

SCANNED

MAY 10 2001

Log for claim A29-02344A

Spatial Dynamics LTD

9/19/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
06s33e	1	NESE	20	19	
06s33e	1	NWSE	40	40	
06s33e	1	SWSE	31	30	
Totals:			91	89	

Water Right Claim Number A29-02344A
Township , 6S33E

09/19/2000



 Irrigated Area

 Place of Diversion

 Section Line

 Quarter Section Line

 Roads

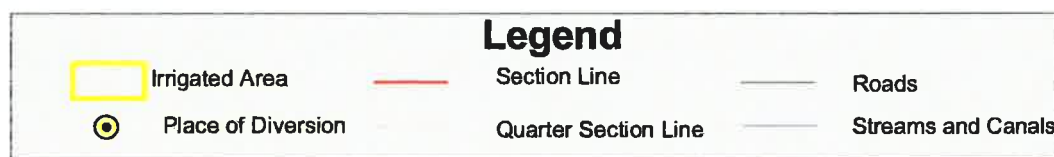
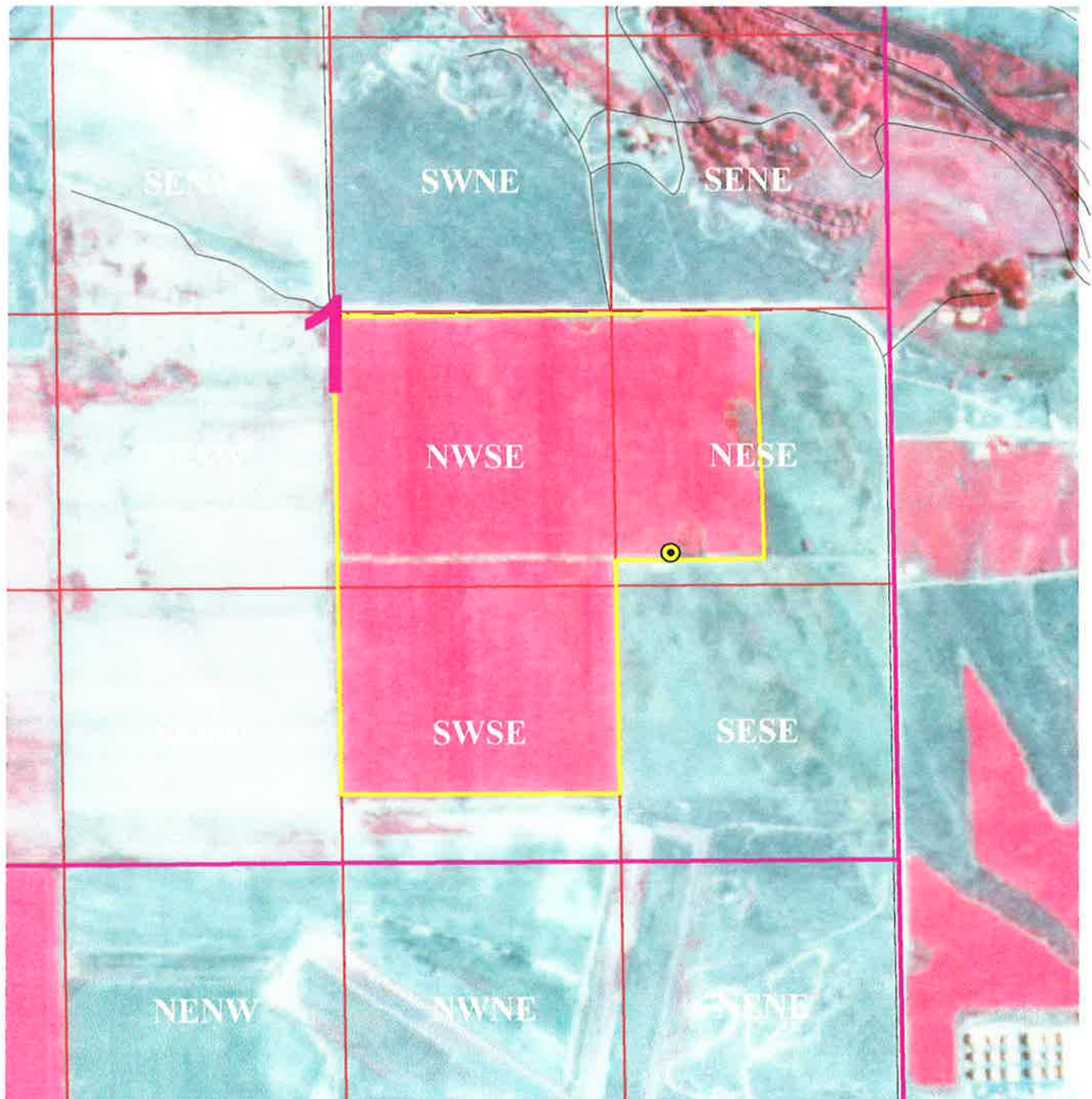
 Streams and Canals

Legend



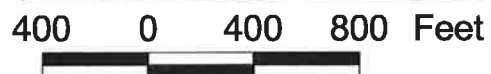
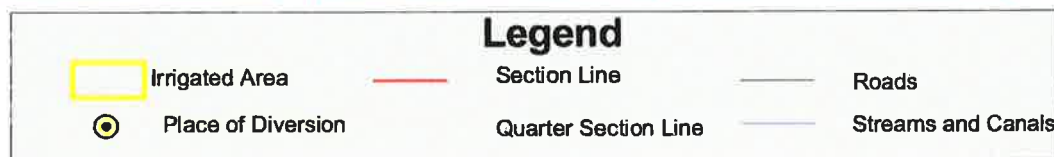
Water Right Claim Number A29-02344A
Township , 6S33E

09/19/2000



Water Right Claim Number A29-02344A
Township , 6S33E

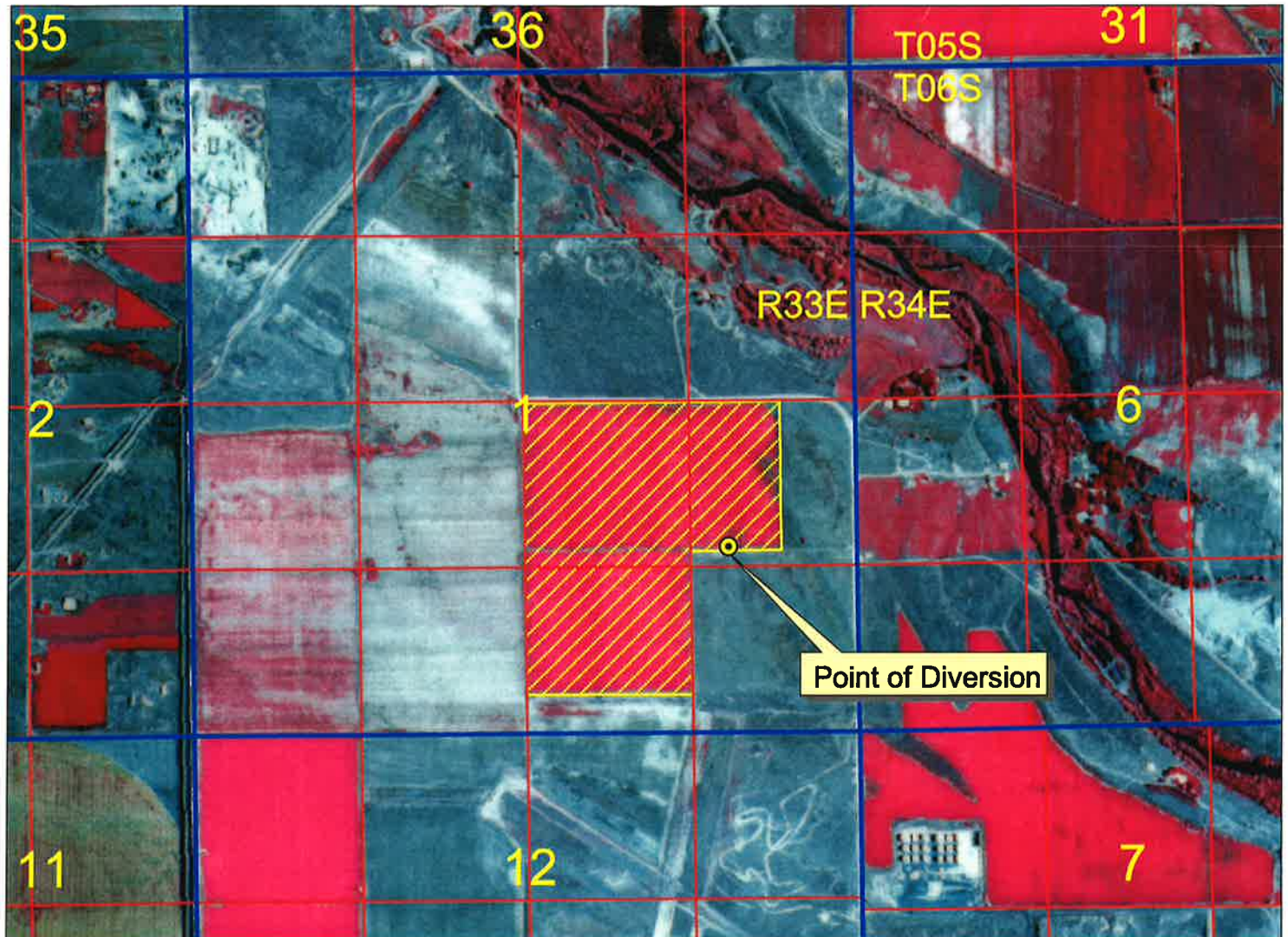
09/19/2000



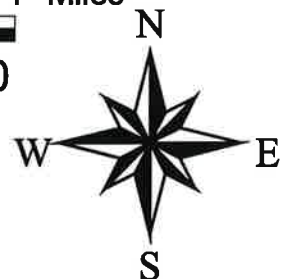


State of Idaho
Department of Water Resources
Eastern Region

Water Right: 29-02344A



1:16000



- Point(s) of Diversion
- ▨ Place of Use
- ▭ Section Lines
- ▭ Quarter Quarter Lines

PROFILED

SCANNED

JAN 27 2006

GIS Place of Use Illustration
1987/1988 NAPP Photography
Prepared by: P. Meyer
Date: July 2002

DATE: 05/24/00
PAGE: 47

Audit: 04/05/89 VERNER 06/29/89 VERNER 06/22/94 COX 03/29/95 POST-STD

FILED
Chris Steiner

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF POWER
MAGISTRATE DIVISION

In The Matter Of The Estate Of:)
TOMMY DOUGLASS,) Case No. 88-19-E
Deceased.) LETTERS OF ADMINISTRATION
AND OATH

ESTHER TURNER is hereby appointed Personal Representative of the estate of TOMMY DOUGLASS, deceased.

WITNESS: Magistrate of the above entitled Court, with the Seal thereof affixed the 27 day of December, 1988.

JUDGE

STATE OF IDAHO)
: ss
County of Power)

I hereby accept the duties of Personal Representative of the estate of TOMMY DOUGLASS, deceased, and do solemnly swear that I will perform, according to law, the duties of Personal Representative.

DATED This 27 day of December, 1988.

ESTHER TURNER

SUBSCRIBED AND SWORN TO before me this 27th day of December, 1988.

STATE OF IDAHO }
COUNTY OF POWER } ss

I hereby certify that the foregoing instrument is a full, true and correct copy of the original on file in the office of the undersigned Clerk of the District Court, Magistrate's Division, of the Sixth Judicial District of Idaho, for Power County.

MARJORIE L. GLASCOCK

By

DEPUTY CLERK

LETTERS OF ADMINISTRATION AND OATH
Page 1
7460f

MICROFILMED
NOV 13 1992

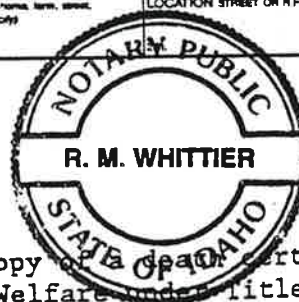
State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 38-2403 & 38-274

State File No. _____
Local Reg. No. 6-455

DECEDENT		DECEDENT — NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
Tommy		Paul		Douglass				Male	Dec. 20, 1988
RACE — (White, Black, American Indian, Japanese, etc.)		AGE — Last Birthday (Yrs.)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
White		43		MO. DAYS		HOURS MIN.		May 4, 1945	Bannock
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION — Name (if not in either, give street and number)				IF HOSP. OR INST. Indicate DOA, OP/Emac. Rm., Inpatient (Specify)	
Pocatello				Bannock Regional Medical Center				Inpatient	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
Idaho		U.S.A.		Divorced				Yes	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY	
518-52-0657				Equipment Operator				Highway Department	
RESIDENCE STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Yes or No)	
Idaho		Bannock		Pocatello		1353 Douglass Ln.		No	
FATHER — NAME				BIRTHPLACE		MOTHER — MAIDEN NAME		BIRTHPLACE	
Harold Weaver Douglass				Indiana		Nettie Hurelle		Idaho	
INFORMANT — NAME				MAILING ADDRESS				CITY OR TOWN	
ESTHER TURNER				1355 Douglass Ln. Pocatello, Idaho.				83204	
BURIAL, OUT-OF-STATE REMOVAL, DATE CREMATION, ENTOMBMENT, OTHER (Specify)		CITY, TOWN OR LOCATION		STATE		CITY OR TOWN		STATE	
Burial		Dec. 28, 1988		Mt. View Cemetery		Pocatello		Idaho	
MORTICIAN (Signature)		LICENSE NO.		NAME OF FACILITY		ADDRESS OF FACILITY		CITY OR TOWN	
<i>[Signature]</i>		M-597		Henderson Funeral Home		Pocatello, Idaho		83201	
21a. I hereby certify that I attended the deceased from		10/3/88		to		12/20/88		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.	
I last saw the deceased alive on		12/20/88		to the best of my knowledge,				(Coroner's Signature)	
death occurred at the time, date and place and due to the cause(s) stated.								DATE SIGNED (Mo., Day, Yr.)	
(Signature and Title)		E. F. Hyde MD						HOUR OF DEATH	
DATE SIGNED (Mo., Day, Yr.)		12/27/88		HOUR OF DEATH		5:30 PM		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21b. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)		E. F. Hyde MD		707 North 7th Avenue		Pocatello, Idaho. 83201		PRONOUNCED DEAD (Hour)	
22a. REGISTRAR		24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)						22c. ON	
22b. SIGNATURE		24b. SIGNATURE						22d. IF	
<i>[Signature]</i>		<i>[Signature]</i>						22e. AT	
25. PART I Enter Only One Cause Per Line For (a), (b), (c)		IMMEDIATE CAUSE		Malignant undifferentiated mesenchymal Tumor of Abdomen		Interval between onset and death		4 months	
(a) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)								AUTOPSY (Yes or No)	
								No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		STATE	
27a. INJURY AT WORK (Yes or No)		27b. IF TRANSPORTATION ACCIDENT, Specify		27c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		27d. LOCATION STREET OR R.F.D. NO., CITY/TOWN OR COUNTY		27e. STATE	
27a. No		27b. Driver Passenger Pedestrian		27c. No		27d. No		27e. No	
27a. No		27b. Other		27c. No		27d. No		27e. No	

(STATE OF IDAHO)
(County of Bannock)



A TRUE COPY
[Signature]
NOTARY PUBLIC FOR IDAHO

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the Southeastern District Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

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NOV 13 1992

12-30-88
Date Issued

[Signature]
State Registrar of Vital Statistics

T5S

R 33E

T6S

R34E

R33E

ESTATE

POD 29-427

ESTATE OF
TOMMY DOOLAS

A29-02344A

A29-02344C

A29-02344D

A29-02344B

A 52.2

B. 34.4

86.6 Cropland
acres

A29-02344

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NOV 13 1992

NOT TO SCALE

U-5

MAY 10 2001

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: A29-02344A

Date Received: 4/05/1989

Receipt No: 6006929

Received By: SN

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: ESTATE OF TOMMY DOUGLASS
Address: C/O ESTHER TURNER, ADMIN.
1355 DOUGLAS LANE
POCATELLO, ID

208-232-5232

83204

2. Date of Priority: DEC 31, 1953

3. Source: GROUNDWATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
06S	33E	1	SW	NE	SE		POWER

5. Description of diverting works:

WELL W/ PUMP INTO MAINLINE/ SPRINKLER SYSTEM

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	03/15	11/15	1.180		

7. Total Quantity Appropriated is:

1.180 C.F.S. (and/or)

A.F.A.

8. Total consumptive use is

273.0 Acre Feet Per Annum.

9. Non-irrigation uses:

NONE

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
06S	33E	1	NE	SE		IRR	20.0
			NW	SE		IRR	40.0

A29-02344A

Page 1

Date: 04/05/89

A2902344A



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10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
06S	33E	1	SW SE		IRR	31.0
Section Acres						91.0
Total Acres						91.0

11. Place of use in counties: POWER

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

13. Other Water Rights Used:
NONE

14. Remarks:

PROPERTY UNDER ORIGINAL LICENSE IS BEING DIVIDED BY
SETTLEMENT OF ESTATE OF ~~TOMMY~~ DOUGLASS.
SEE TRANSFER 2285

WEAVER *ES**

15. Basis of Claim: LICENSE

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: 4

For Organizations:

I do solemnly swear or affirm that I am Personal Representative of Estate of Tommy Darglan, that I have signed the foregoing document in the space below as Personal Representative of Estate of Tommy Darglan and that the statements contained in the foregoing document are true and correct.

Ethel Turner
Signature of Authorized Agent

Personal Representative of the Estate of Tommy Darglan
Title and Organization
April 19, 1989
Date

State of Idaho)
County of Sonneville) SS.

Subscribed and sworn (or affirmed) before me this 19 day
of April 19 89

Ethel Turner
Notary Public

Seal

Residing at Idaho Falls, ID
My Commission Expires 22 Aug 1994

→ 1560 *

T. 62 N. R. 33 E.

T. 63 N. R. 34 E.

470'



51 Sprinklers per Acre
on 1/2 mile in 1/2 mile
30 per line to 1/2 mile

102.8 miles S.E.

102.8 miles S.E.

102.8 miles S.E.

102.8 miles S.E.

102.8 miles S.E.

Subdivisions = 1/2

Area = 195 acres

Q = 115 inches

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NOV 13 1992