

1-9-07

VIA

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JAN 11 2007

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)
AT 67-7048					

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)

Edwin & Connie Kesler

4. New Owner/Claimant(s)

Connie Kesler

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

2214 Missman Rd

City, State and ZIP Code

Council ID 83612

New Telephone Number

() _____

*I only need to remove my deceased husband's name.
No other changes*

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: FEBRUARY 21, 1995

STATE FILE NUMBER:

DECEDENT: EDWIN DALE KESLER

DATE OF DEATH: FEB 1995 PLACE OF DEATH: BOISE, IDAHO

DATE OF BIRTH: SEPT. 1932 PLACE OF BIRTH: IDAHO

AGE: 62 YEARS SEX: MALE VETERAN? YES

MARITAL STATUS: MARRIED SPOUSE (MAIDEN): CONNIE M. STARN

SOCIAL SECURITY NUMBER: RESIDENCE: COUNCIL, IDAHO

FATHER: GEORGE EDWIN KESLER
FATHERS BIRTHPLACE: IDAHO
MOTHER (MAIDEN): LETHA MAY JEFFRIES
MOTHERS BIRTHPLACE: IDAHO

MORTUARY: ALDEN-WAGGONER FUNERAL CHAPEL
MORTICIAN: MELVIN E. ANDERSON

BOISE, IDAHO
DISPOSITION: CREMATION

CERTIFYING PHYSICIAN: THOMAS M. BECK, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

MALIGNANT LYMPHOMA

5 YEARS

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

NONE LISTED

MANNER OF DEATH: NATURAL

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: FEBRUARY 27, 1995

Jane S. Smith
JANE S. SMITH
State Registrar

