

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED

SEP 25 2015

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?
94-8632	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

Robert R. Powell Jr.
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

Anne K. Powell
New owner(s) as listed on the conveyance documentName connector ☐ and ☐ or ☐ and/or5717 Wapiti Ln
Mailing addressKingston
CityID
State83839
ZIP208-682-3135
Telephoneapowell1953@gmail.com
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 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):
 - o \$25 per undivided water right.
 - o \$100 per split water right.
 - o No fee is required for pending adjudication claims.

SCANNED

OCT 09 2015

8. Signature:

Anne K. Powell

Signature of new owner/claimant

Title, if applicable

9/24/15

Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by N/ADate N/AReceipt No. N/AReceipt Amt. N/AApproved by [Signature]Processed by [Signature]Date 10/9/2015

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

RECEIVED

SEP 25 2015

Date Filed JULY 19, 2012

IDWR / NORTH
State File No. 2012-06384

DECEDENT - LEGAL NAME ROBERT RALPH POWELL, JR.			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 63 YEARS	DATE OF BIRTH OCTOBER 20, 1948
BIRTHPLACE KLAMATH FALLS, OREGON		PLACE OF RESIDENCE KINGSTON, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) ANNE KAREN JACOB	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME ROBERT RALPH POWELL, SR.			BIRTHPLACE OREGON
MOTHER - MAIDEN NAME MARJORIE BEATRICE MAULDIN			BIRTHPLACE OREGON
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 JULY 14, 2012	TIME OF DEATH 4:10 P.M.	CITY, TOWN OR LOCATION OF DEATH KINGSTON, IDAHO	COUNTY OF DEATH SHOSHONE
CAUSE OF DEATH (underlying cause last) a. SMALL CELL CARCINOMA OF LUNG			Approximate interval Between Onset and Death YEARS
DUE TO (or as a consequence of): b. WIDESPREAD METASTASIS			YEARS
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 DARREL R. PORR, 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
OCT 09 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: JULY 20, 2012

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

