

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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SEP 04 2015

Notice of Change in Water Right Ownership

IDWR / NORTH

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.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
94-7505	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: ROBERT J BOUTON JUNE M BOUTON
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): ROBERT J. BOUTON
New owner(s) as listed on the conveyance document
- Mailing address: PO Box 908 City: OSBURN Name connector ☐ and ☐ or ☐ and/or
208 752 5321 State: IDAHO ZIP: 83849
 Telephone: Email: NONE

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: APRIL 17 2015
6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:
- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
 - If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
 - New lessor(s) of record will receive payment after the following rental season.
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.

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8. Signature: Robert J Bouton Title, if applicable: _____ Date: 9/2/2015
Signature of new owner/claimant
- Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant

For IDWR Office Use Only:

Received by: N/A Date: N/A Receipt No.: N/A Receipt Amt.: N/A
 Approved by: [Signature] Processed by: [Signature] Date: 9/8/15

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed APRIL 21, 2015

State File No. 2015-03790

DECEDENT - LEGAL NAME JUNE MARILYN BOUTON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 83 YEARS	DATE OF BIRTH APRIL 21, 1931
BIRTHPLACE SPOKANE, WASHINGTON		PLACE OF RESIDENCE OSBURN, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) ROBERT J. BOUTON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ERNEST G. SMITH			BIRTHPLACE CANADA
MOTHER - MAIDEN NAME MINNIE L. MADTER			BIRTHPLACE NORTH DAKOTA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DEBBIE C. MIKESELL	
NAME AND ADDRESS OF FUNERAL FACILITY SHOSHONE FUNERAL SERVICES, INC., KELLOGG, IDAHO			
DATE OF DEATH APR. 17, 2015	TIME OF DEATH 9:22 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. RECURRENT COMPLEX RETROPERITONEAL ABSCESS			Approximate Interval Between Onset and Death 3.5 WEEKS
DUE TO (or as a consequence of) b. PYELONEPHRITIS			3.5 WEEKS
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 HYDRONEPHROSIS			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER ROBERT A. ANCKER, 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			

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SEP 08 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.

DATE ISSUED: APRIL 21, 2015

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

PHCSD (2-1) 8/2/12