personal Representative of
the Estate of George Green Danielson and
Lois Allison Danielson

STATE OF IDAHO)
 : ss.
COUNTY OF WASHINGTON)

On the 10 day of January, 2005, before me, the undersigned a Notary Public in and for said State, personally appeared JOHN GEORGE GREEN DANIELSON, known to me to be the person whose name is subscribed to the within instrument, as Personal Representative of the Estate of George Green Danielson and Lois Allison Danielson, and acknowledged to me that he executed the same as such Personal Representative.

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



Notary Public
Residing at Wesley, Edna
My Commission expires: April 11, 2010



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

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DEPARTMENT OF
WATER RESOURCES

September 20, 2004

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DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

LOIS DANIELSON
C/O JOHN G G DANIELSON
125 ALDER WAY
CASCADE ID 83611-5928

APR 24 2006
WATER RESOURCES
WESTERN REGION

*IDWR Western Region
2735 airport way
Boise Idaho 83705
334-2190*

RE: Snake River Basin Adjudication (SRBA)
Notice of Claim to a Water Right #67-26B

Dear Mr. Danielson:

Thank you for signing and returning the address change letter I sent Lois Danielson for the water right claim referenced above. If you are the new owner of her property and water right, we require the enclosed Notice of Change of Water Right Ownership form be submitted.

Since the claim is still pending before the court, there is no fee to change the ownership.

If Lois still owns the property and water right claim, please submit evidence showing your authority to sign for her.

Please call me toll-free at 1-800/451-4129 if you have any questions.

Sincerely,

Sally Sherman
Technical Records Specialist
Adjudication Bureau

SS:region
Enclosure:

Form 42-248/42-1409(6)