

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

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NOV 02 2015

DEPARTMENT OF
WATER RESOURCES

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?
94-8712	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Don F. & Shirley A Heidt
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Shirley A Heidt
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

Mailing address _____ City _____ State _____ ZIP _____

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 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: copy Death Certificate only
- 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.

8. Signature: Shirley A Heidt Title, if applicable _____ Date 10-27-15
Signature of new owner/claimant

Signature: _____ Title, if applicable _____ Date _____
Signature of new owner/claimant

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. N/A Receipt Amt. N/A
Approved by _____ Processed by C. Moritz Date 11-9-15

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 JANUARY 23, 2013

State File No. 2013-00595

DECEDENT - LEGAL NAME DON FREDERICK HEIDT, JR			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 79 YEARS	DATE OF BIRTH JANUARY 08, 1934
BIRTHPLACE WALLACE, IDAHO		PLACE OF RESIDENCE KELLOGG, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) SHIRLEY FLOOD	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME DON F. HEIDT			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME RENA RUFFATTO			BIRTHPLACE WASHINGTON
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DEBBIE C. MIKESSELL	
NAME AND ADDRESS OF FUNERAL FACILITY SHOSHONE FUNERAL SERVICES, INC., KELLOGG, IDAHO			
DATE OF DEATH JAN. 19, 2013	TIME OF DEATH 8:44 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. ACUTE LYMPHOBLASTIC LEUKEMIA DIAGNOSED 1-15-2013			Approximate Interval Between Onset and Death
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above HYPERTENSION, COPD, CAD			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER FREDERICK R. HALLER, 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			

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.

JANUARY 23, 2013

DATE ISSUED: _____

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

