



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

900 N. Skyline Dr., Suite A • Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 • Fax: (208) 525-7177 • Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

EASTERN REGION

October 11, 2007

C. L. "BUTCH" OTTER  
Governor

DAVID R. TUTHILL, JR.  
Director

RINALDO E JENSON  
1712 LEMHI RD  
SALMON ID 83467

RE: Notice of Change of Water Right Ownership (NCO) for 74-667 and Notice of Completed Administrative Proceeding (NCAP)

Dear Mr. Jenson:

On October 11, 2007, the Idaho Department of Water Resources (IDWR) received notice that Mrs. Jenson is deceased. Based on this information, IDWR water right records for the Snake River Basin Adjudication (SRBA) have been updated.

Furthermore, as directed by the SRBA Court, this office mailed a copy of the updated water right record(s) to each party listed on the enclosed NCAP. The intent of this mailing is to ensure each party has a current record of water right(s) as recorded in the SRBA.

Please feel free to contact me if you have any questions concerning this matter.

Respectfully,

Jennifer Crabtree

Technical Records Specialist

Enclosure

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA )

Water Rights: 74-667

Case No. 39576 )

NOTICE OF COMPLETED  
ADMINISTRATIVE  
PROCEEDING

IDWR has completed the following Administrative proceeding:

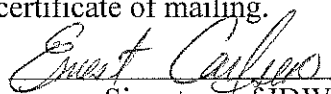
- ☐ Address change
- ☒ Substitution of Party JENSON - JENSON
- ☐ I.C. § 42-222 transfer

- ☐ point of diversion      ☐ place of use
- ☐ period of use      ☐ nature of use
- ☐ split of water right      ☐ change in ownership

IDWR certifies that it has completed its investigation into the changes to the elements of the water rights listed above as set forth in the attached *Amended Director's Reports* for said water rights. No other changes have been made to the elements of these water rights except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Amended Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED: Oct 11, 2007

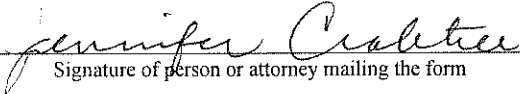


Signature of IDWR Representative

### CERTIFICATE OF MAILING

I certify that on Oct 11, 2007, I mailed the original and copies of this form to the following persons, postage prepaid by regular mail and addressed as follows:

1. Original to:  
Clerk of the District Court  
Snake River Basin Adjudication  
PO Box 2707  
Twin Falls ID 83303-2707
2. One copy to:  
Claimant/Seller for Substitution of Party or attorney of record:  
GOLDIE F JENSON (DECEASED)
3. One copy to:  
Claimant/Purchaser for Substitution of Party, or attorney of record:  
RINALDO E JENSON  
1712 LEMHI RD  
SALMON ID 83467
4. One copy to:  
Each party in the subcase, or attorney of record  
N/A
5. One copy each to:  
Chief Natural Resources Division  
Office of the Attorney General  
PO Box 44449  
Boise ID 83711-4449
6. One Copy to:  
United States Dept of Justice  
Environment & Natural Resource Div  
550 West Fort Street MSC 033  
Boise ID 83724

  
\_\_\_\_\_  
Signature of person or attorney mailing the form

10/11/2007

IDAHO DEPARTMENT OF WATER RESOURCES  
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 74-667

NAME AND ADDRESS: RINALDO E JENSON  
1712 LEMHI RD  
SALMON ID 83467

SOURCE: KENNEY CREEK

TRIBUTARY: LEMHI RIVER

QUANTITY: 0.030 CFS

PRIORITY DATE: 07/19/1893

POINT OF  
DIVERSION:

T20N R24E S29 SWSW Within LEMHI County

PURPOSE AND  
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

IRRIGATION

3/15 11/15

0.030 CFS

PLACE OF USE: IRRIGATION in LEMHI County

T20N R24E S31 NENE 1.10

1.1 ACRES TOTAL

Place of use does not include federal public lands

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Decreed

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH  
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

## CERTIFICATE OF DEATH

|                                                                     |  |                                                                                                    |  |                                           |  |
|---------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|
| STATE FILE NUMBER<br>1. NAME OF DECEDENT - FIRST (Last)             |  | MIDDLE<br>2. NAME OF DECEDENT - MIDDLE (Last)                                                      |  | LAST<br>3. NAME OF DECEDENT - LAST (Last) |  |
| GOLDIE                                                              |  | FAY                                                                                                |  | JENSON                                    |  |
| AGE, ALSO KNOWN AS - include the AGE (First, Middle, Last)          |  | 4. DATE OF BIRTH (month/day/year)                                                                  |  | 5. SEX                                    |  |
|                                                                     |  | 12/29/1928                                                                                         |  | F                                         |  |
| 8. BIRTH STATE (or Country)                                         |  | 10. SOCIAL SECURITY NUMBER                                                                         |  | 12. MARITAL STATUS (at time of death)     |  |
| IDAHO                                                               |  |                                                                                                    |  | MARRIED                                   |  |
| 13. EDUCATION - (highest completed)                                 |  | 14.16. WAS DECEDENT SPANISH SPEAKING (If yes, and not stated on birth)                             |  | 15. DATE OF DEATH (month/day/year)        |  |
| SOME COLLEGE                                                        |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                |  | 01/21/2004                                |  |
| 17. USUAL OCCUPATION - Type of work he/she did (Do not use abbrev.) |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, mass merchandiser, employment agency, etc.) |  | 19. YEARS IN OCCUPATION                   |  |
| LPN                                                                 |  | HEALTH CARE                                                                                        |  | 17                                        |  |
| 20. DECEDENT'S RESIDENCE (Street and number or location)            |  |                                                                                                    |  |                                           |  |
| 1712 LEMMY BACK ROAD                                                |  |                                                                                                    |  |                                           |  |
| 21. CITY                                                            |  | 23. COUNTY or PROVINCE                                                                             |  | 25. ZIP CODE                              |  |
| SALMON                                                              |  | IDAHO                                                                                              |  | 83467                                     |  |
| 22. INFORMANT'S NAME, RELATIONSHIP                                  |  | 27. INFORMANT'S ADDRESS (Street and number or post office box, city or town, state, ZIP)           |  |                                           |  |
| GARY JENSON - SON                                                   |  | P.O. BOX 923, SALMON, IDAHO 83467                                                                  |  |                                           |  |
| 28. NAME OF SURVIVING SPOUSE - FIRST                                |  | 29. SPOUSE                                                                                         |  | 30. LAST ( maiden name)                   |  |
| RINALDO                                                             |  | EVAN                                                                                               |  | JENSON                                    |  |
| 31. NAME OF FATHER - FIRST                                          |  | 32. FATHER                                                                                         |  | 33. LAST                                  |  |
| ERNEST                                                              |  | MELVIN                                                                                             |  | ANDRE'S                                   |  |
| 34. NAME OF MOTHER - FIRST                                          |  | 35. MOTHER                                                                                         |  | 36. LAST                                  |  |
| FAY                                                                 |  | HELEN                                                                                              |  | POULSON                                   |  |
| 37. DEPOSITION DATE (month/day/year)                                |  | 38. PLACE OF DEATH (City and State)                                                                |  | 39. SIGNATURE OF REGISTRAR                |  |
| 01/31/2004                                                          |  | SALMON, IDAHO                                                                                      |  | 83467                                     |  |
| 40. TYPE OF DEATH (e.g., natural, homicide, suicide, etc.)          |  | 41. NAME OF FUNERAL ESTABLISHMENT                                                                  |  | 42. SIGNATURE OF LOCAL REGISTRAR          |  |
| TR/BU                                                               |  | JENSEN-CARPENTER MORTUARY                                                                          |  | ED 478                                    |  |
| 43. PLACE OF DEATH                                                  |  | 44. SIGNATURE OF LOCAL REGISTRAR                                                                   |  | 45. LICENSE NUMBER                        |  |
| U.S. HIGHWAY                                                        |  | Joyce T. Hughes                                                                                    |  | 8601                                      |  |
| 46. COUNTY                                                          |  | 47. DATE (month/day/year)                                                                          |  | 48. SIGNATURE OF LOCAL REGISTRAR          |  |
| SAN BERNARDINO                                                      |  | 01/26/2004                                                                                         |  | W.D.                                      |  |
| 49. CAUSE OF DEATH                                                  |  | 50. HOSPITAL, SPECIFY ONE                                                                          |  | 51. SIGNATURE OF LOCAL REGISTRAR          |  |
| BLUNT FORCE HEAD INJURIES                                           |  | NEEDLES                                                                                            |  | 04-0589 AA                                |  |
| 52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If any)     |  | 53. SIGNATURE OF LOCAL REGISTRAR                                                                   |  | 54. SIGNATURE OF LOCAL REGISTRAR          |  |
| NONE                                                                |  | NONE                                                                                               |  | NONE                                      |  |
| 55. PLACE OF DEATH                                                  |  | 56. SIGNATURE OF LOCAL REGISTRAR                                                                   |  | 57. SIGNATURE OF LOCAL REGISTRAR          |  |
| U.S. HIGHWAY                                                        |  | NONE                                                                                               |  | NONE                                      |  |
| 58. SIGNATURE OF CORONER/DEPUTY CORONER                             |  | 59. TYPE, NAME, TITLE OF CORONER/DEPUTY CORONER                                                    |  | 60. SIGNATURE OF CORONER/DEPUTY CORONER   |  |
| Donald R. Johnson                                                   |  | DONALD R. JOHNSON, DEPUTY CORONER                                                                  |  | 01/26/2004                                |  |
| 61. STATE REGISTRAR                                                 |  | 62. SIGNATURE OF CORONER/DEPUTY CORONER                                                            |  | 63. SIGNATURE OF CORONER/DEPUTY CORONER   |  |
| A 64-28                                                             |  | 01/26/2004                                                                                         |  | 01/21/2004                                |  |

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED 01/28/2004

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. PREBERGAST, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

\*001338534\*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE