

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A37-10751
Date Received: 8/ 1/1988
Receipt No: S001201
Received By: *[Signature]*

COPY FOR
YOUR FILES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

COPY FOR
YOUR FILES

1. Name: JANET R BOYD 208-733-5236
Address: 351 N ELM ST NUMBER 7
TWIN FALLS ID 83301

2. Date of Priority: OCT 12, 1985

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02N	18E	9	NW	NE	SW		BLAINE

5. Description of diverting works:
WELL & PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC, 1 HOME

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
02N	18E	9	NE	SW		DOMEST	

11. Place of use in counties: BLAINE

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:
TAX LOT 3906
NAME CHANGE MADE 6/25/96 BY TLB.

15. Basis of Claim: BENEFICIAL USE



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. East, Twin Falls, Idaho 83301-6105 (208) 736-3033
Fax (208) 736-3037

PHILIP E. BATT
Governor

KARL J. DREHER
Director

JUN 25, 1996

JANET BOYD
351 N ELM ST #7
TWIN FALLS ID 83301

RE: SRBA CLAIM(S): A37-10751
BOYD

DEAR CLAIMANT(S):

IN PURSUANT TO THE NOTIFICATION OF THE NAME CHANGE ON THE PROPERTY WITH ABOVE-REFERENCED ADJUDICATION CLAIM(S), WE HAVE UPDATED THE DEPARTMENT'S RECORDS. PLEASE REVIEW THESE COPIES FOR ACCURACY. THESE COPIES ARE FOR YOUR RECORDS.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT THIS OFFICE.

SINCERELY,

A handwritten signature in cursive script that reads "Tara L. Backlund".

TARA L. BACKLUND
SNAKE RIVER BASIN ADJUDICATION
RECORDS CLERK

ENCLOSURES

MICROFILMED
NOV 27 1996



NEW PROPERTY OWNER NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

Please print or type
(see instructions on back of page)

RECEIVED

JUN 13 1996

Department of Water Resources

DATE OF CLOSING: _____

LEGAL DESCRIPTION OF PROPERTY: Township 02N Range 18E
 Section 9, 1/4 of NW 1/4 of SW 1/4, Govt. Lot _____, BM.
 Lot 20, Block _____, Subdivision/Townsite HAILEY BLAINE CNTY
 If you have additional legal descriptions, please attach separate sheet.

[] Served Only by a Public Service Water Supply (all water is received from a city or company who maintains water supply system, owns the water right, and bills the customer on a regular basis)

[] Water Right Number(s)
Assigned by IDWR: A37-10751

RECEIVED
JUN 24 1996
Department of Water Resources
Southern Region

[] Name and Address of Former Owner/Claimant(s)(Seller): CARL W BOYD & JANET R. BOYD
2029 SHERRY DR.

[] New Owner/Claimant (Purchaser): TWIN FALLS, ID 83301
JANET R. BOYD

[] New Mailing Address: 351 N ELM ST #7
TWIN FALLS, ID 83301

[] New Telephone Number: (208) 733-5236

[] Does the change in ownership result in a splitting of the water right owned/claimed? yes X no
 If yes, then describe the portion of the water right that is now owned/claimed by the new owner:

[] Attach proof of ownership, describe proof attached: DEATH CERTIFICATE (CARL W. BOYD)

(proof of ownership must describe either the property conveyed or include the claim number. Proof of ownership is not required if this form is signed by the former owner/claimant.)

[] Signature of New Owner/Claimant(s) Janet R. Boyd Date 6-8-96
3-12-96

[] Signature of Former Owner/Claimant(s) Janet R. Boyd Date 6-8-96
3-12-96

(Signature of former claimant(s) is not required if proof of ownership is attached.)

FOR IDWR USE ONLY:

Initial Review and Data-Entry

Date: _____ By: _____

Further Action Needed:

Further Action Taken

Date: _____ By: _____

Final Review and Data-Entry

Date: 6-23-96 By: HB

Claim Number(s) of Split, if any:

Original to be mailed to Idaho Department of Water Resources
 Copies to Former Owner and New Owner

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NOV 27 1996

CERTIFICATE OF DEATH

3-91-44-001045

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) Carl		1B. MIDDLE W		1C. LAST (FAMILY) Boyd		2A. DATE OF DEATH—MO, DAY, YR 2B. HOUR Aug 29, 1991 2030		3. SEX Male	
4. RACE White		5. HISPANIC—SPECIFY ☐ YES ☒ NO		6. DATE OF BIRTH—MO, DAY, YR Sep 7, 1932		7. AGE IN YEARS 58		IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DAYS HOURS MINUTES	
8. STATE OF BIRTH OK		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Joseph A. Boyd		10B. STATE OF BIRTH MO		11A. FULL MAIDEN NAME OF MOTHER Florence Ireland	
12. MILITARY SERVICE? 58 TO 60 ☐ NONE		13. SOCIAL SECURITY NO. 308-28-9022		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Janet Wark		11B. STATE OF BIRTH OK	
16A. USUAL OCCUPATION Carpenter		16B. USUAL KIND OF BUSINESS OR INDUSTRY Carpentry		16C. USUAL EMPLOYER Self		16D. YEARS IN OCCUPATION 41		17. EDUCATION—YEARS COMPLETED 12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2029 Sherry Drive		18B. CITY Twin Falls		18C. ZIP CODE 83301		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Janet Boyd, Wife 2029 Sherry Dr Twin Falls, Idaho 83301			
18D. COUNTY Twin Falls		18E. NUMBER OF YEARS IN THIS COUNTY 58		18F. STATE OR FOREIGN COUNTRY Idaho		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardio respiratory failure (entire hemisphere) 24hrs DUE TO (B) Right cerebral infarction + edema 72hrs DUE TO (C) Right carotid occlusion unknown			
19A. PLACE OF DEATH Dominican Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Santa Cruz		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☒ YES ☐ NO		23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1555 Soquel Dr		19E. CITY Santa Cruz		24. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Lumbar disc disease		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR Aug 26, 1991		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER J.A. Dorosin		27C. CERTIFIER'S LICENSE NUMBER C291740		27D. DATE SIGNED 8-30-91		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Dr. Allan Dorosin, M.D. 1661 Soquel Dr., Suite D Santa Cruz, CA 95065	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Ira Lubell M.D.		28B. DATE SIGNED Aug 29, 1991		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined 29A. PLACE OF INJURY		30B. INJURY AT WORK ☐ YES ☒ NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
30A. PLACE OF INJURY 30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR		31. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S) TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Sunset Memorial Park Twin Falls, ID		34C. DATE MO, DAY, YEAR Sep 1, 1991	
34A. DISPOSITION(S) TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Sunset Memorial Park Twin Falls, ID		34C. DATE MO, DAY, YEAR Sep 1, 1991		34D. SIGNATURE OF EMBALMER Dora J. Delan		34E. LICENSE NUMBER 7137	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lima Family - Erickson		35B. LICENSE NO. F - 128		35C. SIGNATURE OF LOCAL REGISTRAR Ira Lubell M.D.		35D. REGISTRATION DATE AUG 30 1991		35E. SIGNATURE OF LOCAL REGISTRAR Jace	

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

Ira Lubell M.D. Health Officer/
Local Registrar

SIGNATURE OF CERTIFYING OFFICIAL

OFFICIAL TITLE

County of Santa Cruz

SEP 27 1991

PLACE OF CERTIFICATION

DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-79) FORM VS-19
60000-400 2-72 30M ① 25*

HEALTH SERVICES AGENCY



MICROFILMED
NOV 27 1996

LEGAL DOCUMENT
ONLY WITH COUNTY IMPRESS SEAL

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT
(REGIONAL)

06/25/96 10:58:49

Page 1

Water Right Number - R37-10751

Prefix Translation: RESEARCH

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***

BOYD

JANET R

1 - 351 N ELM ST NUMBER 7

2 -

3 -

City- TWIN FALLS

State- ID Zip- 83301

Phone - 208-733-5236

*** O - ORIGINAL OWNER ***

BOYD

CARL W

1 - 2029 SHERRY DR

2 -

3 -

City- TWIN FALLS

State- ID Zip- 83301

Phone - 208-733-5236

+ - - Priority Date - - + + - - Region - - - + + - - Stage - - - + + - - Status - - - - +
10/12/1985 ERROR IN REGION J - BENEFICIAL USE+ - - - - Source - - - - - + + - - - - Tributary - - - - - +
GROUNDWATER+ - - - - Point of Diversion - - - - - +
Twn Rng Sec Tract Lot RFlg County

02N 18E 9 NW NE SW (13) BLAINE

+ - - - - Water Use - - - - - +
Code Description Period From Period To Diversion Rate Diversion Volume
43 - DOMESTIC 01/01 12/31 0.040+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Consumptive Use - + + - KW Usage - +
0.040 0.0+ - - - - Place of Use - - - - - +
Twn Rng Sec Tract Lot Acres Code Description County

02N 18E 9 NE SW 43 DOMESTIC (13) BLAINE

Total Acres:

+ - - Diversion Means - WELL & PUMP

+ - - Non-Irrigation Use - D/1 HOUSE

+ - - Other Rights for Same Use - NONE

+ - - - - Remarks - - - - - +

GEN NAME CHANG MADE 6/25/96 BY TLB.

MICROFILMED
NOV 27 1996

AJ0743NP
(00-124)

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIMS PROOF READING REPORT
(REGIONAL)

06/25/96 10:58:53
Page 2

Water right number - R37-10751

Prefix Translation: RESEARCH

+ - - - - Old Water Right Numbers - - - - +

+ - - - - Old Water Right Numbers - - - - +
No Old Water Right Numbers Found

+ - - - - Conditions of Approval - - - - +
No Conditions of Approval found.

+ - - - Decree Plaintiff - - - + + - - - Decree Defendant - - - + + - Decree Date - +
00/00/0000

+ - - - - Comments - - - - +
No Comments Found

+ - - Audit Fields - - +
06/25/96 TBACKLUN

+ - - - - Adjudication Rights Dates and Flags Area - - - - +

Court Report Filing	- 00/00/0000	Field Inspection Made	- 12/07/1989	Civil Case Number	- 39576
Objection Filed Date	- 00/00/0000	Field Inspection Flag	-	Old Case Number	-
Response Filed Date	- 00/00/0000	Verified Date	- 00/00/0000	Old Judicial District	-
Claim Received Date	- 08/01/1988	Last Amended Date	- 00/00/0000	Temporary Right	- P
		Receipt Number	- F000000	Water District	-
		POU Ownership Flag	- Y	Federal/State Indicator	- S
		Name Connector	- AND/OR	Presumption Flag	-
				Notice of Error Flag	-

MICROFILMED
NOV 27 1996

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A37-10751
Date Received: 8/01/1988
Receipt No: S001201
Received By: tw

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: CARL W. BOYD 208-733-5236
Address: 2029 SHERRY DR
TWIN FALLS, ID 83301

AND/OR

Name: JANET R. BOYD 208-733-5236
Address: 2029 SHERRY DR
TWIN FALLS, ID 83301

2. Date of Priority: OCT 12, 1985

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
02N	18E	9	NW	SW			BLAINE

5. Description of diverting works:
WELL & PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOUSE

A37-10751

Page 1

Date: 08/01/88

MICROFILMED

FEB 25 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
02N	18E	9	NW SW		DOMEST	

11. Place of use in counties: BLAINE

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments:

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Janet R. Boyd Date: 8-1-88
Date:

State of Idaho)
County of TC) SS.

Subscribed and sworn (or affirmed) before me this 1st day
of August 19 88 Lori White
Notary Public

Seal

Residing at T.F

My Commission Expires 5/95



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

PHILIP E. BATT
GOVERNOR

February 9, 1996

KARL J. DREHER
DIRECTOR

CARL W OR JANET R BOYD
351 ELM ST N #7
TWIN FALLS ID 83301-4836

Re: Snake River Basin Adjudication (SRBA)
Notice of Claim No. **A37-10751**
Change of Address

RECEIVED

FEB 09 1996

Department of Water Resources
Southern Region

Dear Claimants,

IDWR has been notified the address presently in our claim records is incorrect. Although we have reached you at the address above, we need you to confirm this is your correct mailing address. Future notices related to your SRBA claim(s) can be sent only to the address on your claim or as otherwise changed by you. The staff of this agency must avoid relying upon the word of others about your mailing address.

If the address above is correct, please sign your name at the bottom of this letter, and return it to this office. Otherwise, please make the proper corrections, sign, and return this letter. Thank you for your help. We hope to assure that you receive future notices about SRBA matters.

If the ownership of the property to which the water right(s) referenced above apply has changed, please call this office toll-free at 1-800/451-4129 to obtain a form to make this required change to the claim record.

Sincerely,

Adjudication Bureau Staff

SO:ss:region

#####

The address is correct as shown above or as otherwise changed.

Claimant

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO IN AND FOR THE COUNTY OF TWIN FALLS**

**In Re Snake River Basin Adjudication Case
No. 39576**

**) Notice of Filing Director's Report and Supplemental
) Director's Report Part II & III, United States' and Tribal
Non-consumptive Claims.**

**TO: ALL CLAIMANTS OF RIGHTS TO THE USE OF WATER IN THE SNAKE RIVER BASIN
YOU ARE HEREBY NOTIFIED OF THE FOLLOWING:**

THE DIRECTOR'S REPORT PART II & III FOR THE UNITED STATES' AND TRIBAL NON-CONSUMPTIVE CLAIMS HAS BEEN FILED WITH THE DISTRICT COURT. A SUPPLEMENTAL DIRECTOR'S REPORT PART II & III HAS ALSO BEEN FILED WITH THE DISTRICT COURT. THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT THE DIRECTOR'S REPORTS, AND DEADLINES AND FURTHER PROCEEDINGS ON THESE WATER RIGHT CLAIMS.

IMPORTANT NOTICE REGARDING YOUR WATER RIGHT

**THIS CONTAINS YOUR LEGAL NOTICE OF THE DIRECTOR'S REPORTS OF U.S. AND
TRIBAL NON-CONSUMPTIVE CLAIMS IN THE SNAKE RIVER BASIN ADJUDICATION
THESE CLAIMS COULD AFFECT YOUR WATER RIGHT**

9458

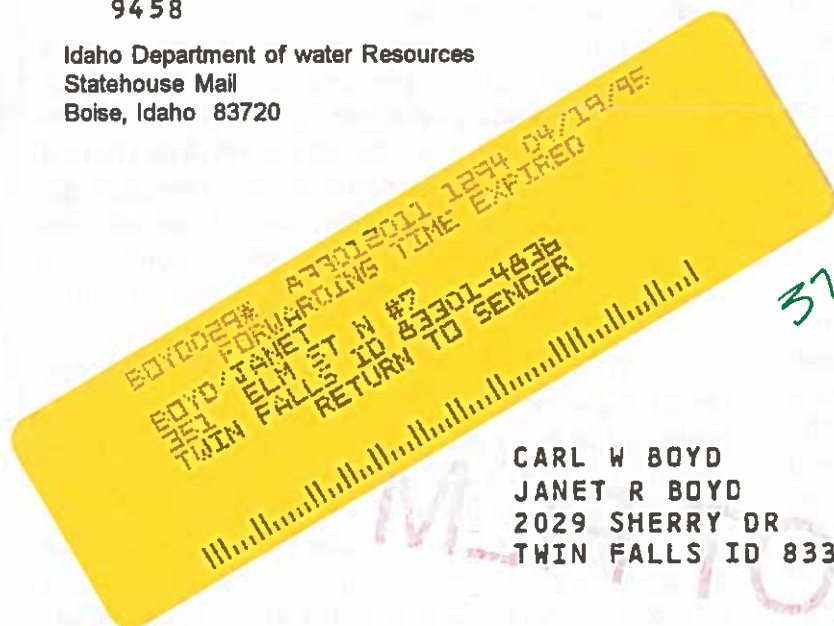
Idaho Department of water Resources
Statehouse Mail
Boise, Idaho 83720

RECEIVED

FEB 09 1996

Department of Water Resources
Southern Region

Presorted
First Class Mail
U.S. Postage Paid
Boise, Idaho
Permit No. 1



CARL W BOYD
JANET R BOYD
2029 SHERRY DR
TWIN FALLS ID 83301

37-10751

RECEIVED

APR 20 1996

Department of Water Resources