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34-4022

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APR 17 1995
OFFICE OF THE
ATTORNEY GENERAL

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Department of Water Resources
Adjudication Bureau

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	)	STANDARD FORM 3
	)	(Check Appropriate Box)
	)	☐ NOTICE OF CHANGE IN ADDRESS
Case No. 39576	)	OR
	)	☒ CONSENT TO SUBSTITUTION OF
	)	PARTY

INSTRUCTIONS FOR USE

This form is to be used to provide notice of a change in address of a party or to substitute a party whose water right was recommended in a director's report. *The filing of Standard Form 3 cannot result in a contested matter and a hearing will not be scheduled.* If completed as directed, the form will be accepted by the court and no further orders will issue. Standard Form 3 shall not operate to excuse compliance with the statutory requirements of I.C. § 42-1409(7) (1986) where a water right recommendation is not before the court.

This form has been adopted by the court in Re SRBA, Twin Falls County Case 39576, *SRBA Administrative Order 1 Rules of Procedure* (amended 6/21/93), Section 4Ac(3), which may be consulted for further information.

A party may copy or reproduce the standard form. The text of the form must be on the front and back of each page, exactly as it appears here. Follow the instructions on the form or it will not be accepted for filing. The Verification and the Certificate of Mailing must be completed.

Standard forms may be obtained from the Idaho Department of Water Resources or the SRBA Court.

CHANGE IN ADDRESS

You must use this form to advise the court and parties of any change in your address during the pendency of the SRBA.

You must provide a copy of the completed form to each party or if the party is represented by an attorney you must serve the attorney in every subcase in which you are a party.

No hearing will be held and no further order will issue from this court.

My name is _____

I am the claimant of _____

(Insert each water right number)

I have filed an objection/response to the following water right(s) _____

(Insert each water right number)

My new mailing address is _____

My phone number is: Work _____ Home _____

(Go to Page 4)

CONSENT TO SUBSTITUTION OF PARTY

This form may only be used if a water right number is included as a "recommendation" in a director's report. *This form cannot be used for water rights that are not in a director's report or when portions of a water right are involved (i.e. where a water right is split).* You must use this form to substitute a new party into the SRBA.

You are to provide a copy of the completed form to every party in each subcase in which the new party is to be substituted. If the party is represented by an attorney you must serve the attorney. Because this is a "consent" form, it is a stipulation that there is no disagreement between the prior claimant/seller and the new claimant/purchaser that the prior claimant/seller has transferred all interests in the water right. No hearing will be held and no further order will issue.

"Prior claimant/seller" means any person who, pursuant to I.C. §§ 42-1409(2), (3) and (6) (1986), filed a notice of claim asserting the right to the use of water or on whose behalf the

☒ CONSENT TO SUBSTITUTION OF PARTY

My name is REVA W. WALKER TRUST

My address is P.O. BOX 32

ARCO, IDAHO 83213

My phone number is: Work _____ Home (208) 527-3229

The name and address of the party who I wish to be substituted for are:

REVA W. WALKER

NED R. WALKER

I am the new claimant/~~seller~~ of 34-04022 and
(Insert each water right number)

I am submitting proof of acquisition of the interest of the prior claimant/~~seller~~, which is required by the court to support my Substitution. Proof must contain a legal description of the property, including the water right numbers conveyed. You must describe the documents you are submitting.

ENCLOSED ARE: QUIT CLAIM DEED AND EVIDENCE OF THE DEATH OF NED R.

WALKER.

Reva W. Walker Trust
(Signature of prior claimant/seller)

Reva W. Walker Trust
(Signature of new claimant/purchaser)

☒ ATTORNEY OF RECORD COMPLETING FORM

My name is WILLIAM R. HOLLIFIELD

I am the attorney of record for REVA W. WALKER

(Identify party/claimant)

My address and phone number are P.O. BOX 66, TWIN FALLS, ID
83303-0066 (208) 734-5610

VERIFICATION

(Must be completed for either a *Notice of Change in Address* or for *Consent for Substitution of Party*)

State of IDAHO

County of TWIN FALLS

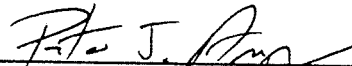
REVA WALKER, being first duly sworn, upon oath, deposes and says:
(Insert name of party/claimant filing form)

That I am the person or entity filing this form, that I am a water right claimant or party or their successor in interest, defined by I.C. §§ 42-1401A(1), (7) or (10); and that I have read this form, know its contents and that the statements are true to the best of my knowledge and belief.

FOR REVA WALKER TRUST

Signature of person filing form

By:


Attorney signing in representative capacity

Subscribed and sworn to before me on _____
(Insert Date)

Notary Public for _____

Residing at: _____

My Commission expires: _____

INSTRUCTIONS FOR MAILING

You must mail the form, including all attachments, to the Clerk of the SRBA Court and to the parties identified in the Certificate of Mailing. FAX filings will not be accepted by the SRBA Clerk of the Court.

You must sign the Certificate of Mailing to show that you followed these steps.

CERTIFICATE OF MAILING

I certify that on APRIL 13, 199 5, I mailed the original and copies of this form, including all attachments, to the following persons by mailing the original and/or copies, 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. A *Change of Address* must be served on each party, or their attorney, in each subcase in which you are a party at the following address(es):

3. A *Consent to Substitution of Party* must be served on the prior claimant/seller or their attorney at the following address:

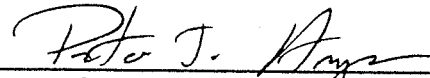
4. A *Consent to Substitution of Party* must be served on each party, or their attorney, to each subcase in which the prior claimant/seller is a party at the following address(es):

4. One copy to:

Chief, Natural Resources Division
Office of the Attorney General
State of Idaho
P. O. Box 44449
Boise, Idaho 83711-4449

5. One copy to:

United States Department of Justice
Environment and Natural Resource Division
550 West Fort Street, Box 33
Boise, Idaho 83734



(Signature of person or attorney mailing the form)

Funded Revocable Living Trust

NO. 026839
FILED

MAY 03 1993

Recording requested by
NED REESE WALKER
REVA WAITE WALKER
When Recorded mail to
P.O. Box 32
Arco, Idaho 83213

11:10 A.M. 7 P.M.

BUTTE COUNTY RECORDER

Space above this line for Recorders Use

Mail tax statements to NED REESE WALKER and
REVA WAITE WALKER

By

Title

QUITCLAIM DEED

We, NED R. WALKER and REVA W. WALKER hereby remise, release and quitclaim to NED REESE WALKER and REVA WAITE WALKER as Trustees of The NED REESE WALKER and REVA WAITE WALKER Living Trust all of our right, title, and interest in the real property situated in the County of Butte, State of Idaho described as follows:

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND INCORPORATED HEREIN BY REFERENCE.

Executed on FEBRUARY 22, 1993 at the City of SALT LAKE, State of UTAH.

State of Utah

County of Salt Lake

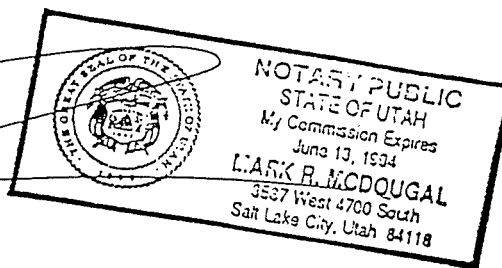
ss NED R. WALKER

Reva W. Walker
REVA W. WALKER

On the 22nd day of February, 1993, before me, the undersigned, a Notary Public in and for said State, personally appeared NED R. WALKER and REVA W. WALKER personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

Signature



Funded Revocable Living Trust

Exhibit "A"

The real property which is the subject of this deed is described as follows:

Common Address:

Legal Description:

The Southwest Quarter (SW 1/4); the Southeast Quarter (SE 1/4); the South Half of the Northeast Quarter (S 1/2 NE 1/4); and the Northwest Quarter of the Northwest Quarter (NW 1/4 NE 1/4); all in Section 14, Township 4 North, Range 26 E. B. M.; and

The Southwest Quarter of the Southeast Quarter (SW 1/4 SE 1/4 of Section 11, Township 4 North of Range 26 E. B. M., together with all water and ditch rights and other appurtenances; and Together with all Forest and Taylor Grazing range rights of every description.

This deed is made subject to all of the provisions of that certain mortgage dated October 20, 1955 in the principal sum of \$4000.00 made to the Federal Land Bank of Spokane, and recorded in Book 11 of Mortgages on page 464 of the records of Butte County, Idaho

(DOCUMENTARY STAMPS IN THE SUM OF 3.85 DULY AFFIXED AND CANCELLED)

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: JUNE 24, 1993

STATE FILE NUMBER: 93-03667

DECEDENT: NED REESE WALKER

DATE OF DEATH: JUNE 05, 1993

PLACE OF DEATH: REXBURG, IDAHO

DATE OF BIRTH: MAY 05, 1912

PLACE OF BIRTH: UTAH

AGE: 81 YEARS

SEX: MALE

VETERAN? YES

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN): REVA WAITE

SOCIAL SECURITY NUMBER: 528-18-4007

RESIDENCE: ARCO, IDAHO

FATHER: JACOB WILLIAM WALKER

FATHERS BIRTHPLACE: UTAH

MOTHER (MAIDEN): SARAH HANNAH REESE

MOTHERS BIRTHPLACE: UTAH

MORTUARY: MARVEL MEMORIAL CHAPEL

MORTICIAN: C. W. MARVEL

ARCO, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: JOSEPH S. BUSH, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

RESPIRATORY ARREST

ASPIRATION PNEUMONIA

ORGANIC BRAIN SYNDROME

4 DAYS

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

HYPOXEMIA

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.

JULY 28, 1993

DATE ISSUED: _____

Janet M. Wick

JANET M. WICK
Acting State Registrar