

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 IDWR will produce new water right number(s) for the split(s).

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
	67-4149	no			
	67-10134	no			
P.D. 67-10133		no			
P.D. 67-10135	cc: W.A.	no			
P.D. 67-11320	12-19-06	no			
P.D. 67-11321		no			

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 on file with the county Planning and Zoning or Recorder's Office).
- OR**
- D. 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 or equivalent **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) Jeanne Boehm & Larry Boehm
 (note Vivian & Jeanne Boehm are the same person - Vivian Jeanne Boehm)

4. New Owner/Claimant(s) Larry Boehm
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address 2203 Ben Ross

City, State and ZIP Code Indian Valley ID 83632

New Telephone Number (208) 256-4331

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 line 1, then skip this line and go to line 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 (you may copy this page, if 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 will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		

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.

7. ☒ Signature(s) of New Owner(s) or Claimant(s) _____

Larry L. Bachm

(title if applicable)

(title if applicable)

IT IS IMPORTANT TO FILE THIS COMPLETED FORM AT THE APPROPRIATE IDWR OFFICE, WITH PAYMENT OF THE FILING FEE AND THE OWNERSHIP DOCUMENT(S), AS REFERRED TO IN LINE 2.

For IDWR Office Use Only:

Received by _____

Date _____

Receipt Amt. _____

Received by _____

Date _____

Receipt No. _____

Processed by DO AJ

Date 12-19-06

WR _____ Date _____

Okay to change MVB 12-18-06

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed NOVEMBER 16, 2005

State File No. 2005-08800

DECEDENT - LEGAL NAME

VIVIAN J. BOEHM

SEX
FEMALE

SOCIAL SECURITY NUMBER

AGE

65 YEARS

DATE OF BIRTH

SEPTEMBER 24, 1940

BIRTHPLACE

HEATH, IDAHO

PLACE OF RESIDENCE

INDIAN VALLEY, IDAHO

MARITAL STATUS AT TIME OF DEATH

MARRIED

NAME OF SURVIVING SPOUSE (if wife, maiden name)

LARRY BOEHM

WAS DECEDENT EVER IN

U.S. ARMED FORCES?

NO

FATHER - NAME

JACK ALDRICH

BIRTHPLACE

WASHINGTON

MOTHER - MAIDEN NAME

VELNA BOYLES

BIRTHPLACE

IDAHO

METHOD OF DISPOSITION

BURIAL

FUNERAL SERVICE LICENSEE

ALAN R. EGBERT

NAME AND ADDRESS OF FUNERAL FACILITY

THOMASON FUNERAL HOME, INC., WEISER, IDAHO

DATE OF DEATH

NOV. 07, 2005

TIME OF DEATH

5:00 P.M.

CITY, TOWN OR LOCATION OF DEATH

INDIAN VALLEY, IDAHO

COUNTY OF DEATH

ADAMS

CAUSE OF DEATH (underlying cause last)

a. COLON CANCER

Approximate Interval Between
Onset and Death

1 YEAR

DUE TO (or as a consequence of):
b.

DUE TO (or as a consequence of):
c.

DUE TO (or as a consequence of):
d.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above

NONE STATED

WAS AN AUTOPSY

PERFORMED?

NO

MANNER OF DEATH

NATURAL

NAME OF CERTIFIER

LARRY FIORENTINO, M.D.

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: NOVEMBER 17, 2005

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

JANE S. SMITH
STATE REGISTRAR