

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.

RECEIVED
 DEC 13 2006
 DEPT. OF WATER RESOURCES
 SOUTHERN REGION

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, 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
37-4228		
37-10048		
~~37-590~~	~~37-590~~	
~~37-432~~	~~37-432~~	
~~37-21135~~	~~37-21135~~	

Water Right No(s)	Adjudication Claim No(s)	Split

DEC 27 2006
 DEPARTMENT OF
 WATER RESOURCES

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) are 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)

Charles Newell / PO Box 584
 Henriette Newell / Shoshone Id
 83352

4. New Owner/Claimant(s)

Charles Newell Box 584 Shoshone Id
 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) Charles E Newell
(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 <u>A. SKINNER</u>	Date <u>12/13/2006</u>	Fee <u>\$50.00</u>
Received by <u>C. SKINNER</u>	Date <u>12/13/2006</u>	Receipt No. <u>5029112</u>
Processed by _____ AJ	Date _____	WR _____ Date _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: SEPTEMBER 06, 1996

STATE FILE NUMBER: 96-05393

DECEDENT: HENRIETTE M. NEWELL

DATE OF DEATH: AUG. 31, 1996

PLACE OF DEATH: SHOSHONE, IDAHO

DATE OF BIRTH: MAR. 30, 1910

PLACE OF BIRTH: CALIFORNIA

AGE: 86 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: [REDACTED] RESIDENCE: SHOSHONE, IDAHO

FATHER: EDWARD MYERS

FATHERS BIRTHPLACE: CALIFORNIA

MOTHER (MAIDEN): HENDERIEKA DEBACK

MOTHERS BIRTHPLACE: HOLLAND

MORTUARY: DEMARAY FUNERAL SERVICE

MORTICIAN: DOWELL DEMARAY

GOODING, IDAHO

DISPOSITION: CREMATION

CERTIFYING PHYSICIAN: DOUGLAS O. SMITH JR., MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CVA
CEREBRAL ARTERIOSCLEROSIS

90 DAYS
YEARS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

PARKINSON DISEASE C.H.F.

MANNER OF DEATH: NATURAL

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

SEPTEMBER 13, 1996

DATE ISSUED:

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

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

