

RECEIVED

AUG 27 2015

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH

Notice of Change in Water Right Ownership

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, [see #6](#) of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
94-8506	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: John L and Clarinda Travis
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): John L Travis
New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or ☐ and/orPO Box 438

Mailing address

Osburn

City

ID

State

83849

ZIP

208-556-4971

Telephone

Email

4. If the water rights and/or adjudication claims were split, how did the division occur?
- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
- ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: _____

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed [IRS Form W-9](#) for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed [Lessor Designation](#) form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☐ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
- ☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
- ☐ Filing fee (see instructions for further explanation):
- ☐ \$25 per undivided water right.
 - ☐ \$100 per split water right.
 - ☐ No fee is required for pending adjudication claims.
- ☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
- ☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

AUG 28 2015

8. Signature: John L Travis Title, if applicable: _____ Date: 8/12/15

Signature: _____ Title, if applicable: _____ Date: _____

For IDWR Office Use Only:

Received by N/A Date N/A Receipt No. N/A Receipt Amt. N/A

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐

Name on W-9 _____ Approved by [Signature] Processed by [Signature] Date 8/28/2015

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

472126
STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed APRIL 10, 2013

State File No. 2013-03338

DECEDENT - LEGAL NAME UARDIA IRENE TRAVIS			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 70 YEARS	DATE OF BIRTH AUGUST 19, 1942
BIRTHPLACE BUTTE, MONTANA		PLACE OF RESIDENCE OSBURN, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) JOHN TRAVIS	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CARL MILLER			BIRTHPLACE NEBRASKA
MOTHER - MAIDEN NAME BETTY JANE ALGEE			BIRTHPLACE MISSOURI
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DEBBIE C. MIKESELL	
NAME AND ADDRESS OF FUNERAL FACILITY SHOSHONE FUNERAL SERVICES, INC., KELLOGG, IDAHO			
DATE OF DEATH APR. 08, 2013	TIME OF DEATH 4:15 P.M.	CITY, TOWN OR LOCATION OF DEATH OSBURN, IDAHO	COUNTY OF DEATH SHOSHONE
CAUSE OF DEATH (underlying cause last) a. UREMIA			Approximate Interval Between Onset and Death 7 DAYS
DUE TO (or as a consequence of): b. KIDNEY FAILURE			7 DAYS
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 JOSEPH B. MILLER JR., M.D.		TITLE PHYSICIAN
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			

SCANNED
AUG 28 2015

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

APRIL 10, 2013

DATE ISSUED: _____

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

PR-100 (Rev 02-12)

James B. Galt
JAMES B. AYDELOTTE
STATE REGISTRAR

