

SCANNED

MAY 10 2001

Log for claim A29-02344D

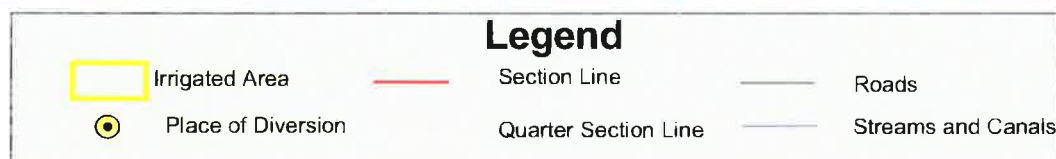
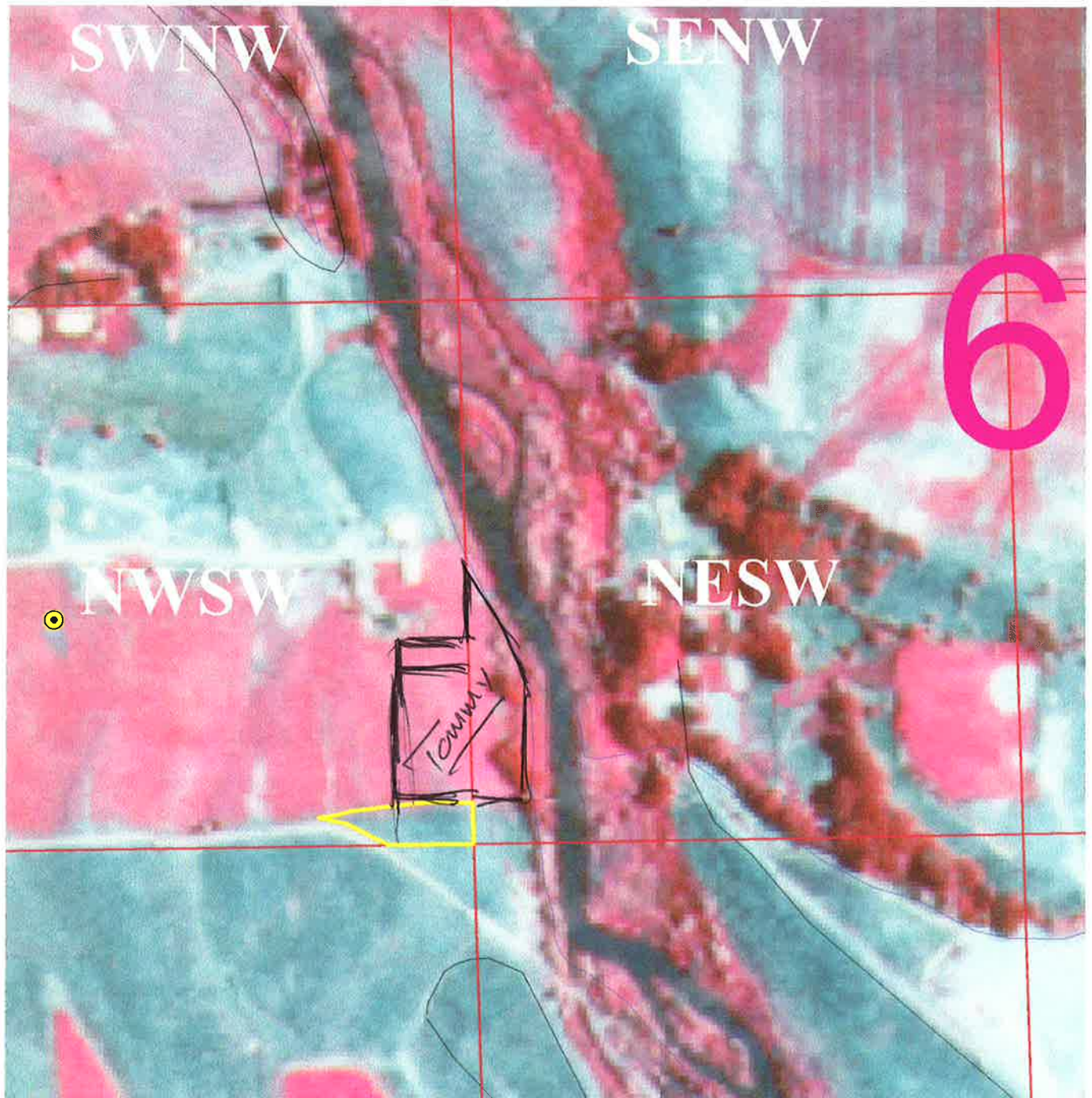
Spatial Dynamics LTD

9/19/00

TR	SEC	QQ	Acres Claimed	Acres Found	COMMENT
06s34e	6	NWSW	3	0.6	Indiscernible
Totals:			3	0.6	

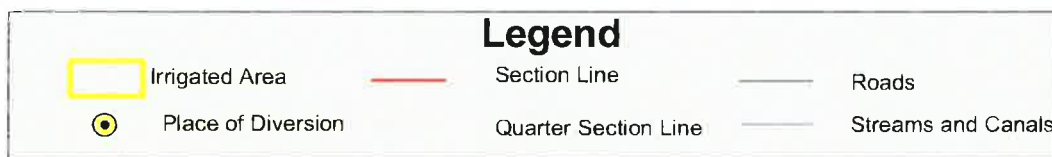
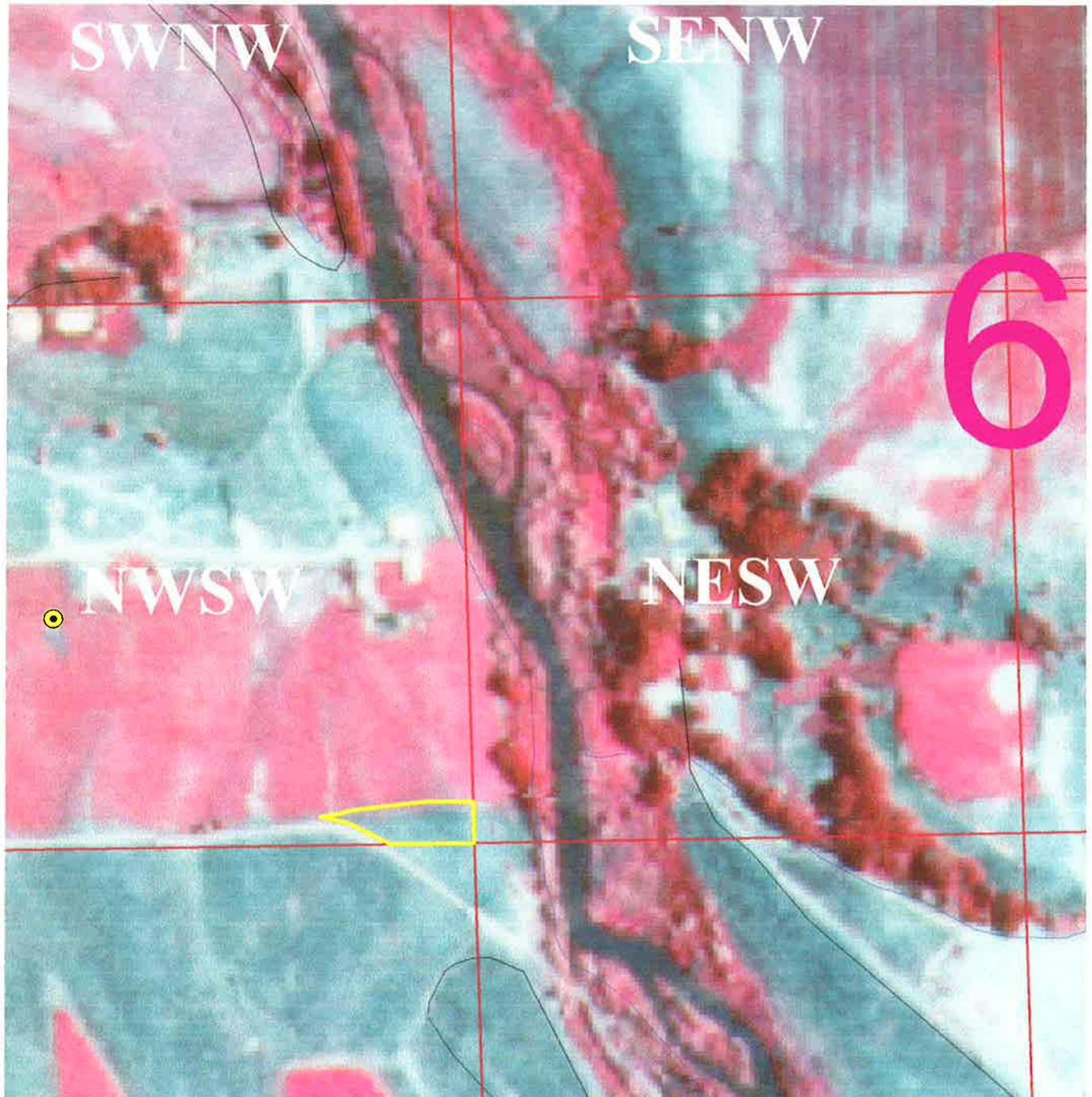
Water Right Claim Number A29-02344D
Township , 6S34E

09/19/2000



Water Right Claim Number A29-02344D
Township , 6S34E

09/19/2000

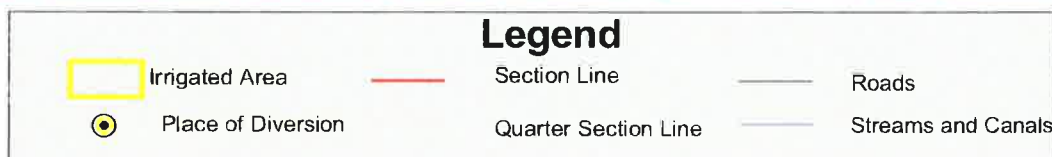
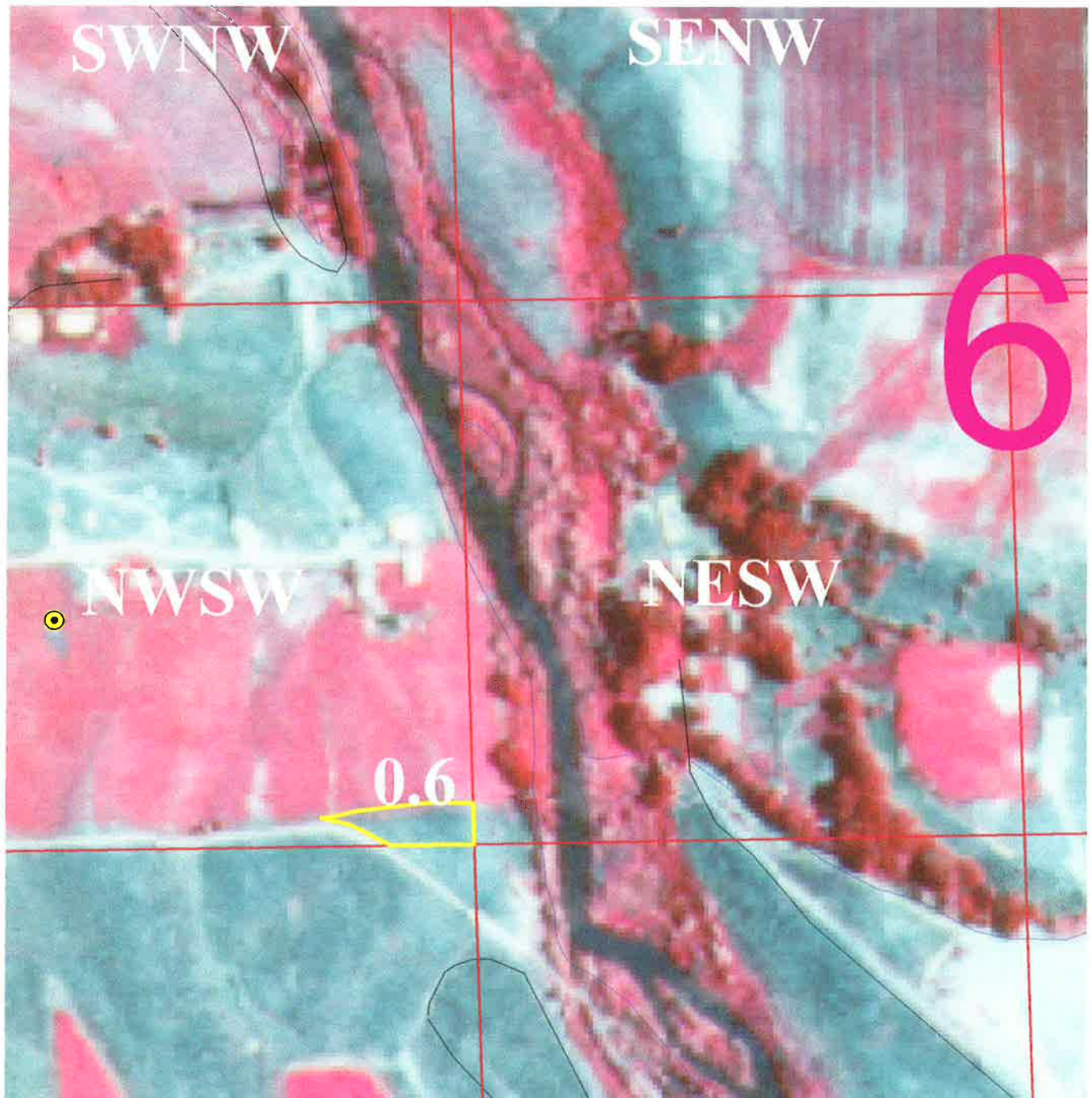


200 0 200 400 Feet



Water Right Claim Number A29-02344D
Township , 6S34E

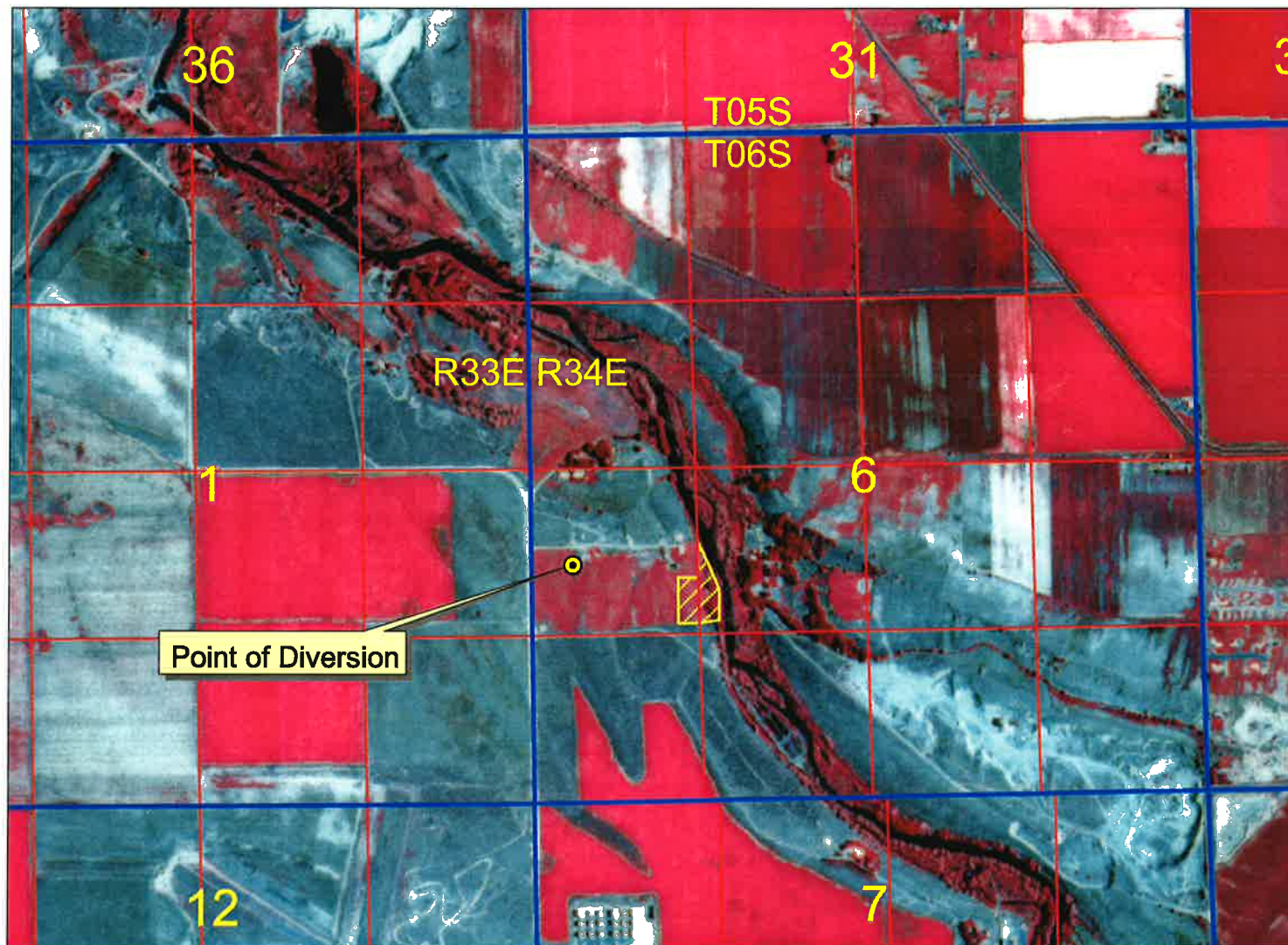
09/19/2000





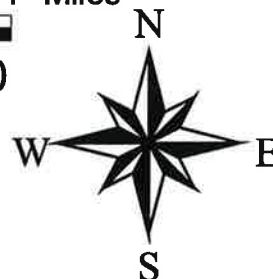
State of Idaho
Department of Water Resources
Eastern Region

Water Right: 29-02344D



1:16000

SCANNED
JAN 27 2006



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

PROFILED

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

08/27/2002

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 29-2344D

NAME AND ADDRESS: ESTATE OF TOMMY DOUGLAS
C/O ESTHER TURNER ADMIN
1355 DOUGLAS LN
POCATELLO ID 83204

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.04 CFS
12.0 AFY

PRIORITY DATE: 12/31/1953

POINT OF DIVERSION:

T06S R34E S6 SWNWSW Within POWER County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

IRRIGATION

04/01 10/31

0.040 CFS

12.00 AFY

PLACE OF USE: IRRIGATION Within POWER County

T06S R34E S06

NESW

1.6

T06S R34E S06 Lot 6 NWSW

1.4

3 ACRES TOTAL

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE
ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.

EXPLANATORY MATERIAL: License

RIGHT INCLUDES ACCOMPLISHED CHANGE IN POINT OF DIVERSION
PURSUANT TO SECTION 42-1425, IDAHO CODE.
RIGHT INCLUDES ACCOMPLISHED CHANGE IN PLACE OF USE PURSUANT
TO SECTION 42-1425, IDAHO CODE.

AJ5809NP
No. A29-02344D

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 05/24/00
PAGE: 50

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	ESTATE OF TOMMY DOUGLASS C/O ESTHER TURNER ADMIN 1355 DOUGLAS LN POCATELLO ID 83204 (208) 232-5232	12/31/1953	IRRIGATION	03-15 11-15	0.040 CFS	
				TOTAL DIVERSION: CONSUMPTIVE USE:	0.040 CFS	6.00 AFA

Water Source: GROUNDWATER

Tributary to:

Stage: LICENSE

Point(s) of Diversion:

T06S R34E S06

SWNWSW

POWER County

Place of use Legal Description for: IRRIGATION

NE				NW				SW				SE												
T	R	S	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	:	SUM
06S	34E	6	:											:									:	3.0
																							TOTAL ACRES	3.0

POU County: POWER

Non-Irrigation Uses: NONE

Other Rights: ADDITIONAL ACRES IRR. W/ SAME WELL UNDER A29-02344C

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):
29-10056 A29-02344C A29-10056

Other Water Rights Listing Overlapping Place(s) of Use:
A29-02344C A29-02344E

Remarks: GEN PROPERTY UNDER ORIGINAL LICENSE IS BEING DIVIDED BY
SETTLEMENT OF ESTATE OF WEAVER DOUGLASS.
NEW WELL WAS DRILLED IN 1977 TO SERVE THESE PROPERTIES. NO
TRANSFER WAS FILED WITH DEPT. OF WATER RESOURCES TO RECORD THIS
NEW WELL.

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag: C

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

1
2 IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE
3 STATE OF IDAHO, IN AND FOR THE COUNTY OF POWER

4 MAGISTRATE DIVISION

5 In The Matter Of The Estate Of:)

6 TOMMY DOUGLASS,)

7 Deceased.)

Case No. 88-19-E

LETTERS OF ADMINISTRATION
AND OATH

8
9 ESTHER TURNER is hereby appointed Personal
Representative of the estate of TOMMY DOUGLASS, deceased.

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

12 JUDGE

13 STATE OF IDAHO)
14 : ss
County of Power)

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

18 DATED This 27 day of December, 1988.

19 ESTHER TURNER

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

22 STATE OF IDAHO }
COUNTY OF POWER } ss

23 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
24 Idaho, for Power County.

25 By CHRISTOPHER L. GLASCOCK
DEPUTY CLERK

LETTERS OF ADMINISTRATION AND OATH
Page 1
7460f

MICROFILMED

NOV 13 1992

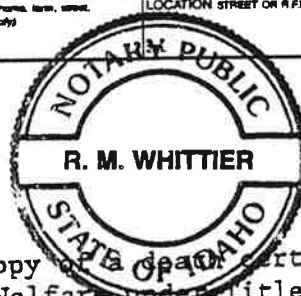
State of Idaho CERTIFICATE OF DEATH

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 38-3400 & 38-374

State File No. _____
Local Reg. No. 62-455

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

(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.

NOV 13 1992

12-30-88
Date Issued

[Signature]
State Registrar of Vital Statistics

T5S

R 33E

T6S

R34E

R33E

ESTATE

POD

ESTATE
OF
TOMMY DOUGLAS

A29-02344A

A29-02344C

A29-02344D

A29-02344B

A 52.2
S. 34.4

86.6 Cropland
acres

A29-02344

MICROFILMED

NOV 13 1992

NOT TO SCALE

4-5

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

A29-02344C
1 RR
resources within 30 023440

[illegible]

SCANNED

MAY 10 2001

153⁰⁰

X

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: A29-02344D
Date Received: 4/05/1989
Receipt No: 6006929
Received By: CSM

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	34E	6	SW	NW	SW		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	0.040		

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

A.F.A.

8. Total consumptive use is 6.0 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	34E	6	NW	SW		IRR	3.0

Section Acres 3.0

A29-02344D

Page 1

Date: 04/05/89

A2902344D



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NOV 13 1992

10. Place of Use: Continued

Total Acres 3.0

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:

ADDITIONAL ACRES IRR. W/ SAME WELL UNDER A29-02344C

14. Remarks:

PROPERTY UNDER ORIGINAL LICENSE IS BEING DIVIDED BY
SETTLEMENT OF ESTATE OF ~~TOMMY~~ DOUGLAS. *254*
NEW WELL WAS DRILLED IN 1977 TO SERVE THESE PROPERTIES. NO
TRANSFER WAS FILED WITH DEPT. OF WATER RESOURCES TO RECORD THIS
NEW WELL.

WEAVER

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 Dugan, that I have signed the foregoing document in the space below as Personal Representative of Estate of Tommy Dugan and that the statements contained in the foregoing document are true and correct. Ester Turner
Signature of Authorized Agent
Estate of Tommy Dugan Personal Representative
Title and Organization
April 19, 1989
Date

State of Idaho)
County of Bonneville) SS.

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

Ester Turner
Notary Public

Seal

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