

18 Dec 06

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FOR: CRAIG SAXTON

FROM: JOHN D. HEDGES

SUBJECT: Change of Ownership, Water Right # 67-7247

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DEC 19 2006

DEPARTMENT OF
WATER RESOURCES

Enclosed are copies of the Deed of Distribution and death certificate. I hope this information will help you and your department with the change of ownership. If there is any other information you may need, please give me a call. Thank you


JOHN D. HEDGES
389-9163 / 631-6909

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DEC 19 2006
DEPARTMENT OF
WATER RESOURCES

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)
67-7247					

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)

Joyce E. Keller (Deceased)
2072 N E 16th Avenue

4. New Owner/Claimant(s)

Payette, ID 83661

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 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) _____
 _____ (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 _____ AJ Date _____ WR _____ Date _____

RECORDED AT THE REQUEST OF
AND WHEN RECORDED MAIL TO:

JOHN D. HEDGES
1579 E. OAKRIDGE DR.
BOISE, ID 83716

RECEIVED

DEC 19 2006

DEPARTMENT OF
WATER RESOURCES
Instrument # 105862
COUNCIL, ADAMS, IDAHO
2004-04-19 08:48:38 No. of Pages: 3
Recorded for : JOHN HEDGES
MICHAEL FISK Fee: 9.00
Ex-Officio Recorder Deputy
Index to: DEED

Copy

Sarah Wilson

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TRUSTEES' DEED OF DISTRIBUTION

WHEREAS, JOYCE E. KELLER, the Grantor of THE JOYCE E. KELLER TRUST under Trust Agreement dated February 1, 1994, died on June 20, 2003; and

WHEREAS, the Trust Agreement of THE JOYCE E. KELLER TRUST was not revoked during the lifetime of the Grantor JOYCE E. KELLER, and was in full force and effect on the date of death of JOYCE E. KELLER; and

WHEREAS, under the provisions of the Trust Agreement of THE JOYCE E. KELLER TRUST, as amended during the Grantor's lifetime, JOHN D. HEDGES and JAMES C. HEDGES, JR. have, as Successor Co-Trustees, succeeded to the office of Trustee of said Trust and are now the duly appointed and acting Co-Trustees of THE JOYCE E. KELLER TRUST; and

WHEREAS, the Trustee of THE JOYCE E. KELLER TRUST is directed by the Trust Agreement of said Trust to distribute the trust estate of said Trust following the death of the Grantor of the Trust, and the Grantees named below are entitled to distribution of the real estate hereafter described;

NOW, THEREFORE, JOHN D. HEDGES and JAMES C. HEDGES, JR., as Co-Trustees under the Trust Agreement of THE JOYCE E. KELLER TRUST dated February 1, 1994, GRANTORS, do hereby convey and distribute to JOHN D. HEDGES, JAMES C. HEDGES, JR., and GRETA M. CUMMINGS, GRANTEES, as tenants in common (an undivided one-third interest to each) and not as joint tenants, the following-described real estate situated in Adams County, State of Idaho:

Property situated in the NE $\frac{1}{4}$ SW $\frac{1}{4}$ of Section 7, Township 18 North, Range 1 East, Boise Meridian, more particularly described upon Exhibit "A" attached hereto and by this reference incorporated herein.

Together with all improvements thereon and all appurtenances thereto.

Mail tax notices to Grantees at: JOHN D. HEDGES
1579 E. OAKRIDGE DR.
BOISE, ID 83716

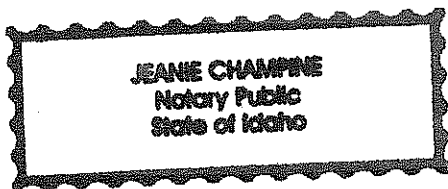
The property distributed hereby shall be the sole and separate property of the respective Grantees, and all income, rents, issues, profits, and gains from, and all appreciation of, the property distributed hereby shall also constitute the sole and separate property of the respective Grantees.

DATED: 16 Apr 04, 2004.

John D. Hedges
JOHN D. HEDGES, Co-Trustee
James C. Hedges, Jr.
JAMES C. HEDGES, JR., Co-Trustee

STATE OF IDAHO)
)ss.
COUNTY OF Canyon)

On this 16 day of April, 2004, before me, the undersigned, a Notary Public in and for said State, personally appeared JOHN D. HEDGES and JAMES C. HEDGES, JR., known or identified to me to be the persons whose names are subscribed to the foregoing instrument as Co-Trustees of THE JOYCE E. KELLER TRUST, and acknowledged to me that they executed the same as such Co-Trustees.



Jeanie Champine
Notary Public for Idaho
Residing at: 2122 W. Zuni Rd
Commission Expires: 07/19/2009

EXHIBIT "A" TO DEED OF DISTRIBUTION

Legal Description

Situated in Adams County, State of Idaho:

A parcel of land situated in the Northeast Quarter of the Southwest Quarter (NE $\frac{1}{4}$ SW $\frac{1}{4}$) of Section 7, Township 18 North, Range 1 East, Boise Meridian, more particularly described as follows:

COMMENCING at a point on the East line of said NE $\frac{1}{4}$ SW $\frac{1}{4}$ of said Section 7 which is 350 feet North of the Southeast corner of said NE $\frac{1}{4}$ SW $\frac{1}{4}$, the REAL POINT OF BEGINNING; thence

Continuing North, on and along the East line of said NE $\frac{1}{4}$ SW $\frac{1}{4}$, a distance of 170 feet to a point; thence

West, parallel to the South line of said NE $\frac{1}{4}$ SW $\frac{1}{4}$, a distance of 1280 feet, more or less, to the easterly line of the right-of-way of U. S. Highway 95, as now established over and across said NE $\frac{1}{4}$ SW $\frac{1}{4}$; thence

Southerly, on and along the easterly line of said highway right-of-way to a point opposite the point of beginning; thence

East, parallel to the South line of said NE $\frac{1}{4}$ SW $\frac{1}{4}$ a distance of 1300 feet, more or less, to the REAL POINT OF BEGINNING on the East line of said NE $\frac{1}{4}$ SW $\frac{1}{4}$.

EXCEPTING THEREFROM the right-of-way of the Union Pacific Railroad Company, as now established over, upon and across said NE $\frac{1}{4}$ SW $\frac{1}{4}$, and the right-of-way of the Boise Cascade-Payette National Forest logging road or highway and all other roads as now established upon, over and across said NE $\frac{1}{4}$ SW $\frac{1}{4}$, and also the right-of-way or easement of Idaho Power Company for a power transmission line across the above described premises.

((((((((END OF LEGAL DESCRIPTION))))))))

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

JUN 26 2003

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2003-04639

Local Reg. No. 62

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS MORTICIAN: Complete Within 5 Days of Death PARENTS: INFORMANT: DISPOSITION: PLACE OF DEATH: DATE OF DEATH: CAUSE OF DEATH: CERTIFIER: Complete Within 72 Hours of Death ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR:	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Joyce Elaine KELLER			2. SEX Female	3. SOCIAL SECURITY NUMBER ██████████
	4a. AGE - Last Birthday 66 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Mo/Day/Yr) June 27, 1936			6. BIRTHPLACE (City and State, Territory, or Foreign Country) Parma, ID	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Payette		7c. CITY OR TOWN Payette
	7d. STREET AND NUMBER 2072 NE 16th Ave.			7e. APT. NO.	7f. ZIP CODE 83661
	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) James Hedges		11b. BIRTHPLACE (State, Territory, or Foreign Country) Emmett, Idaho
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Dorothy Groves		12b. BIRTHPLACE (State, Territory, or Foreign Country) Chapel, Nebraska		
	13a. INFORMANT'S NAME (Type or print) John Hedges		13b. RELATIONSHIP TO DECEDENT Brother	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1579 E. Oakridge Dr., Boise, ID	
	* 14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Parma Cemetery 612 N. 6th Parma, ID		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Shaffer-Jensen Memory Chapel P.O. Box 730 Payette, ID 83661-
* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			* 17b. LICENSE NUMBER (Of licensee) MO-723	18. WAS CORONER CONTACTED? ☐ Yes ☒ No	
PLACE OF DEATH (19-22) * 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ ODA * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) * 20. FACILITY NAME (If not facility, give street and number) 2072 NE 16th Ave. * 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Payette, 83661 * 22. COUNTY OF DEATH Payette * 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 20, 2003 24. TIME OF DEATH 1859 (24 hr) 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 20, 2003 26. TIME PRONOUNCED DEAD 1859 (24 hr)					
27. CAUSE OF DEATH PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Metastatic Cancer of Esophagus</i> b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY (24 hr) 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? ☐ Yes ☐ No 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Other (Specify) 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger 38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge death occurred at the time, date, and place, and due to the <u>natural</u> cause(s)/manner 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 stated. Signature and Title of Certifier: <i>Charles Smith M.D.</i> * 39b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Charles Smith M.D. 1118 NW 16th, Suite D, Fruitland, ID 83619 40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record. I have reviewed and if necessary amended the medical section 40b. DATE SIGNED MM / DD / YYYY 41a. REGISTRAR'S SIGNATURE <i>Elizabeth Hordia</i> 41b. DATE SIGNED 6 / 23 / 03					

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: JUL 01 2003

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE