

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)
75-4390					
75-4391					
75-4392					

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) Ray C & Evelyn Stricklan
PO Box 883
Salmon ID 83467

4. New Owner/Claimant(s) Evelyn Stricklan
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address PO Box 883

City, State and ZIP Code Salmon ID 83467

New Telephone Number (208) 754-3327 Email: _____

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) Evelyn M. Stricklan owner
(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 _____ Receipt Amt. _____
 Received by _____ Date _____ Receipt No. _____
 Processed by SS AJ Date 12-18-07 WR _____ Date _____

NCRP prepared.

STATE OF MONTANA

CERTIFICATION OF VITAL RECORD

MISSOULA COUNTY

CERTIFICATION OF A DEATH CERTIFICATE

FILE #: 200432-004918

FULL NAME OF DECEASED: CLINTON RAY STRICKLAN

SEX: MALE

DATE OF DEATH: AUGUST 30, 2004

PLACE OF DEATH: MISSOULA

RACE: WHITE

DATE OF BIRTH: AUGUST 24, 1930

BIRTHPLACE: SALMON, IDAHO

MOTHER'S NAME: BEULAH BROWN

FATHER'S NAME: CHESTER STRICKLAN

MARITAL STATUS: MARRIED

SPOUSE: EVELYN ARMINTHA STRICKLAN

SOCIAL SECURITY NUMBER: [REDACTED]

VETERAN OF ARMED FORCES: YES

RESIDENCE: SALMON, IDAHO

PLACE OF DISPOSITION: SALMON CEMETERY
SALMON, IDAHO

METHOD OF DISPOSITION: REMOVAL FROM STATE

MANNER OF DEATH: NATURAL

DATE FILED:

CAUSE OF DEATH:

- a. PNEUMONIA
- b. LUNG CANCER

ONSET:

2 WEEKS
6 MONTHS

OTHER SIGNIFICANT CONDITIONS:
NOT RECORDED

NAME AND ADDRESS OF CERTIFIER:
W. C. NICHOLS, 500 W ALDER, MISSOULA,

DATE ISSUED: SEPTEMBER 02, 2004 BY: Riz Aikens

4927

This certifies that this document is a true replication
of the original information on file with the Department
of Public Health and Human Services.

VICKIE M. ZEIER

Clerk and Recorder

Not Valid Unless Raised Seal Is Present

