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JAN 18 2007

DEPARTMENT OF
WATER RESOURCESSTATE 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)
	67-4246				
	67-14095				

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)

4. New Owner/Claimant(s)

x MARVIN E. DOTSON (PERSONAL REPRESENTATIVE)
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

Box 194

City, State and ZIP Code

New Meadows, ID. 83654

New Telephone Number

(208) 347-2398

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) Marvin E. Dotson Personal Representative
(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 _____
 Receipted by _____ Date _____
 Processed by _____ AJ Date _____

Receipt Amt. _____
 Receipt No. _____
 WR _____ Date _____

CHARLES R. KROLL
BURTON & KROLL
P. O. Box 367
Weiser, Idaho 83672
(208) 414-1652
ISB# 1981

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DEPARTMENT OF
WATER RESOURCES

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF WASHINGTON
MAGISTRATE DIVISION

In the Matter of the Estate of	)	Case No CV 2006-0594
	)	
MELVIN A. DOTSON and INEZ G	)	NOTICE TO CREDITORS
DOTSON,	)	
Deceased	)	

NOTICE IS HEREBY GIVEN that the undersigned has been appointed Personal Representative of the above-named estate. All persons having claims against the said deceased are required to present their claims within four months after the date of the first publication of this notice or said claims will be forever barred. Claims must be either presented to Marvin Dotson, Personal Representative of the estate at the law offices of Burton & Kroll, 350 East Liberty, Weiser, Idaho, 83672, or filed with this Court.

Dated this 5th day of December, 2006.

Marvin E. Dotson
Marvin Dotson
Personal Representative

CERTIFICATE OF VITAL RECORD

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

Date Filed MARCH 02, 2005

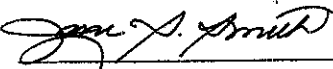
State File No. 2005-01575

DECEDENT - LEGAL NAME MELVIN ARTHUR DOTSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 93 YEARS	DATE OF BIRTH APRIL 16, 1911
BIRTHPLACE ROWLAND, OREGON		PLACE OF RESIDENCE CAMBRIDGE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) INEZ EDWARDS	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ELBEN FLOYD DOTSON			BIRTHPLACE WEST VIRGINIA
MOTHER - MAIDEN NAME LILLIAN SNYDER			BIRTHPLACE MISSOURI
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE ROBERT E. THOMASON	
NAME AND ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME, INC., WEISER, IDAHO			
DATE OF DEATH FEB. 09, 2005	TIME OF DEATH 8:18 P.M.	CITY/TOWN OR LOCATION OF DEATH MCCALL, IDAHO	COUNTY OF DEATH VALLEY
CAUSE OF DEATH (underlying cause last) a SUDDEN CARDIAC DEATH			Approximate Interval Between Onset and Death 2-4 MINUTES
DUE TO (or as a consequence of): b CAD AND ACUTE MI			4-6 HOURS
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 DANIEL P. OSTERMILLER, 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: MARCH 11, 2005

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


JANE S. SMITH
STATE REGISTRAR



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 13, 2006

State File No. 2006-08715

DECEDENT - LEGAL NAME INEZ GENEVA DOTSON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 90 YEARS	DATE OF BIRTH AUGUST 25, 1916
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 CHARLES EDWARDS			BIRTHPLACE WISCONSIN
MOTHER - MACHIN NAME HARRIETT WELLS			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE GARY M. TRICK	
NAME AND ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME, INC., WEISER, IDAHO			
DATE OF DEATH NOV. 07, 2006	TIME OF DEATH 9:00 A.M.	CITY TOWN OR LOCATION OF DEATH WEISER, IDAHO	COUNTY OF DEATH WASHINGTON
CAUSE OF DEATH (underlying cause last) a PNEUMONIA			Approximate Interval Between Onset and Death 1 DAY
DUE TO (or as a consequence of): b ASPIRATION			UNKNOWN
DUE TO (or as a consequence of): c CVA W/ WEAKNESS			2 WEEKS
DUE TO (or as a consequence of): d HTN			YEARS
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 LORE WOOTTON, 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 14, 2006

This copy 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