

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP - 2 2015

IDWR/NORTHERN

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?
94-8679	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: Santina Branz
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): DARREN P Stein
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- Mailing address P.O. Box 152 City Silverton State IN ZIP 46384
- Telephone 208-512-0770 Email susielmar@yahoo.com

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: August 23 2013

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.

8. Signature: Darren Stein Title, if applicable: _____ Date: 8-31-15
- 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 SS Processed by SS Date 9/8/2015

PARCEL: RP 017010080020 A CM SP NS SW UR RPT HO CB REL PARC DD YO
"X" to select> AX - MH RC PP LD - RI SL
BRANZ, SANTINA
GEM TOWNSITE (AMENDED)
LOT 8-2
18-48-5
CODE AREA 1770000 OWNER CODE
PARC TYPE LOC CODE 400
EFFDATE 1011980 EXPDATE
2801 COLONIAL DR APT 201
HELENA HT 54601
3643 BURKE RD 83873
CAT SHEET RY QUANTITY UN VALUE HO MKRT HO EXMP CB MKRT OTHER
15 1 2013 216 AC 7220 7220 3610 7220
37 1 2013 17180 17180 8590 17180
TOTALS 216 24400 24400 12200 24400
F1=Help F3=Exit F4=Print F5=Refresh F6=Name F7=Lg1 F8=Cat F9=Nsc F24=More Keys

0-1701-008-001-0

474104

WARRANTY DEED

18-48-5

Alliance Title & Escrow Corp. Order No. 191813

FOR VALUE RECEIVED

Santina Branz, a widow

the grantor(s), do(es) hereby grant, bargain, sell and convey unto

Darren P. Stein, an unmarried man

whose current address is

Box 152
SILVERTON, IDAHO 83867

the grantee(s), the following described premises, in Shoshone County, Idaho, TO WIT:

Lots 8-1, 8-2 and 8-3, Amended Gem Townsite, Shoshone County, State of Idaho, according to the official and recorded plat filed as Instrument No. 334542, records of Shoshone County, State of Idaho.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee(s), that (s)he is/are the owner(s) in fee simple of said premises; that they are free from all encumbrances Except: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

And that (s)he will warrant and defend the same from all lawful claims whatsoever.

Dated: August 23, 2013

Santina Branz

State of Idaho)
County of Shoshone)

On this 26th day of August, 2013, before me, Kari A. Hill, a Notary Public in and for said state, personally appeared Santina Branz, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Kari A. Hill
Notary Public for the State of Idaho
Residing at: Wallace
Commission Expires: 7/14/17



Instrument # 474104
WALLACE, SHOSHONE COUNTY, IDAHO
23.08.2013 09:48:00 No. of Pages: 1
Recorded by: ALLIANCE TITLE CO.
PUBERT DELAMONTE
Notary Public for the State of Idaho

7/13/13 TECHNICAL SUPPORT BUREAU 13:06:05
PH0800 - PARCEL MASTER ENTRY/UPDATE
PARCEL: RP 017010080020 I CM SP NS SW UR RPT HO CB REL PARC DD YO
"X" to select> AX - MH RC PP LD - RI SL
STEIN, DARREN P
GEM TOWNSITE (AMENDED)
LOT 8-2
18-48-5
CODE AREA 1770000 OWNER CODE
PARC TYPE LOC CODE 400
EFFDATE 3132014 EXPDATE
PO BOX 152
SILVERTON ID 83867
3643 BURKE RD 83873
CAT SHEET RY QUANTITY UN VALUE HO MKRT HO EXMP CB MKRT OTHER
15 1 2013 216 AC 7220 7220 3610 7220
37 1 2013 17180 17180 8590 17180
TOTALS 216 24400
F1=Help F3=Exit F4=Print F5=Refresh F6=Name F7=Lg1 F8=Cat F9=Nsc F24=More Keys

Shoshone County
SALES VERIFICATION / HOMEOWNERS EXEMPTION

9/13/2013
474104 WD

Owner(s): Stein, Darren P
Address: PO Box 152
SILVERTON, ID 83867

Parcel No: O17010080020 & O17010080010 & O17010080030 Physical Address: 3643 Burke Rd

Sale Price: Sale Date: 8-26-13

Previous Owner: Branz, Santina Date Occupied:

If furniture, fixtures, etc. were included in total price, please estimate the value and list the items:
Value \$ Items:

Was a manufactured home included as part of the sale? Yes No Value \$
If the property was rented at the time of the sale, what was the rental amount? Monthly \$

Remarks and conditions of the sale:

To determine if this is your primary residence and that you qualify for this exemption, please answer the following questions:

Is this your primary residence? Yes No

Do you file a full year residency Idaho Income Tax return?

If no, please provide explanation:

What is the address of your previous residence?

Have you been receiving this exemption in another county in Idaho? If yes, where?

If your property is titled in one of the following scenarios, we will also need the following additional documentation:

1. More than one owner: need signatures of all owners living in the dwelling as their primary residence.
2. Trust: need enclosed affidavit filled out and notarized along with a copy of the front page, signature page and page listing the beneficiaries of the Trust (one showing who receives the income of the Trust not the trustees).
3. Limited Partnership, Limited Liability Company, or Corporation: need enclosed affidavit filled out and notarized along with the required documentation listing that you are at least a 5% shareholder, member or partner in the corporation.

I certify that I am the owner(s) and that I occupy as my primary dwelling place the property herein described. To the best of my knowledge and belief, and under the penalty of perjury, the information I have provided herein is true and correct. I understand that failure to comply with all requirements on or before April 15th will result in denial of this application for this year. I also understand this information may be verified with the State Tax Commission.

Signature: _____ Phone: _____ Date: _____
Signature: _____ Phone: _____ Date: _____
Signature: _____ Phone: _____ Date: _____

This Application must be returned to the Assessor's office or postmarked no later than April 15th of the following year.

Shoshone County Assessor
700 Bank St., Suite 100
Wallace, ID 83873
(208)752-1203

SCANNED
SEP 08 2015

marked CB card
TW

mh