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JUN 22 2007

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPARTMENT OF
WATER RESOURCES

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)
	22-46A				

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)

Ivan Kay Laura Kay Karl Kay
30 S 500w Driggs Id 83422

4. New Owner/Claimant(s)

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

New Mailing Address

30 S 500w

City, State and ZIP Code

Driggs Id 83422

New Telephone Number

(208) 354-2957

5. Date you acquired the property

May 14th - 1999

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)

Karl Kay owner
(title if applicable)
Letitia Kay owner
(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 _____

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: MAY 06, 1999

STATE FILE NUMBER: 99-03103

DECEDENT: IVAN FRED KAY

DATE OF DEATH: MAY 01, 1999
TIME OF DEATH: 1:45 P.M.

PLACE OF DEATH: DRIGGS, IDAHO

DATE OF BIRTH: JAN. 11, 1918

PLACE OF BIRTH: IDAHO

AGE: 81 YEARS

SEX: MALE

VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE: DRIGGS, IDAHO

FATHER: FRED H. KAY

FATHERS BIRTHPLACE: FLORIDA

MOTHER (MAIDEN): LOUISE OSBORNE

MOTHERS BIRTHPLACE: IDAHO

MORTUARY: VALLEY MORTUARY

MORTICIAN: SCOTT MCKAGUE

DRIGGS, IDAHO

DISPOSITION: BURIAL

CERTIFYING CORONER: SCOTT MCKAGUE

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

HEART FAILURE

IMMEDIATE

AGE

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

NONE LISTED

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.

DATE ISSUED: MAY 07, 1999

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR



CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: JULY 14, 1994

STATE FILE NUMBER: 94-04043

DECEDENT: LAURA KUNZ KAY

DATE OF DEATH: JULY 03, 1994 PLACE OF DEATH: DRIGGS, IDAHO

DATE OF BIRTH: MAR. 28, 1920 PLACE OF BIRTH: IDAHO

AGE: 74 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: MARRIED SURVIVING SPOUSE: IVAN F. KAY

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

FATHER: ROBERT KUNZ

FATHERS BIRTHPLACE: IDAHO

MOTHER (MAIDEN): SOPHIE MCMURDY

MOTHERS BIRTHPLACE: IDAHO

MORTUARY: WADE FUNERAL HOME

MORTICIAN: MARK L. WADE

DRIGGS, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: LAWRENCE T. CURTIS, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CARDIAC ARRHYTHMIA

20 YEARS

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

NONE LISTED

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.

JULY 15, 1994

DATE ISSUED:

Jane S. Smith

JANE S. SMITH
State Registrar



RECEIVED

MAY 14 1999

133874
TRUSTEE'S DEED

TETON CO., ID
CLERK RECORDER

GRANTOR, THE KAY FAMILY TRUST, KARL R. KAY, Trustee, of 20 South 500 West, Driggs, Idaho 83422, for a good and valuable consideration, the receipt of which is hereby acknowledged, do remise, release, and forever quitclaim unto GRANTEE, KARL R. KAY, Grantee's heirs and assigns, forever, all of Grantor's right, title and interest, now owned or hereafter acquired, in the following described real estate situated in Teton County, Idaho:

Lot 2, SE $\frac{1}{4}$ NW $\frac{1}{4}$, S $\frac{1}{2}$ NE $\frac{1}{4}$, Section 31, Township 5 North, Range 45, East Boise Meridian, Teton County, Idaho; and

N $\frac{1}{2}$, Section 36, Township 5 North, Range 44, East Boise Meridian, Teton County, Idaho.

Said parcel being subject to any easements, rights-of-way, covenants, conditions, restrictions, reservations, agreements or encumbrances of sight and/or record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

GRANTOR has hereunto set its hand this 14th day of May, 1999.

THE KAY FAMILY TRUST, Grantor

By Karl R. Kay
KARL R. KAY, Trustee

133874

FILED

AT THE REQUEST OF

Karl Kay

AT 47 MINUTES PAST 10 a.m.

DATE May 14, 1999

Nolan G. Boyle

CLERK OF RECORD

BY Nora Rigby
DEPUTY

On this 14th day of May, 1999, before me, a Notary Public in and for said State, personally appeared KARL R. KAY, known or identified to me to be the TRUSTEE of THE KAY FAMILY TRUST that executed the instrument or the person who executed the instrument on behalf of said Entity, and acknowledged to me that such Entity executed the same.

Ray C. Moulton

Notary Public of
Residing at
Commission Expires:

