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Department of Water Resources
Adjudication Bureau

1-19

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

Case No. 39576

STANDARD FORM 3

(Check Appropriate Box)

☐ NOTICE OF CHANGE IN ADDRESS

OR

☒ CONSENT TO SUBSTITUTION OF
PARTY

57-4057

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

right to the use of water was asserted. "New claimant/purchaser" means any successor in interest of the "prior claimant/seller," whether the interest is acquired by purchase, gift, inheritance or other means.

A *Consent to Substitution of Party (Substitution)* must be signed by the prior claimant/seller and the new claimant/purchaser. The Substitution shall be filed by the new claimant/purchaser.

I am the new claimant/purchaser of (A)57-04057. + (A)57-10363 ^{NO} x
(Insert each water right number)

My name is Lois L. Anderson

My address is 501 W. Colorado; Homedale ID 83628

My phone number is: Work _____ Home 208-337-3576

The name and address of the prior claimant/seller who I wish to be substituted for are:

Harold Gaines OR Lois Anderson x
502 W. Montana; Homedale ID 83628

Signature of prior claimant/seller

Lois L. Anderson x
Signature of new claimant/purchaser

If an attorney is filing this form on behalf of a water right claimant or party in the SRBA, the attorney must complete the following information, in addition to the information required above.

Attorney name _____

Attorney of record for _____
(Identify party/claimant)

Attorney address and phone number: _____

- ☐ I have filed a *Notice of Appearance* for the party on whose behalf I am filing this form.
- ☐ A *Notice of Appearance* accompanies this form indicating which party and water rights I represent.

VERIFICATION

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

State of _____

County of _____

_____, 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) (1986); that the water right number I am asking the court to substitute a party on is a water right in a director's report filed with the court and that I have read this form and know its contents and that the statements are true to the best of my knowledge and belief.

Lou L. Anderson x
Signature of person filing form

BY: _____
Attorney signing in representative capacity

Subscribed and sworn to before me on 1-18-96
(Insert Date)

Melvin T. Schulte
Notary Public for Idaho
Residing at: Bowser, Idaho
My Commission expires: 7-24-2001

INSTRUCTIONS FOR MAILING

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 _____, 199____, 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* was served on each party, or if they are represented by an attorney you must serve the attorney, in each subcase in which you are a party, at the following address(es):

3. A *Consent to Substitution of Party* was served on the prior claimant/seller, or if they are represented by an attorney you must serve the attorney, at the following address(es):

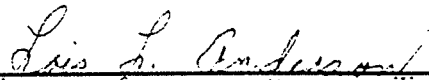
4. A *Consent to Substitution of Party* was served on each party to each subcase, or if they are represented by an attorney you must serve the attorney, in which the prior claimant/seller is a party at the following address(es):

5. One copy to:

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

6. One copy to:

United States Department of Justice
Environment and Natural Resource Division
550 West Fort Street, Box 33
Boise, Idaho 83724



Signature of person or attorney mailing the form

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

State File No. _____
Local Reg. No. 3-567

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACE EVIDENCE OF THIS DEATH UNDER BOARD CODE 36-2401.1 & 36-276

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN NAME OF DECEDENT For use by physician or informant	DECEDENT - NAME FIRST HAROLD MIDDLE DUANE LAST GAINES		SEX Male	DATE OF DEATH (Month, Day, Year) Oct. 3, 1994	
	SOCIAL SECURITY NUMBER 559-44-4871		AGE - Last Birthday (Yrs.) 60	DATE OF BIRTH (Month, Day, Year) March 18, 1934	
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		HOSPITAL (1) ☐ Inpatient (2) ☒ ER/Outpatient (3) ☐ DOA	OTHER (4) ☐ Licensed Nursing Home (5) ☐ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify)	
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) West Valley Medical Center		CITY, TOWN OR LOCATION OF DEATH Caldwell	COUNTY OF DEATH Canyon	
	MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married		SURVIVING SPOUSE (If wife, give maiden name) N/A		
	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator		KIND OF BUSINESS/INDUSTRY Construction		
	RESIDENCE STATE Idaho	COUNTY Owyhee	CITY, TOWN OR LOCATION Homedale	STREET AND NUMBER 502 W. Montana	ZIP CODE 83628
	INSIDE CITY LIMITS? ☒ Yes ☐ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) White
	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)		College (1-4 or 5+)		
	FATHER - NAME Frank Evans Gaines		BIRTHPLACE Nebraska	MOTHER - FULL MAIDEN NAME Lois Arnold	
INFORMANT'S NAME (Type/print) Lois Anderson		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 502 W. Montana Homedale, Idaho 83628			
DISPOSITION	METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Marsing-Homedale Cemetery		
	LOCATION - City or Town, State Homedale, Idaho		SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Mahlon K. Brown		
CAUSE OF DEATH	LICENSE NUMBER (of Licensee) M-713		NAME AND ADDRESS OF FACILITY Flahiff Funeral Chapel PO Box 366, Homedale, ID 83628		
	TIME OF DEATH 6:10 A M		DATE PRONOUNCED DEAD (Month, Day, Year) Oct 3, 1994		
CAUSE OF DEATH	WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Could Not Be Determined		
	77. PART I 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) a. Myocardial Infarction b. Rheumatic Fever c. d.				
CAUSE OF DEATH	77. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I _____		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		
	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 hr. Since 12 yr.		
CERTIFIER	CERTIFIER (Check only one) ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
	SIGNATURE AND TITLE OF CERTIFIER Harvey Grimmie, Coroner		LICENSE NUMBER PO Box 7	DATE SIGNED (Month, Day, Year) 10-6-94	
TO BE USED FOR EXTERNAL CAUSES ONLY	DATE OF INJURY (Mo., Day, Yr.) _____		DESCRIBE HOW INJURY OCCURRED _____		
	INJURY AT WORK? ☐ Yes ☐ No	IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____		
CORONER'S REVIEW AREA	CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified		CORONER'S SIGNATURE _____		
	REGISTRAR'S SIGNATURE _____		DATE FILED (Month, Day, Year) October 6, 1994		

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

DATE ISSUED _____

OC

1006

JANE S SMITH
S. S. SMITH



STATE OF IDAHO County of Canyon

This copy of a death certificate was issued by
the District Health Department prior to filing
with the Idaho Center for Health Statistics.

Mary W. Baker

Local Vital Statistics Registration Official

0104596