

ADJ. & Fee all

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

AUG 18 2009
DEPARTMENT OF
WATER RESOURCES

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case IDWR will produce new water right number(s) for the split(s).

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
	47-2148				
	47-2229				
	47-4246				

2. The following **REQUIRED** information must be submitted with this form:

- n/a* 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)

MILDRED LYON

4. New Owner/Claimant(s)

Rocky Bantlett

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

New Mailing Address

1280 E 4332 N CANTER PICO

City, State and ZIP Code

Buhl Idaho

New Telephone Number

(208) 543-8075

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
CERTIFICATE OF DEATH

Date Filed JULY 31, 2006

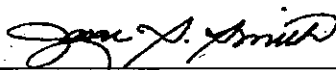
State File No. 2006-05745

DECEDENT - LEGAL NAME MILDRED NANCY LYON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 92 YEARS	DATE OF BIRTH FEBRUARY 22, 1914
BIRTHPLACE ALMO, IDAHO		PLACE OF RESIDENCE BUHL, IDAHO	
MARTIAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CHRIS J. GREEN			BIRTHPLACE ENGLAND
MOTHER - MAIDEN NAME IDA J. DUFFEE			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE STEPHEN BONAR	
NAME AND ADDRESS OF FUNERAL FACILITY FARMER FUNERAL CHAPEL, BUHL, IDAHO			
DATE OF DEATH JULY 04, 2006	TIME OF DEATH 2:00 A.M.	CITY/TOWN OR LOCATION OF DEATH BUHL, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a. FAILURE TO THRIVE			Approximate Interval Between Onset and Death MONTHS
DUE TO (or as a consequence of): b. ADVANCED OLD AGE			YEARS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER SHAIYENNE ANTON		TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: AUGUST 01, 2006

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


JANE S. SMITH
STATE REGISTRAR

