

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 TOMIWAAGA

4. New Owner/Claimant(s)

RAY TOMIWAAGA

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

APR 1 2000
 [Signature]

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) *Ray J. [Signature]*
(include title if applicable) _____

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 KMJ Date 4/14/15 Fee 0
 Received by KMJ Date 4/14/15 Receipt No. _____
 Processed by KMJ AJ Date 4/14/15 WR _____ Date _____

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE

CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE SEAL OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PROOF FACT
EVIDENCE OF THIS DEATH UNDER NUMBER CODE 30-2400 & 30-241

State File No. _____
Local Reg. No. 193

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	DECEDENT		NAME — FIRST <u>Rosemary</u> MIDDLE <u>Rice</u> LAST <u>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 (Year, Month, Day) <u>53</u> <u>34</u> <u>35</u>		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) _____		BIRTHPLACE (City and State or Foreign Country) <u>Dallas, Oregon</u>	
	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>	
NAME OF DECEDENT: For use by Physician or Institution	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>		HOME PHONE NUMBER <u>1420 Wagonwheel Dr.</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>	
	EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (8-12)</u>		COLLEGE (1-4 or 5+) <u>12</u>		ZIP CODE <u>83221</u>	
PARENTS	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 (place of cemetery, crematory, or other place) <u>Fielding Memorial Park</u>			
DISPOSITION	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		LICENSE NUMBER (If Licensed) <u>M-748</u>		NAME AND ADDRESS OF FACILITY <u>Hill, Hawker, Sandberg Funeral Home</u>	
	TIME OF DEATH <u>10:20 P.M.</u>		DATE PRONOUNCED DEAD (Month, Day, Year) <u>December 5, 1999</u>		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	
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 (Final disease or condition resulting in death) <u>Lung Cancer</u>		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined		Approximate Interval (Between Onset and Death) <u>5-10 MO</u>	
	Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST					
	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	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 <u>Michael Francisco</u>		LICENSE NUMBER <u>M6270</u>		DATE SIGNED (Month, Day, Year) <u>12 7 99</u>	
TO BE USED FOR EXTERNAL CAUSES ONLY	NAME AND ADDRESS OF CERTIFIER (Type/Print) <u>Dr. Michael Francisco</u>		DATE OF BURY (Mo., Day, Yr.) <u>707 N. 7th</u>		HOUR OF BURY <u>Pocatello, Idaho 83201</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>_____</u>	
CORONER'S REVIEW AREA	CORONER'S ACTION <u>I have reviewed and/or amended, and certified.</u>		CORONER'S SIGNATURE <u>[Signature]</u>		DATE SIGNED (Month, Day, Year) <u>_____</u>	
	REGISTRAR'S SIGNATURE <u>Rafael Telfo</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 23a 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

