

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: A37-11830

Date Received:

Receipt No: M001660

Received By: AD~

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: WILLIAM D. BROWN 208-788-2868
Address: P.O. BOX 580
BELLEVUE, ID 83313
AND/OR
Name: WALTER C. BROWN 208-788-2868
Address: P.O. BOX 580
BELLEVUE, ID 83313
AND/OR
Name: FRANCIS J. BROWN 208-788-2868
Address: P.O. BOX 580
BELLEVUE, ID 83313
AND/OR
Name: ROBERT C. BROWN 208-788-2868
Address: P.O. BOX 580
BELLEVUE, ID 83313
- deceased*

2. Date of Priority: MAR 24, 1883

3. Source: BIG WOOD RIVER Trib. to: MALAD RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
02N	18E	36	NE	SW	NW		BLAINE

5. Description of diverting works:
VIA DISTRICT CANAL TO DITCHES TO LANDS IRRIGATED.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	1.380		

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

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Page 1

Date: 10/20/88

MICROFILMED

FEB 26 1993

8. Total consumptive use is 257.5 Acre Feet Per Annum.

9. Non-irrigation uses:
NONE

10. Place of Use:

Township	Range	Section	1/4	of 1/4	Lot	Use	Acres
01S	19E	3	SW	NE	2	IRR	10.0
			SE	NW	3	IRR	15.0
			NE	SW		IRR	40.0
			NW	SE		IRR	38.0
						Section Acres	103.0
						Total Acres	103.0

11. Place of use in counties: BLAINE

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

13. Other Water Rights Used:
A37-00804

14. Remarks:
THIS CLAIM IS BASED ON A PORTION OF THE ORIGINAL 37-0577.

15. Basis of Claim: DECREED
Case Number:
Court :
Decree date:

Decree Plaintiff

vs

Decree 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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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): William O Brown Date: 10-20-88

Date: _____

State of Idaho)
County of Blaine) SS.

Subscribed and sworn (or affirmed) before me this 20th day
of Oct. 19 88 Lee D. Merritt
Notary Public

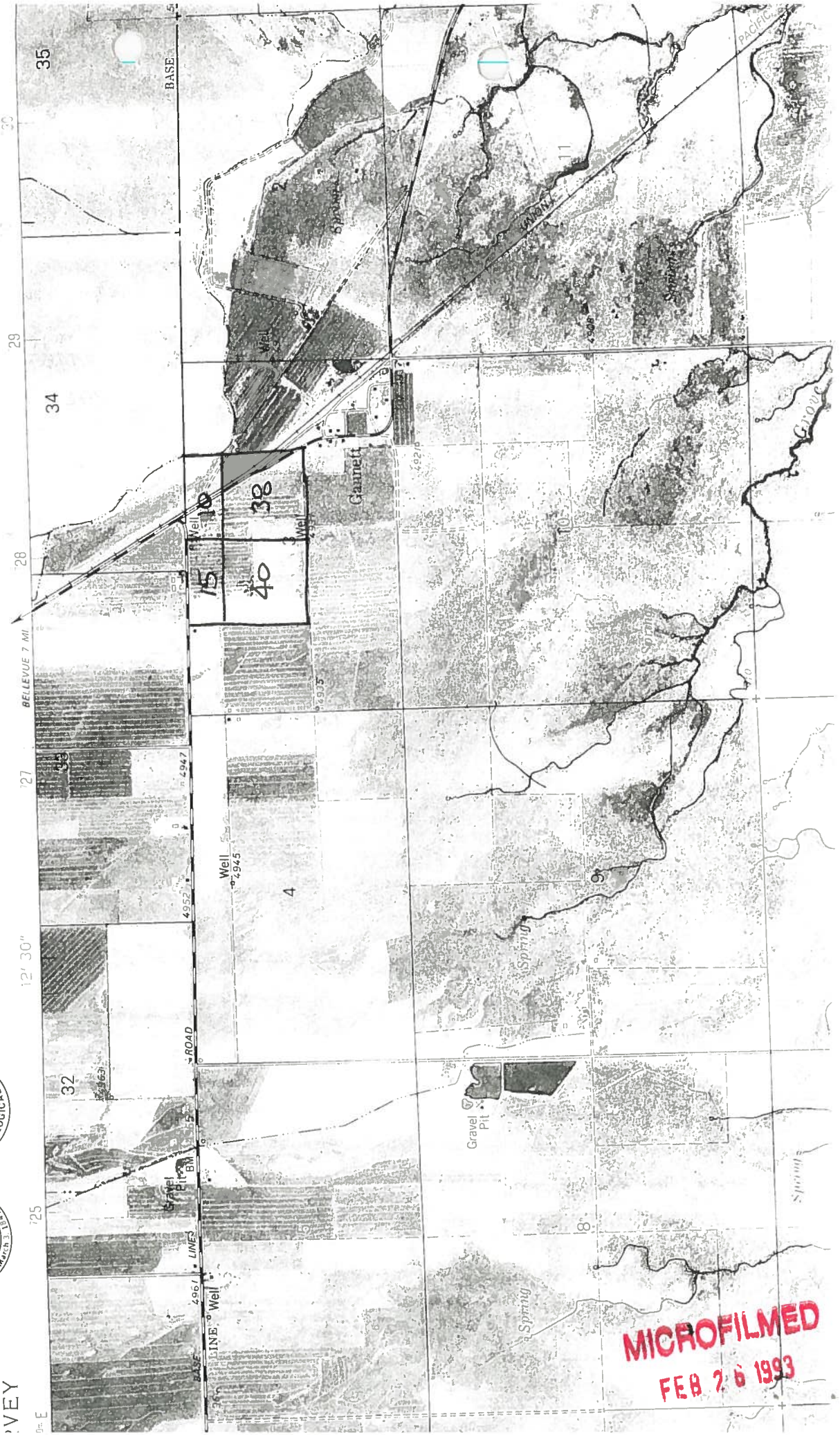
Seal

Residing at Kimberly Idz
My Commission Expires 6/30/99

A37-11830



U.S. INTERIOR
BUREAU OF LAND MANAGEMENT



MICROFILMED
FEB 26 1993

NOTICE OF ERROR
REPLY

RECEIVED

12/11/2006

DEC 21 2006

DEPARTMENT OF
WATER RESOURCES

y, fill out this form completely and mail.

DWR by the deadline date printed below if you want IDWR to change your
to let IDWR know that you agree with its recommendation.

A NOTICE OF ERROR REPLY IS: 01/05/2007

37-11830

208)788-2857

208)731-0491

ortion of the proposed recommendation with which you disagree (e.g.
e, source):

nges you wish to make in the proposed recommendation:

lanation as to why you disagree with these portions:

osed recommendation: no changes need to be made.

SIGNATURE:

Bucky Brown

t your name:

BECKY BROWN

Education Bureau
O. Box 83720
ID 83720-0098

REQUESTED

FIRST CLASS

02 1A
0004310839
NOV 21 2006
\$ 00.520
MAILED FROM ZIP CODE 83702
PITNEY BOWLES

ATTEMPTED,
NOT KNOWN

RECEIVED
NOV 27 2006
DEPARTMENT OF
WATER RESOURCES

37-11830
37-804

FRANCIS J BROWN
PO BOX 580
BELLEVUE ID 83313

B413

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

CERTIFICATE OF DEATH

Date Filed MAY 17, 1989

State File No. 1989-02465

DECEDENT - NAME WALTER CHRISTOPHER BROWN				AGE 63 YEARS	
DATE OF DEATH APR. 29, 1989		SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH JULY 11, 1925	
BIRTHPLACE IDAHO		CITY, TOWN OR LOCATION OF DEATH SUN VALLEY, IDAHO			
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARRIAGE STATUS NEVER MARRIED		SURVIVING SPOUSE (If wife, maiden name)	
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION BELLEVUE (GANNETT)			
FATHER - NAME WALTER BROWN				BIRTHPLACE SCOTLAND	
MOTHER - FULL MAIDEN NAME MARY ANN SULLIVAN				BIRTHPLACE IRELAND	
NAME AND ADDRESS OF MORTUARY WOOD RIVER CHAPEL, HAILEY, IDAHO					
FUNERAL SERVICE LICENSEE RUSSELL D. MIKEL					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 12:15 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. CEREBRAL EDEMA				Approximate Interval Between Onset and Death 10 DAYS	
DUE TO (or as a consequence of): b. BRAIN METASTASIS, MALIGNANT MELANOMA				1 YEAR	
DUE TO (or as a consequence of): c. MALIGNANT MELANOMA OF FACE				5 YEARS	
DUE TO (or as a consequence of): d.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NA					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER GEORGE D. COURIS, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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.

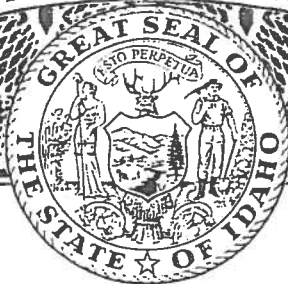
DATE ISSUED: DECEMBER 29, 2006

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

JANE S. SMITH
STATE REGISTRAR



STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE



COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS

450 W. STATE ST.
BOISE, IDAHO 83720

CERTIFICATE OF DEATH

DATE FILED: OCTOBER 26, 1988

STATE FILE NUMBER: 88-05853

DECEDENT: ROBERT CORNELIUS BROWN

DATE OF DEATH: OCT. 21, 1988 PLACE OF DEATH: BOISE, IDAHO

DATE OF BIRTH: OCT. 31, 1927 PLACE OF BIRTH: IDAHO

AGE: 60 YEARS SEX: MALE CITIZENSHIP: UNITED STATES VETERAN? YES

MARITAL STATUS: MARRIED SURVIVING SPOUSE: ILA WINGERD

SOCIAL SECURITY NUMBER: [REDACTED] RESIDENCE: HALFWAY, OREGON

FATHER: WALTER BROWN

MOTHER: MARY O'SULLIVAN

MORTUARY: ALDEN-WAGGONER FUNERAL CHAPEL

BOISE, ID

CERTIFIER: DAVID N. SIM, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CARDIAC ARREST

MINUTES

ACUTE MYOCARDIAL INFARCTION

2.5 HOURS

CORONARY ARTERY DISEASE

YEARS

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

PREVIOUS MYOCARDIAL INFARCTIONS 12/82 AND 9/19/88

DATE ISSUED: NOVEMBER 04, 1988

*This is to certify that this is a true and correct reproduction or abstract of the official record
filed with the Idaho Department of Health & Welfare, Boise, Idaho.*

Bee Biggs, R.N.

BEE BIGGS, R.N. State Registrar
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.
Section 39-273, Idaho Code

HWH0139

DEPARTMENT OF HEALTH AND WELFARE

Contacts Data Entry Form

Claim(s): 37-11830 & 37-804

Date of Field Exam: _____ Time: _____

Accompanied By: _____ Phone Number: _____

Relationship to Claimant: _____

Directions to Property (if different from above) and/or update owner information:

37-11830 is claimed as a portion of 37-577.
WM records show 1.38 cts from 37-577

CONTACT WILLIAM ABOUT WA/TET = ROBERT'S
DEATH CERTIFICATE.

BECKI BROWN WILL SEND FRANCH' DC.

Reviewer: _____

Date: _____

Priority Date Data

N/A

Point of Diversion and Source

GPS file name

Easting

Northing

Plate No.

Photo Id.

GPS well location and confirm the irrigation place of use boundary, especially the northeast corner of the property.

Obtain pump data.

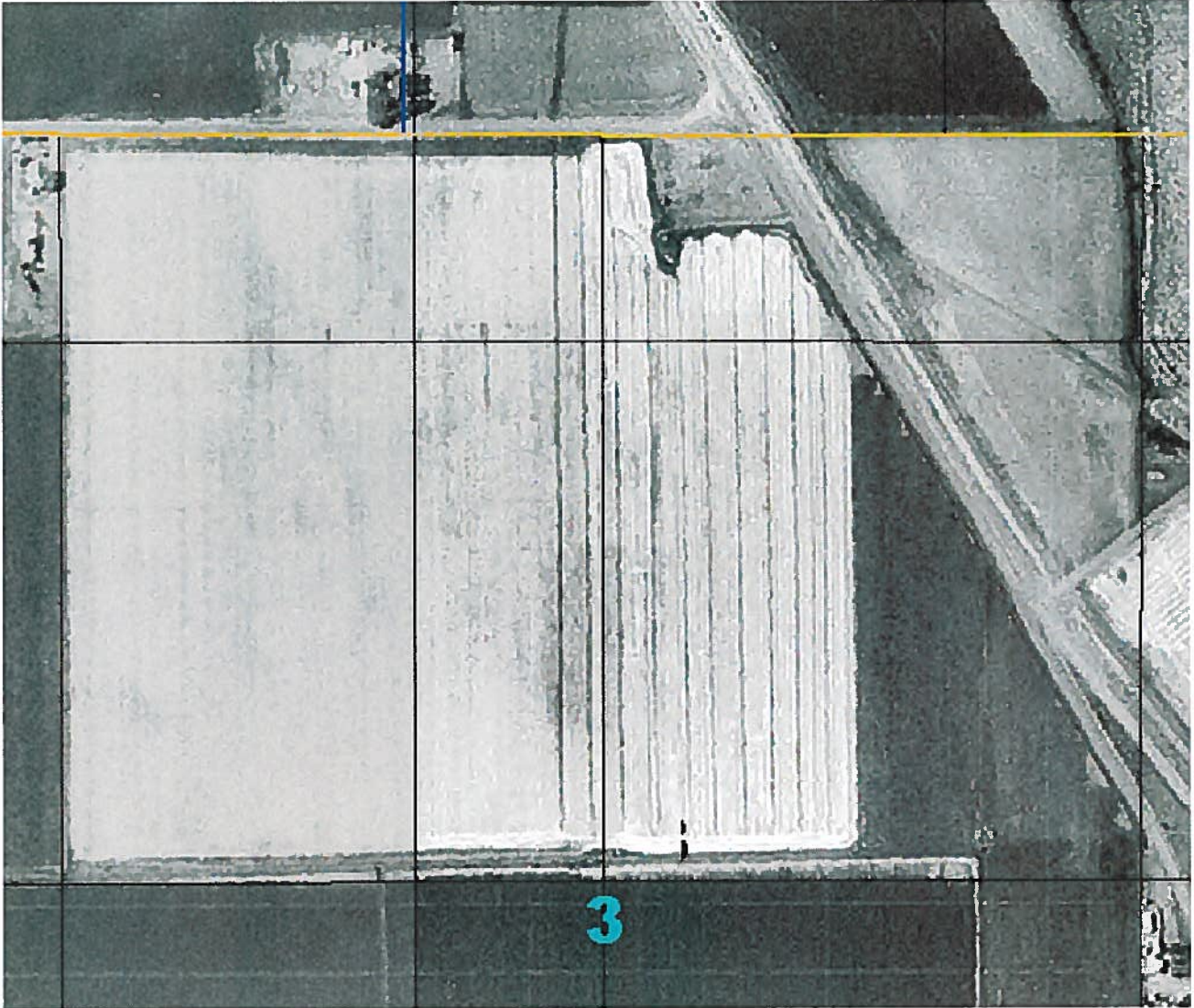
Confirm that 37-11830 is a part of the district canal.

Reviewer: _____

Date: _____

Place Of Use Data

1992 aerial photo



Date: 4-19-2005

File: 37-11830 brown aka 577 analysis

Prepared by Kelly K Christensen

Copied from
Wm AboVe DECREE

DIV	ER R	DIVER	DIST_P	OWNER	ST_ID	DECREE	PRIOR	INCHES	CFS
NO		NAME	ROR			TO	DATE		
45	E	DISTRICT	19-A40	WILLAIM D BROWN	37-0577	W.T.RILEY 03	/ 24 / 1883	69.00	1.38