

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)
Adg 22-325A					
Adg 22-193A					
Adg 22-32616					
WR 22-12123 - done					

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.**

Certificate of Death.

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)

Donald & Belle Jardine

4. New Owner/Claimant(s)

Garry & Maedene Jardine

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

New Mailing Address

358 N. 800 W.

City, State and ZIP Code

Tetonia, Id 83452

New Telephone Number

(208) 456-2637

Email: _____

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SEP 02 2008

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) _____

Harry Sardinia

(title if applicable)
Maureen Sardinia

(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 _____
 Received by _____
 Processed by _____ AJ

Date _____
 Date _____
 Date _____

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

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: JANUARY 24, 1994

STATE FILE NUMBER: 93-08118

DECEDENT: DONALD WILLIAM JARDINE

DATE OF DEATH: DEC. 27, 1993 PLACE OF DEATH: ASHTON, IDAHO

DATE OF BIRTH: JUNE 21, 1908 PLACE OF BIRTH: UTAH

AGE: 85 YEARS SEX: MALE VETERAN? NO

MARITAL STATUS: MARRIED SPOUSE (MAIDEN): BELLE CALDWELL

SOCIAL SECURITY NUMBER: 519-40-8553 RESIDENCE: TETONIA, IDAHO

FATHER: RUSSELL K. JARDINE

FATHERS BIRTHPLACE: UTAH

MOTHER (MAIDEN): EFFIE MARIE CLARK

MOTHERS BIRTHPLACE: UTAH

MORTUARY: WADE FUNERAL HOME

MORTICIAN: MARK L. WADE

DRIGGS, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: STEPHEN J. CHEYNE, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

METASTATIC LUNG CA.
UNKNOWN PRIMARY

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

NONE LISTED

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AUG 25 2008

Department of Water Resources
Eastern Region

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.

JANUARY 26, 1994

DATE ISSUED:

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: APRIL 18, 1994

STATE FILE NUMBER: 94-02237

DECEDENT: BELLE CALDWELL JARDINE

DATE OF DEATH: MAR. 30, 1994 PLACE OF DEATH: TETONIA, IDAHO

DATE OF BIRTH: SEPT. 21, 1908 PLACE OF BIRTH: IDAHO

AGE: 85 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: 518-66-9945 RESIDENCE: TETONIA, IDAHO

FATHER: MARONI CALDWELL

FATHERS BIRTHPLACE: UTAH

MOTHER (MAIDEN): HARRIET WILLIAMSON HILL

MOTHERS BIRTHPLACE: ENGLAND

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

OSTEOPOROSIS - SEVERE

15 YEARS

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

NONE LISTED

RECEIVED

AUG 25 2008

Department of Water Resources
Eastern Region

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.

APRIL 20, 1994

DATE ISSUED

JANE S. SMITH
State Registrar