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Documents  
In File

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

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A69-10036  
Date Received: 5/25/1988  
Receipt No: W000251  
Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: HELEN B. ROBERTSON 208-642-2926  
Address: 155 S. 7TH STREET  
APT. 10  
PAYETTE, ID 83661

2. Date of Priority: JAN 01, 1964

3. Source: SPRING Trib. to: INDIAN CREEK

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
|----------|-------|---------|--------|--------|-----|-----|--------|
| 20N      | 03W   | 10      | NW     | NW     |     |     | ADAMS  |

5. Description of diverting works:  
SPRING DEVELOP. 1972, PLASTIC PIPE TO P.O.U.

6. Water is used for the following purposes:

| Purpose  | From  | To    | C.F.S | (or) | A.F.A. |
|----------|-------|-------|-------|------|--------|
| DOMESTIC | 01/01 | 12/31 | 0.030 |      |        |

7. Total Quantity Appropriated is:  
0.030 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:  
D/ONE HOME

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use    | Acres |
|----------|-------|---------|--------|-----|-----|--------|-------|
| 20N      | 03W   | 10      | NW     | NW  |     | DOMEST |       |

11. Place of use in counties: ADAMS

A69-10036

Page 1

Date: 07/08/88

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12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:  
NONE

14. Remarks:  
P.O.U. IN LOTS 66 & 67 CUPRUM TOWNSITE.

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do \_\_\_\_\_ do not \_\_\_\_\_ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: \_\_\_\_\_

**For Individuals:**

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

State of Idaho )  
County of \_\_\_\_\_ ) SS.

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

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

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number A69-10036Date Received 5-25-88Receipt Number W000251

NOTICE OF CLAIM  
TO A  
WATER RIGHT

## ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day. Filing fee \$25

Department of Water Resources  
Eastern Regional Office

Please type or print clearly

1. Name of Claimant (s) HELEN B. ROBERTSON Phone ( 208- ) 642-2926Mailing Address 155 S. 7th St., Apt. 10; Payette, Idaho Zip 836612. Date of Priority (Only one (1) per claim) 19643. Source of water supply (a) Spring  
which is tributary to (b) Indian Creek4. Location of point of diversion is: Township 20N Range 3W  
Section 10, NW 1/4 of NW 1/4 of 1/4, Govt. Lot         , B.M.,  
County of AdamsAdditional points of diversion if any:         5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc),  
including the dates of any changes or enlargements in use, the dimensions of the diversion works as  
constructed and as enlarged and the depth of each well.           
In 1972, developed spring with plastic pipe from spring to place of use.  
See attached diagram.6. Water is claimed for the following: (Limited to Domestic and/or Stockwater only. See Instructions)  
(Both dates are inclusive) (cfs)  
For domestic purposes from Jan. 1 to Dec. 31 amount .03  
For          purposes from          to          amount         7. Total quantity claimed .03 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of  
livestock) one householdMICROFILMED  
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## **HOW YOU WILL RECEIVE NOTICES IN THE SNAKE RIVER BASIN ADJUDICATION**

All documents filed in the Snake River Basin Adjudication other than notices of claims are filed with the court. Notices of claims to water rights filed in the Snake River Basin Adjudication are filed with the Idaho Department of Water Resources. Copies of all documents filed in the Snake River Basin Adjudication will not be mailed to all parties (claimants) in the adjudication.

By order of the court, any document filed with the court will be mailed only to those parties who may be directly affected by it. A monthly docket sheet will be prepared by the department which contains a summary of all documents filed with the court in the previous month and the dates and locations of hearings scheduled for the following three months. The docket sheet will be filed with the district court clerk in each county within the Snake River Basin in Idaho. Copies of the docket sheet may be obtained from any of the offices of the department either in person or by mail; a small fee will be charged to cover the cost of mailing and/or copying. If you wish to receive a copy of the docket sheet each month, you should mark the appropriate place on your notice of claim form. You will be charged a small annual subscription fee to cover the cost of copying and mailing. Copies of any document listed on the docket sheet may be obtained from any of the offices of the department either in person or by mail; a small fee will be charged to cover the cost of mailing and/or copying.

Copies of all notices of claims filed with the department will be available for inspection from all offices of the department. Copies of the notices of claims may be obtained in person or by mail, but you will be charged for the cost of copying and mailing. (A claimant will not be charged for a copy of his or her own notice of claim, and a person who acquires property with water rights for which a notice of claim was filed will not be charged for a copy of the notice of claim filed by the previous owner.)

After the notices of claims have been reviewed, the director will prepare and file a report with the court. Part 1 of the report will contain the director's recommendations as to each water right claimed under state law. Part 2 of the report will list each federal reserved water right claimed. A number of reports will be prepared, one or more for each sub-basin in the Snake River Basin. When the report for your sub-basin is filed with the court, you will be mailed a notice informing you that the report for your sub-basin has been filed. The notice will be sent to the most recent address shown by the department's files. Attached to the notice will be a copy of those portions of the report describing the water rights you have claimed. If you do not agree with the way your water right is described, you may file an objection to the report with the court. You can also file an objection if you disagree with the way other claimant's water rights are described, and the notice will tell you where a copy of the full report is available for inspection. The notice will tell you when and where to file your objection. The notice of filing for each sub-basin report will also be published state-wide in local newspapers.

10. Place a "D" for domestic and "S" for stockwater use in the corresponding place of use below.

| TWP | RNG | SEC | NE 1/4                           |       |       |       | NW 1/4 |       |       |       | SW 1/4 |       |       |       | SE 1/4 |       |       |       |
|-----|-----|-----|----------------------------------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|-------|
|     |     |     | NE1/4                            | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 |
| 20N | 3W  | 10  | lots 66 & 67 in Cuprum Townsite. |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |
|     |     |     |                                  |       |       |       |        | D     |       |       |        |       |       |       |        |       |       |       |

11. In which county (ies) are lands listed above as place of use located? Adams

12. Do you own the property listed above as place of use? Yes X No \_\_\_\_\_  
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.  
\_\_\_\_\_ or None (X)

14. Remarks: \_\_\_\_\_

15. Basis of Claim (check one) Beneficial Use X Posted Notice \_\_\_\_\_ License \_\_\_\_\_ Permit \_\_\_\_\_  
Decree \_\_\_\_\_

If applicable provide IDWR Water Right Number \_\_\_\_\_

Court \_\_\_\_\_ Case Number \_\_\_\_\_ Decree Date \_\_\_\_\_

Plaintiff vs Defendant \_\_\_\_\_

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled  
"How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do \_\_\_\_\_ do not \_\_\_\_\_  
wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments 1

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true  
and correct.

Signature of Claimant (s) Helen B. Robertson Date May 9, 1988

\_\_\_\_\_ Date \_\_\_\_\_

For Organizations: I do solemnly swear or affirm that I am \_\_\_\_\_ Title \_\_\_\_\_

of \_\_\_\_\_, that I have signed the foregoing  
Organization \_\_\_\_\_

document in the space below as \_\_\_\_\_ of \_\_\_\_\_  
Title \_\_\_\_\_ Organization \_\_\_\_\_

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_

Title and Organization \_\_\_\_\_ Date \_\_\_\_\_

State of ~~Idaho~~ or Oregon )  
County of Grant ) SS.

Subscribed and sworn (or affirmed) before me this 9th day of May

SEAL

Notary Public Wm. H. Stiller

Residing at P.O. Box 33; Prairie City, OR 97869

My Commission Expires July 2, 1991

Last Name \_\_\_\_\_ Ident No. \_\_\_\_\_

Copies White-State, Yellow-Claimant

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OCT 05 1992

It is very important that you inform the department in writing of any change in your address. This is to make sure that you receive the notices affecting your water rights that are to be mailed by the department.

If you are acquiring property with water rights in the Snake River Basin water system in Idaho (either by purchase, gift, inheritance, or other means), it is very important that you inquire of the department whether a notice of claim has been filed. If not, you must file a notice of claim or the water right may be declared by the court to no longer exist. If a notice of claim has been filed, it is very important that you file a written notice of change in ownership with the department. The notice of change in ownership must be accompanied by some evidence of the change in ownership, such as a copy of the deed or a property tax statement showing the name of the new owner. Again, this is to make sure that you receive the notices affecting your water rights that are to be mailed by the department.

The cost of the subscription to the docket sheet is \$7.50 for calendar year 1988. The cost of the subscription may increase a small amount for calendar year 1989 if the cost of copying and/or mailing should increase.

If you are planning to file a motion or other pleading (not a notice of claim) with the court (not IDWR), the court has issued an order setting a special procedure that is different from the usual civil rules. A copy of the order may be obtained from any office of IDWR; you may be charged for the cost of mailing and/or copying.

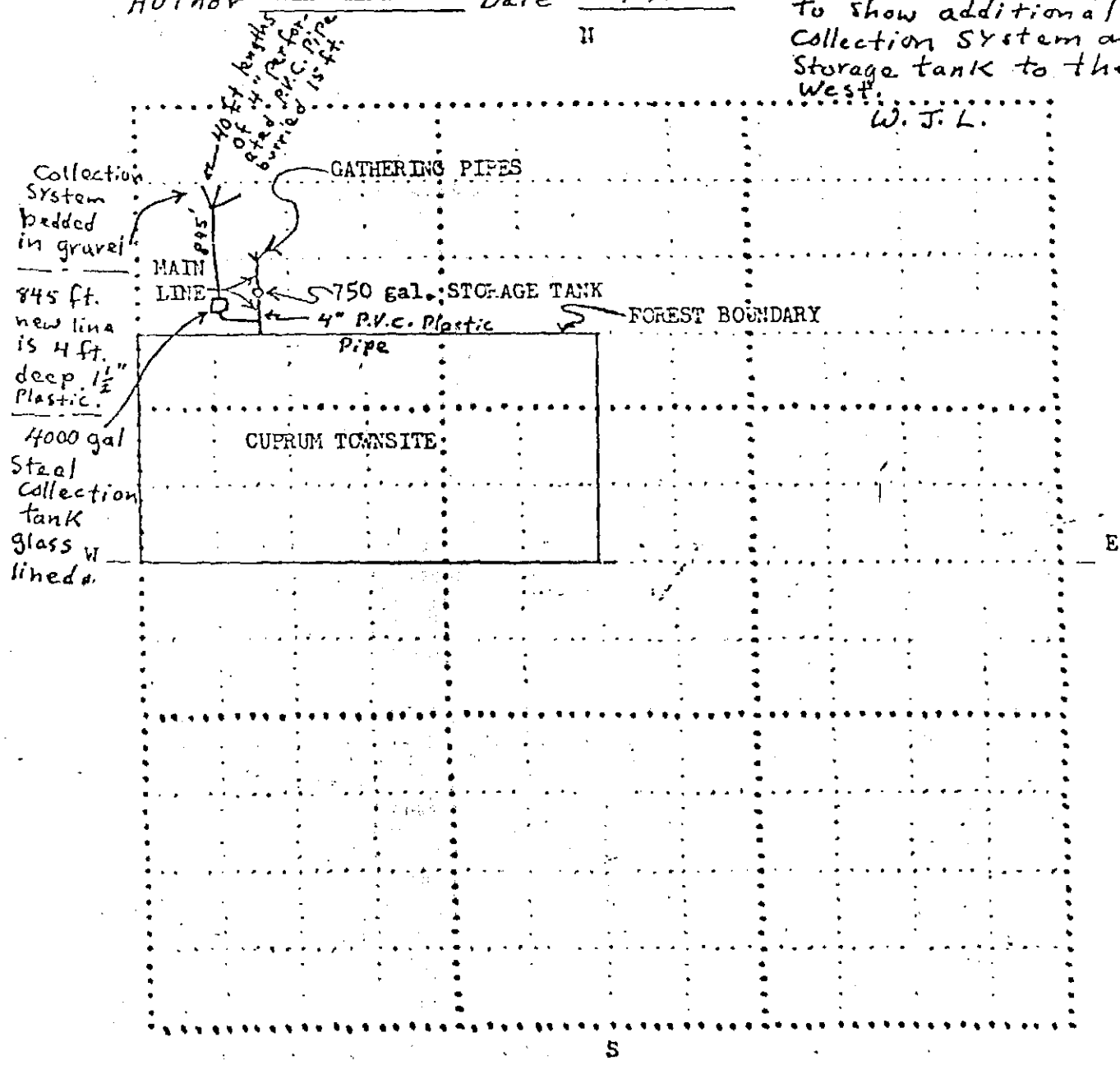
RECEIVED  
JUN 20 1988

T. 20 N, R. 3 W, Sec. 10 Scale = 6" = 1 mile

Author Dan Baird Date 11/1/72

Map Revised 9-27-73  
to show additional  
Collection System and  
Storage tank to the  
West.

W. J. L.



MICROFILMED  
OCT 05 1992

IDAHO DEPARTMENT OF WATER RESOURCES  
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAWDATE: APR-18-2000  
PAGE: A-1

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RIGHTS FROM: SOURCE: SPRING TRIBUTARY: INDIAN CREEK

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RIGHT NUMBER: 69-10036

NAME & ADDRESS: HELEN B ROBERTSON  
C/O 4445 COUNCIL CUPRUM RD  
COUNCIL ID 83612-5029

SOURCE: SPRING TRIBUTARY: INDIAN CREEK

QUANTITY: 0.03 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

PRIORITY DATE: 01/01/1964

POINT OF DIVERSION: T20N R03W S10 NWNW Within ADAMS County

PURPOSE AND PERIOD OF USE: PURPOSE OF USE PERIOD OF USE QUANTITY  
DOMESTIC 1 HOME 01-01 12-31 0.03 CFS

PLACE OF USE: DOMESTIC Within ADAMS County  
T20N R03W S10 NWNW

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

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE  
PARCEL NO. RP00070000066AA  
PROPERTY ALSO KNOWN AS LOTS 66 & 67, CUPRUM TOWNSITE.

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     | ) | NOTICE OF COMPLETED        |
|                | ) | ADMINISTRATIVE PROCEEDINGS |
| Case No. 39576 | ) |                            |
|                | ) | Water Right 69-10036       |
|                | ) |                            |

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IDWR has completed the following Administrative Proceeding:

☒ Change of Address  
☐ Substitution of Party  
☐ I.C. 42-222 Transfer

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CHANGE OF ADDRESS

Name of Claimant: HELEN B ROBERTSON  
New Address: C/O 4445 COUNCIL CUPRUM RD  
COUNCIL ID 83612-5029

Claimant's Water Rights: 69-10036

The Claimant has filed Objections or Responses to the following water rights:

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NOTICE OF COMPLETED  
ADMINISTRATIVE PROCEEDING  
4/18/2000

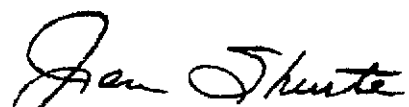
69-10036

PAGE 1

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 Transfer and Amended Director's Reports(s) on the claimant(s), prior claimants(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED: April 18, 2000

  
\_\_\_\_\_  
Signature of IDWR Representative

**CERTIFICATE OF MAILING**

I certify that on April 18, 2000 I mailed the original  
and copies of this form to the following persons, postage prepaid  
and addressed as follows:

1. Original to:  
Clerk of the District Court  
Snake River Basin Adjudication  
253 Third Avenue North  
P.O. Box 2707  
Twin Falls, Idaho 83303-2707
2. One Copy to:  
Each party in the subcase, or attorney of record:  
  
HELEN B ROBERTSON  
C/O 4445 COUNCIL CUPRUM RD  
COUNCIL ID 83612-5029
3. One Copy to:  
Chief, Natural Resources Division  
Office of the Attorney General  
P.O. Box 44449  
Boise, Idaho 83711-4449
4. 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

GERALDINE L. STULTS  
4445k Council Cuprum Rd.  
Council, ID 83612-5029

RECEIVED

APR 10 2000

WATER RESOURCES  
WESTERN REGION

April 6, 2000

Idaho Dept. of Water Resources  
2735 Airport Way  
Boise, ID 83705-5082

RE: Water Right #69-10036

Dear Sirs,

Please change address to the above subject water right  
of Helen B. Robertson. The new address is:

4445 Council Cuprum Rd.  
Council, ID 83612-5029

Sincerely Yours,

Estate of Helen B. Robertson

by: Geraldine L. Stults, P.R.  
Geraldine L. Stults, Per. Rep.



**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

OCT 20 1999

State of Idaho  
**CERTIFICATE OF DEATH**

State File No. **7129**  
Local Reg. No. **89**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PROOF PAGE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 36-2401 & 36-24

|                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                        |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>DECEDENT</b>                                                                             | DECEDENT — NAME                                                                                                                                                                                                                                                                  |                                                                     | SEX                                                                                                                                                                                                                                              |                                                                                                                                                                                                              | DATE OF DEATH (Month, Day, Year)                                       |
|                                                                                             | <b>Helen Bernice ROBERTSON</b>                                                                                                                                                                                                                                                   |                                                                     | <b>Female</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                              | <b>October 9, 1999</b>                                                 |
| <b>TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN</b>                         | SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                           |                                                                     | AGE — Last Birthday (Yrs.)                                                                                                                                                                                                                       | UNDER 1 YEAR                                                                                                                                                                                                 | DATE OF BIRTH (Month, Day, Year)                                       |
|                                                                                             | <b>.519-16-1033</b>                                                                                                                                                                                                                                                              |                                                                     | <b>88</b>                                                                                                                                                                                                                                        | <b>88</b>                                                                                                                                                                                                    | <b>Oct 15, 1910</b>                                                    |
| <b>NAME OF DECEDENT For use by physicians or medical examiner</b>                           | WAS DECEDENT EVER IN U.S. ARMED FORCES?                                                                                                                                                                                                                                          |                                                                     | PLACE OF DEATH (Check only one)                                                                                                                                                                                                                  | OTHER                                                                                                                                                                                                        |                                                                        |
|                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                              |                                                                     | (1) <input type="checkbox"/> Inpatient (2) <input type="checkbox"/> ER/Outpatient (3) <input type="checkbox"/> DOA                                                                                                                               | (4) <input checked="" type="checkbox"/> Long-Term Care Facility (5) <input type="checkbox"/> Other Private Residence (6) <input type="checkbox"/> Own Residence (7) <input type="checkbox"/> Other (Specify) |                                                                        |
| <b>FACTORY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)</b> | <b>Sunbridge Health &amp; Rehabilitation</b>                                                                                                                                                                                                                                     |                                                                     | CITY, TOWN OR LOCATION OF DEATH                                                                                                                                                                                                                  |                                                                                                                                                                                                              | COUNTY OF DEATH                                                        |
|                                                                                             | <b>Payette</b>                                                                                                                                                                                                                                                                   |                                                                     | <b>Payette</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                              | <b>Payette</b>                                                         |
| <b>MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)</b>                 | SURVIVING SPOUSE (If wife, give maiden name)                                                                                                                                                                                                                                     |                                                                     | DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Use last one first.)                                                                                                                                            |                                                                                                                                                                                                              | KIND OF BUSINESS / INDUSTRY                                            |
|                                                                                             | <b>Widowed</b>                                                                                                                                                                                                                                                                   |                                                                     | <b>Laborer</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                              | <b>General Labor</b>                                                   |
| <b>RESIDENCE STATE</b>                                                                      | CITY, TOWN OR LOCATION                                                                                                                                                                                                                                                           | STREET AND NUMBER                                                   | ZIP CODE                                                                                                                                                                                                                                         |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | <b>ID</b>                                                                                                                                                                                                                                                                        | <b>Payette</b>                                                      | <b>155 S. 7th St., Apt. #10</b>                                                                                                                                                                                                                  | <b>83661</b>                                                                                                                                                                                                 |                                                                        |
| <b>INSIDE CITY LIMITS?</b>                                                                  | WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or the — if yes, specify Cuban, Mexican, Puerto Rican, etc.)                                                                                                                                                                        |                                                                     | RACE — American Indian, Black, Japanese, White, etc. (Specify)                                                                                                                                                                                   |                                                                                                                                                                                                              | DECEDENT'S EDUCATION (Specify only highest grade completed)            |
|                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                              |                                                                     | <b>White</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                              | Elementary/Secondary (0-12) <b>11</b> College (14 or 5+) <b>11</b>     |
| <b>PARENTS</b>                                                                              | FATHER — NAME                                                                                                                                                                                                                                                                    |                                                                     | BIRTHPLACE                                                                                                                                                                                                                                       | MOTHER — FULL MAIDEN NAME                                                                                                                                                                                    | BIRTHPLACE                                                             |
|                                                                                             | <b>John Showers</b>                                                                                                                                                                                                                                                              |                                                                     | <b>Iowa</b>                                                                                                                                                                                                                                      | <b>Hannah Bevercombe</b>                                                                                                                                                                                     | <b>Iowa</b>                                                            |
| <b>INFORMANT</b>                                                                            | INFORMANT'S NAME (Type/Print)                                                                                                                                                                                                                                                    |                                                                     | MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)                                                                                                                                                         |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | <b>Geraldine Stults</b>                                                                                                                                                                                                                                                          |                                                                     | <b>155 S. 7th St., Apt. #10, Payette, ID 83661</b>                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                        |
| <b>DISPOSITION</b>                                                                          | METHOD OF DISPOSITION                                                                                                                                                                                                                                                            |                                                                     | PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)                                                                                                                                                                               |                                                                                                                                                                                                              | LOCATION — City or Town, State                                         |
|                                                                                             | <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)                                                                             |                                                                     | <b>Riverside Cemetery</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                              | <b>Payette, ID</b>                                                     |
| <b>CAUSE OF DEATH</b>                                                                       | SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH                                                                                                                                                                                                                   |                                                                     | NAME AND ADDRESS OF FACILITY                                                                                                                                                                                                                     |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | <b>Mark L. Reed</b>                                                                                                                                                                                                                                                              |                                                                     | <b>Shaffer-Jensen Memory Chapel</b>                                                                                                                                                                                                              |                                                                                                                                                                                                              |                                                                        |
| <b>TIME OF DEATH</b>                                                                        | DATE PRONOUNCED DEAD (Month, Day, Year)                                                                                                                                                                                                                                          | WAS CASE REFERRED TO CORONER?                                       | MANNER OF DEATH (Check One)                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | <b>1:20 p.m. October 9, 1999</b>                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined |                                                                                                                                                                                                              |                                                                        |
| <b>27. PART I</b>                                                                           | Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.                                                                          |                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | IMMEDIATE CAUSE (Final disease or condition resulting in death)                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                        |
| <b>CAUSE OF DEATH</b>                                                                       | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST                                                                                                                       |                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | <p>a. <b>Severe electrolyte depletion</b> (Due to or as a consequence of: <b>3 wks</b>)</p> <p>b. <b>Common bile duct obstruction</b> (Due to or as a consequence of: <b>2 mos</b>)</p> <p>c. <b>Suspected pancreas cancer</b> (Due to or as a consequence of: <b>2 mos</b>)</p> |                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                        |
| <b>27. PART II</b>                                                                          | Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | <p><b>Alzheimer's dementia, CHF, HTN, Osteoarthritis, Uterine prolapse, Anal stenosis.</b></p>                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                        |
| <b>CERTIFIER</b>                                                                            | WAS AN AUTOPSY PERFORMED?                                                                                                                                                                                                                                                        |                                                                     | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?                                                                                                                                                                           |                                                                                                                                                                                                              |                                                                        |
|                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                              |                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                              |                                                                        |
| <b>TO BE USED FOR EXTERNAL CAUSES ONLY</b>                                                  | SIGNATURE AND TITLE OF CERTIFIER                                                                                                                                                                                                                                                 |                                                                     | LICENSE NUMBER                                                                                                                                                                                                                                   |                                                                                                                                                                                                              | DATE SIGNED (Month, Day, Year)                                         |
|                                                                                             | <b>Vernon E. Barton M.D.</b>                                                                                                                                                                                                                                                     |                                                                     | <b>11-3885</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                              | <b>10/12/99</b>                                                        |
| <b>CORONER'S REVIEW AREA</b>                                                                | DATE OF INJURY (Mo., Day, Yr.)                                                                                                                                                                                                                                                   |                                                                     | HOUR OF INJURY                                                                                                                                                                                                                                   |                                                                                                                                                                                                              | DESCRIBE HOW INJURY OCCURRED                                           |
|                                                                                             | <b>10/12/99</b>                                                                                                                                                                                                                                                                  |                                                                     | <b>10:00</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                              | <b>At home, term, street, factory, office building, etc. (Specify)</b> |
| <b>REGISTRAR</b>                                                                            | CORONER'S ACTION                                                                                                                                                                                                                                                                 |                                                                     | CORONER'S SIGNATURE                                                                                                                                                                                                                              |                                                                                                                                                                                                              | DATE SIGNED (Month, Day, Year)                                         |
|                                                                                             | <input checked="" type="checkbox"/> I have reviewed and/or amended, and certified.                                                                                                                                                                                               |                                                                     | <b>Sharon K. Hall</b>                                                                                                                                                                                                                            |                                                                                                                                                                                                              | <b>October 18, 1999</b>                                                |

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: **OCT 20 1999**

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

**JANE S. SMITH**  
STATE REGISTRAR

AJ0749NP  
No. 69-10036

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT  
(REGIONAL)

DATE: 04/11/00  
PAGE: 1

| OWNER<br>CODE    | NAME & ADDRESS                                                          | PRIORITY<br>DATE | WATER USE | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|------------------|-------------------------------------------------------------------------|------------------|-----------|-----------------------|-------------------|---------------------|
| C                | HELEN B ROBERTSON<br>C/O 4445 COUNCIL CUPRUM RD<br>COUNCIL ID 836125029 | 01/01/1964       | DOMESTIC  | 01-01 12-31           | 0.030 CFS         |                     |
| TOTAL DIVERSION: |                                                                         |                  |           |                       | 0.030 CFS         |                     |

Water Source: SPRING

Tributary to: INDIAN CREEK

Stage: BENEFICIAL USE

Point(s) of Diversion:

T20N R03W S10

NWNW

ADAMS County

Place of use Legal Description for: DOMESTIC

|              |   |   |   | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    |    |    |    |    |   |  |  |  |
|--------------|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|--|--|--|
| T            | R | S | : | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | : |  |  |  |
| -----        |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |  |  |
| 20N 03W 10 : |   |   |   |    |    |    |    | D  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |  |  |

POU County: ADAMS

Non-Irrigation Uses: 1 HOME

Other Rights: NONE

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):  
69-10039 A69-10036 A69-10039

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A  
- DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000  
- GALLONS PER DAY.

Remarks: EXP PARCEL NO. RP00070000066AA  
PROPERTY ALSO KNOWN AS LOTS 66 & 67, CUPRUM TOWNSITE.

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:  
Presumption Flag:

Comments: Date: 04/11/2000 User-ID: DBUFFING Subject: NAME CHANGE - ADDRESS CHANGE  
THE DATA IN THE NAME FIELD WAS CHANGED TO SHOW THIS RIGHT HAS AN  
ADDRESS CHANGE.

Audit: 04/11/00 DBUFFING



**State of Idaho**  
**DEPARTMENT OF WATER RESOURCES**

Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190  
FAX (208) 334-2348

**DIRK KEMPTHORNE**  
GOVERNOR

**KARL J. DREHER**  
DIRECTOR

April 18, 2000

HELEN B ROBERTSON  
c/o 4445 COUNCIL CUPRUM RD  
COUNCIL ID 83612-5029

Re: Notice of Claim To A Water Right No. 69-10036

Dear Claimant:

Enclosed is a copy of the above referenced water right, which reflects your change in address.

Thank you for your patience in this process. If you have any further questions or concerns regarding the enclosed water rights, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Denise Buffington".

Denise Buffington  
Office Specialist I  
Adjudication Section  
Western Regional Office

DB:db

Enclosures

AJ0749NP  
No. R69-10036

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT  
(REGIONAL)

DATE: 01/26/99  
PAGE: 1

| OWNER<br>CODE    | NAME & ADDRESS                                                              | PRIORITY<br>DATE | WATER USE | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|------------------|-----------------------------------------------------------------------------|------------------|-----------|-----------------------|-------------------|---------------------|
| C                | HELEN B ROBERTSON<br>155 S 7TH ST #10<br>PAYETTE ID 83661<br>(208) 642-2926 | 01/01/1964       | DOMESTIC  | 01-01 12-31           | 0.03 CFS          |                     |
| TOTAL DIVERSION: |                                                                             |                  |           |                       | 0.03 CFS          |                     |

Water Source: SPRING

Tributary to: INDIAN CREEK

Stage: BENEFICIAL USE

Point(s) of Diversion:

T20N R03W S10

NWNW

ADAMS County

Place of use Legal Description for: DOMESTIC

|     |     |     |   | NE  |     |     |     | NW  |     |     |     | SW  |     |     |     | SE  |     |     |     |   |
|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| T   | R   | S   | : | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | : |
| --- | --- | --- | : | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | : |
| 20N | 03W | 10  | : |     |     |     |     |     |     | D   |     |     |     |     |     |     |     |     |     | : |

POU County: ADAMS

Non-Irrigation Uses: 1 HOME

Other Rights: NONE

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

Remarks: EXP PARCEL NO. RP00070000066AA  
PROPERTY ALSO KNOWN AS LOTS 66 & 67, CUPRUM TOWNSITE.

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:  
Presumption Flag:

Audit: 01/26/99 CWALKER

AJ5809NP  
No. R69-10036

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT

DATE: 11/05/98  
PAGE: 58

| OWNER<br>CODE    | NAME & ADDRESS                                                              | PRIORITY<br>DATE | WATER USE | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|------------------|-----------------------------------------------------------------------------|------------------|-----------|-----------------------|-------------------|---------------------|
| C                | HELEN B ROBERTSON<br>155 S 7TH ST #10<br>PAYETTE ID 83661<br>(208) 642-2926 | 01/01/1964       | DOMESTIC  | 01-01 12-31           | 0.03 CFS          |                     |
| TOTAL DIVERSION: |                                                                             |                  |           |                       | 0.03 CFS          |                     |

Water Source: SPRING

Tributary to: INDIAN CREEK

Stage: BENEFICIAL USE

Point(s) of Diversion:

T20N R03W S10

NWNW

ADAMS County

Place of use Legal Description for: DOMESTIC

|     |     |     |   | NE  |     |     |     | NW  |     |     |     | SW  |     |     |     | SE  |     |     |     |   |
|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| T   | R   | S   | : | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | Lt  | Ac  | : |
| --- | --- | --- | : | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | : |
| 20N | 03W | 10  | : |     |     |     |     |     |     | D   |     |     |     |     |     |     |     |     |     | : |

POU County: ADAMS

Non-Irrigation Uses: DOMESTIC, 1 HOME

Other Rights: NONE

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

Remarks: <sup>EXP</sup> GEN PARCEL NO. RP00070000066AA  
PROPERTY ALSO KNOWN AS LOTS 66 & 67, CUPRUM TOWNSITE

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:  
Presumption Flag:

Audit: 12/01/93 DUNN1 12/02/93 DUNN1 03/30/95 POST-STD 11/04/98 AJU3-JSH



WATER RIGHT NUMBER - A69-10036

PREFIX TRANSLATION: ADJUDICATION CLAIM

-----COMMENTS-----  
NO COMMENTS FOUND

-----ADJUDICATION RIGHTS DATES AND FLAGS AREA-----

|                       |              |                       |              |                         |         |
|-----------------------|--------------|-----------------------|--------------|-------------------------|---------|
| COURT REPORT FILING   | - 00/00/0000 | FIELD INSPECTION MADE | - 00/00/0000 | CIVIL CASE NUMBER       | - 39576 |
| OBJECTION FILED DATE  | - 00/00/0000 | FIELD INSPECTION FLAG | - Y          | OLD CASE NUMBER         | -       |
| RESPONSE FILED DATE   | - 00/00/0000 | VERIFIED DATE         | - 00/00/0000 | OLD JUDICIAL DISTRICT   | -       |
| CLAIM RECEIVED DATE   | - 05/25/1988 | LAST AMENDED DATE     | - 00/00/0000 | TEMPORARY RIGHT         | - P     |
| PROOF DUE DATE        | - 00/00/0000 | PROOF MADE DATE       | - 00/00/0000 | WATER DISTRICT          | -       |
| LICENSED DATE         | - 00/00/0000 | RECEIPT NUMBER        | - W000251    | FEDERAL/STATE INDICATOR | - S     |
| CLAIMS TAPE ERROR FLG | -            | POU OWNERSHIP FLAG    | - Y          | PRESUMPTION FLAG        | -       |
| FEE EXEMPT FLAG       | -            | NAME CONNECTOR        | -            | NOTICE OF ERROR FLAG    | -       |

RP00070000066A A

PROOF  
JAN 09 1992

DATA ENTRY

ENTERED 12-1-93JS  
CHECKED 7-27-94J

"Verified By"  
Topo Map/ASOS/PO  
ASOS Map  
Watermark Records  
NAP Photos  
Field Exam  
Other (See Remarks)  
County Records  
Witness Statement  
Project Records  
IDWR Records

VERIFIED  
APR 3 1992

CERTIFIED  
MAY 23 1992  
WATER EXAMINER

MICROFILMED  
OCT 23 1996