

IDAHO DEPARTMENT OF WATER RESOURCES RECOMMENDED  
WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 29-4109

NAME AND ADDRESS:

JOHN WILLIAM HART  
2435 E HAWKINS  
DOWNEY ID 83234  
  
MARILYN MIKKELSON  
2433 E HAWKINS  
DOWNEY ID 83234

SOURCE: Source: Tributary:  
PECK CREEK MARSH CREEK

QUANTITY: 0.920 CFS ~~0.700 CFS~~ 0.000 AFY

USE OF THE RIGHTS LISTED BELOW IS LIMITED TO A TOTAL COMBINED  
DIVERSION RATE OF 1.42 CFS. COMBINED RIGHT NOS.: 29-04109, 29-04111  
~~USE OF THIS RIGHT WITH RIGHTS LISTED BELOW IS LIMITED TO A TOTAL  
COMBINED DIVERSION RATE OF 1.2 CFS. COMBINED RIGHT NOS.: 29-04109,  
29-04111~~

PRIORITY DATE: 06/30/1970

POINT OF DIVERSION:

T11S R37E S6 NWNWNE Lot 2 Within BANNOCK County  
~~T11S R37E S6 NENW Lot 3~~ Within BANNOCK County

PURPOSE AND  
PERIOD OF USE:

| Purpose of use | Period of use: | Quantity:                             |
|----------------|----------------|---------------------------------------|
| IRRIGATION     | 04/01 10/31    | <u>0.920 CFS</u> <del>0.700 CFS</del> |

PLACE OF USE:

IRRIGATION within BANNOCK County  
T10S R37E S31 SWSW Lot 7 6.9  
T10S R37E S31 SWSW Lot 8 21.0 ~~T10S R37E S31 SWSW Lot 8 17.0~~  
T11S R37E S06 NENW Lot 3 18.0

45.9 ACRES TOTAL ~~35 ACRES TOTAL~~

USE OF THE RIGHTS LISTED BELOW IS LIMITED TO THE IRRIGATION OF A  
COMBINED TOTAL OF 45.9 ACRES IN A SINGLE IRRIGATION SEASON. COMBINED  
RIGHT NOS.: 29-04109, 29-04111  
~~USE OF THIS RIGHT WITH THE RIGHTS LISTED BELOW IS LIMITED TO THE  
IRRIGATION OF A COMBINED TOTAL OF 35 ACRES IN A SINGLE IRRIGATION  
SEASON. COMBINED RIGHT NOS.: 29-04109, 29-04111~~

IDAHO DEPARTMENT OF WATER RESOURCES RECOMMENDED  
WATER RIGHTS ACQUIRED UNDER STATE LAW

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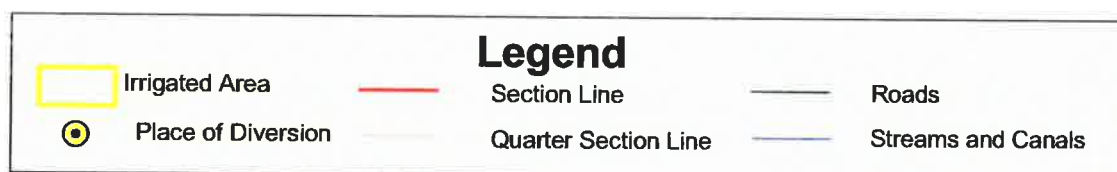
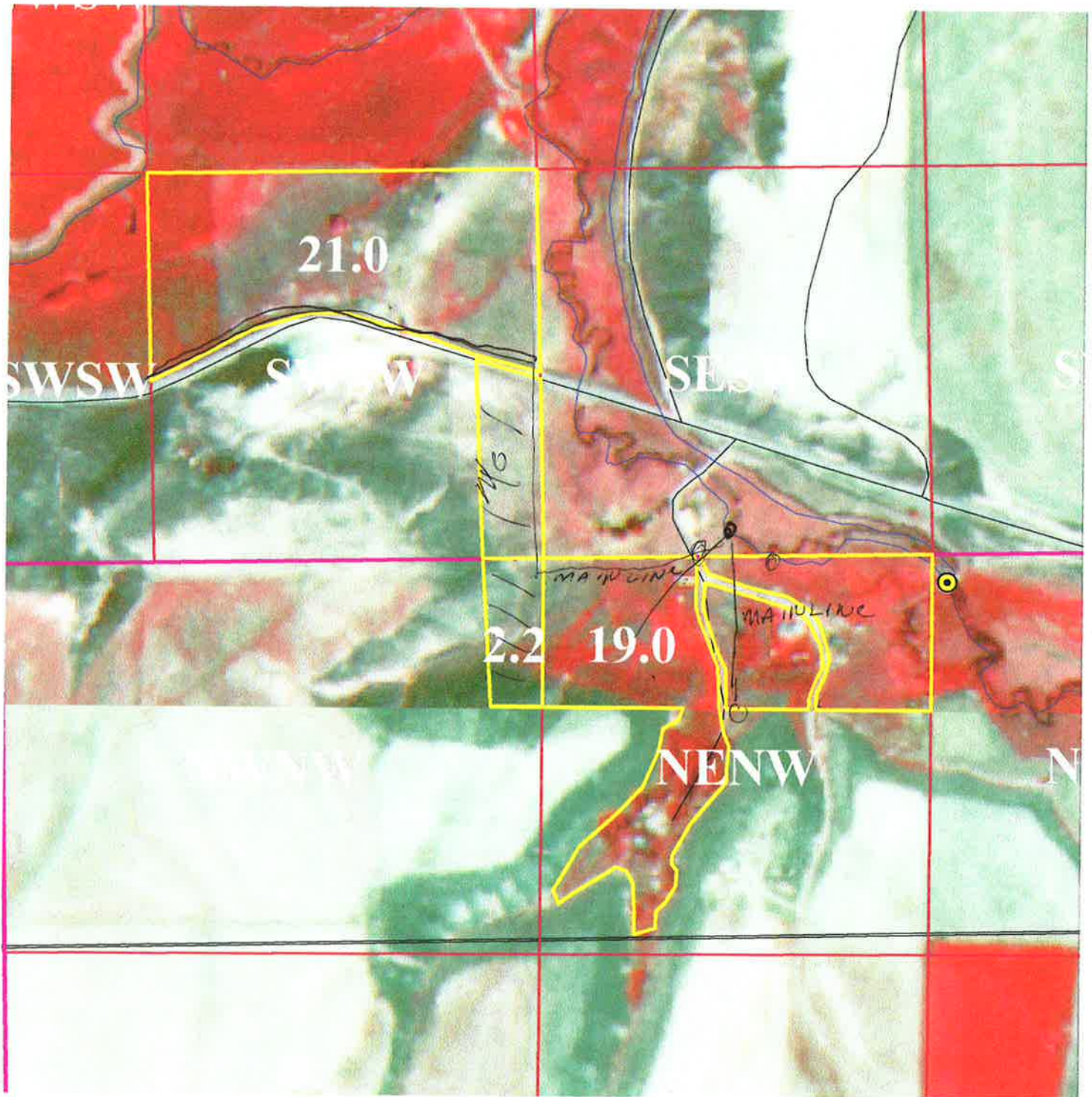
**OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:**

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.

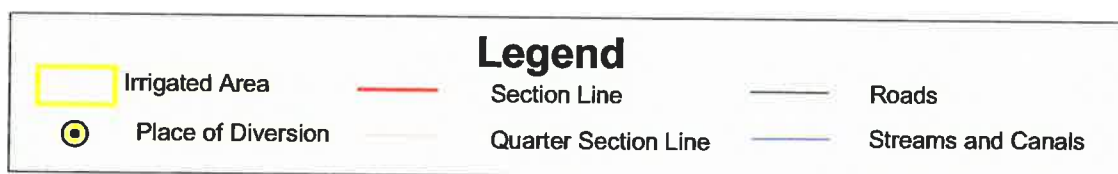
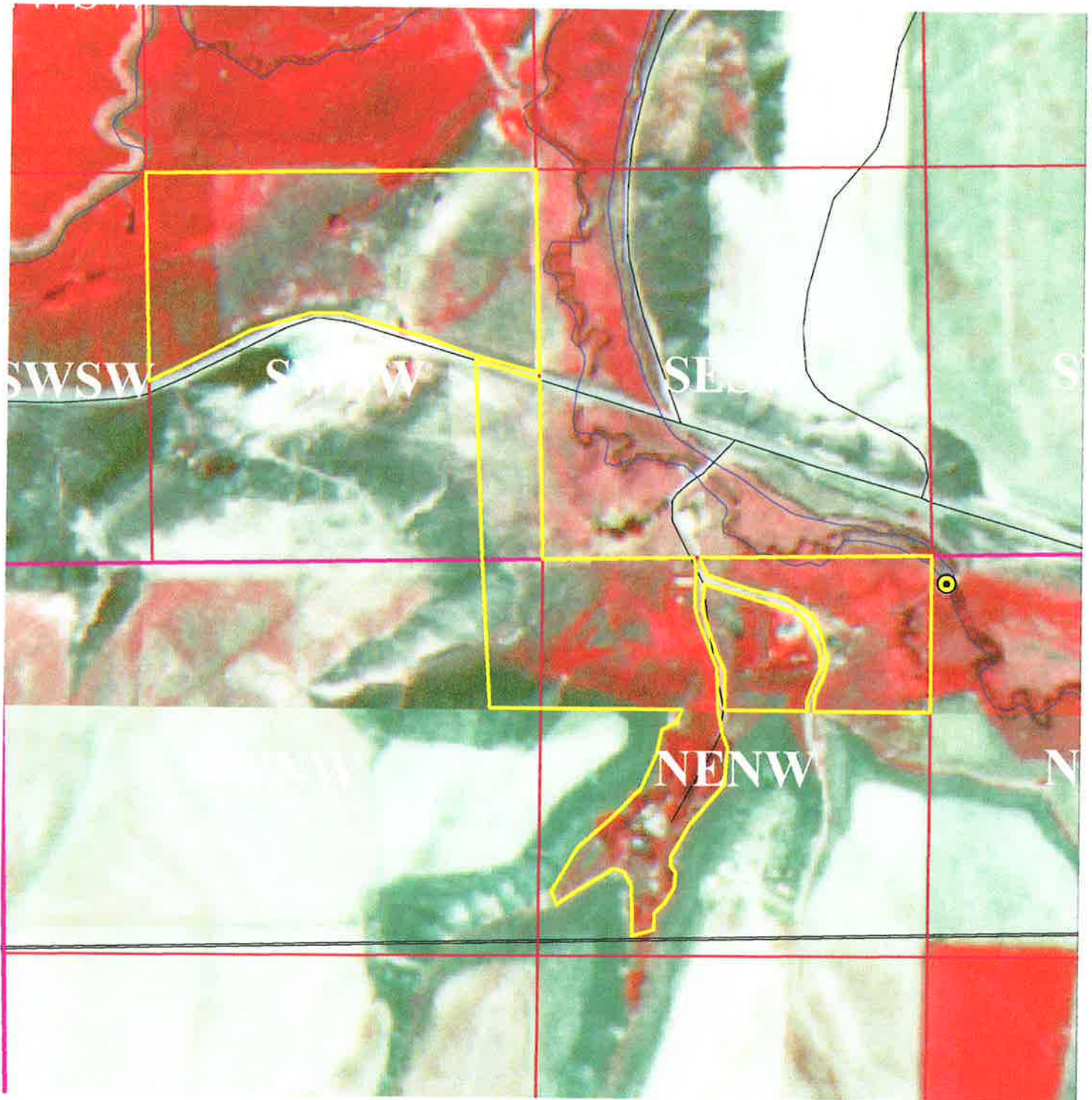
~~THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.~~

**EXPLANATORY MATERIAL:** BASIS OF CLAIM - Beneficial Use

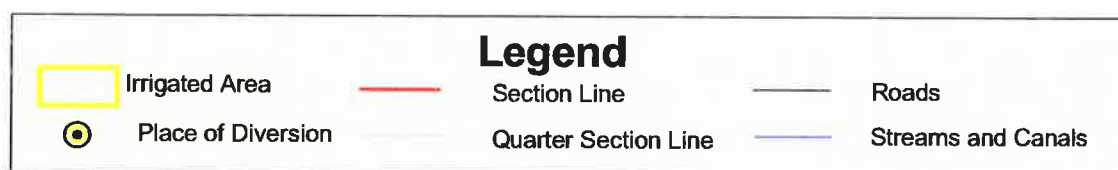
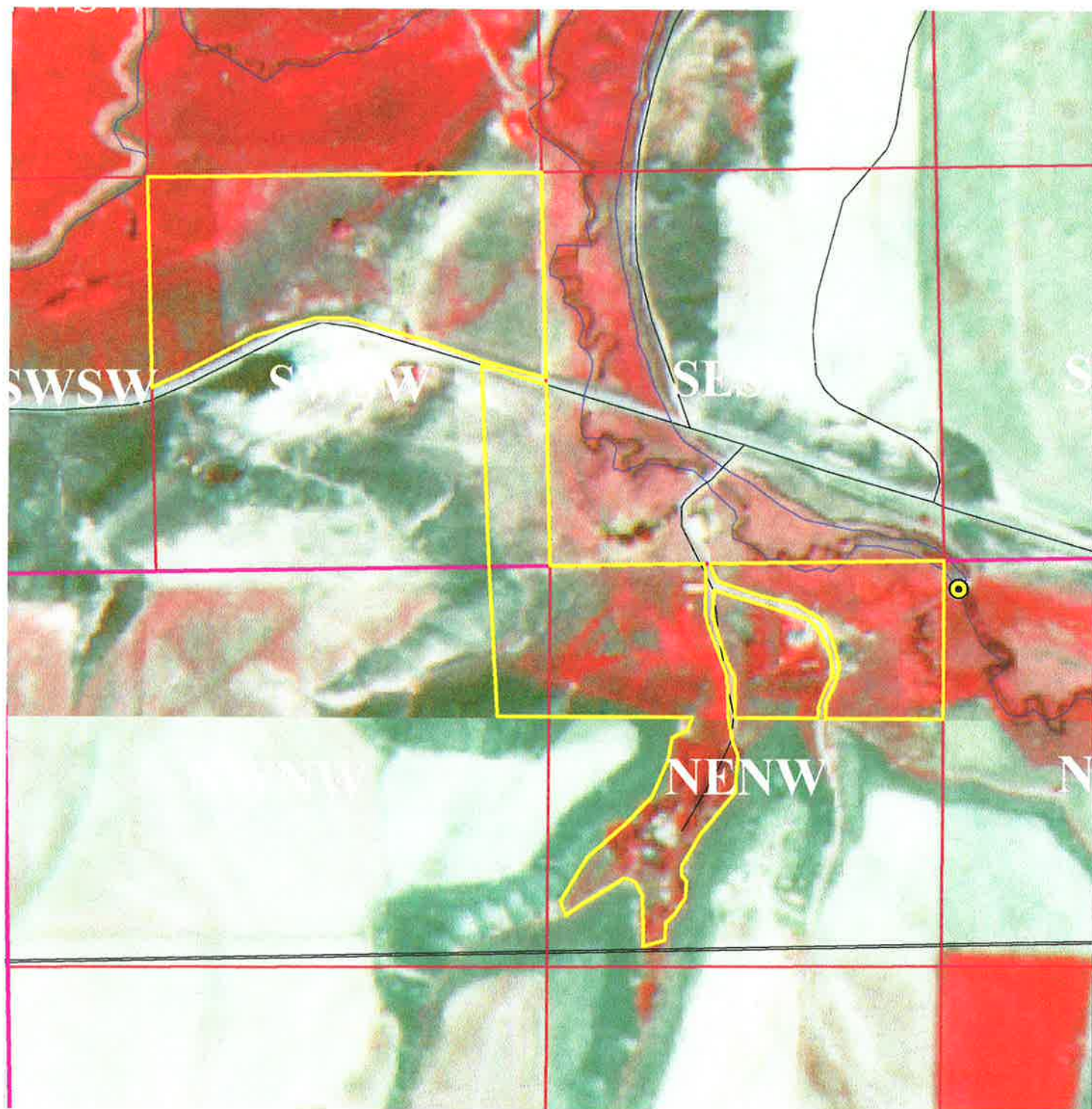
Townships , 10S37E, 11S37E



Townships , 10S37E, 11S37E



Townships , 10S37E, 11S37E

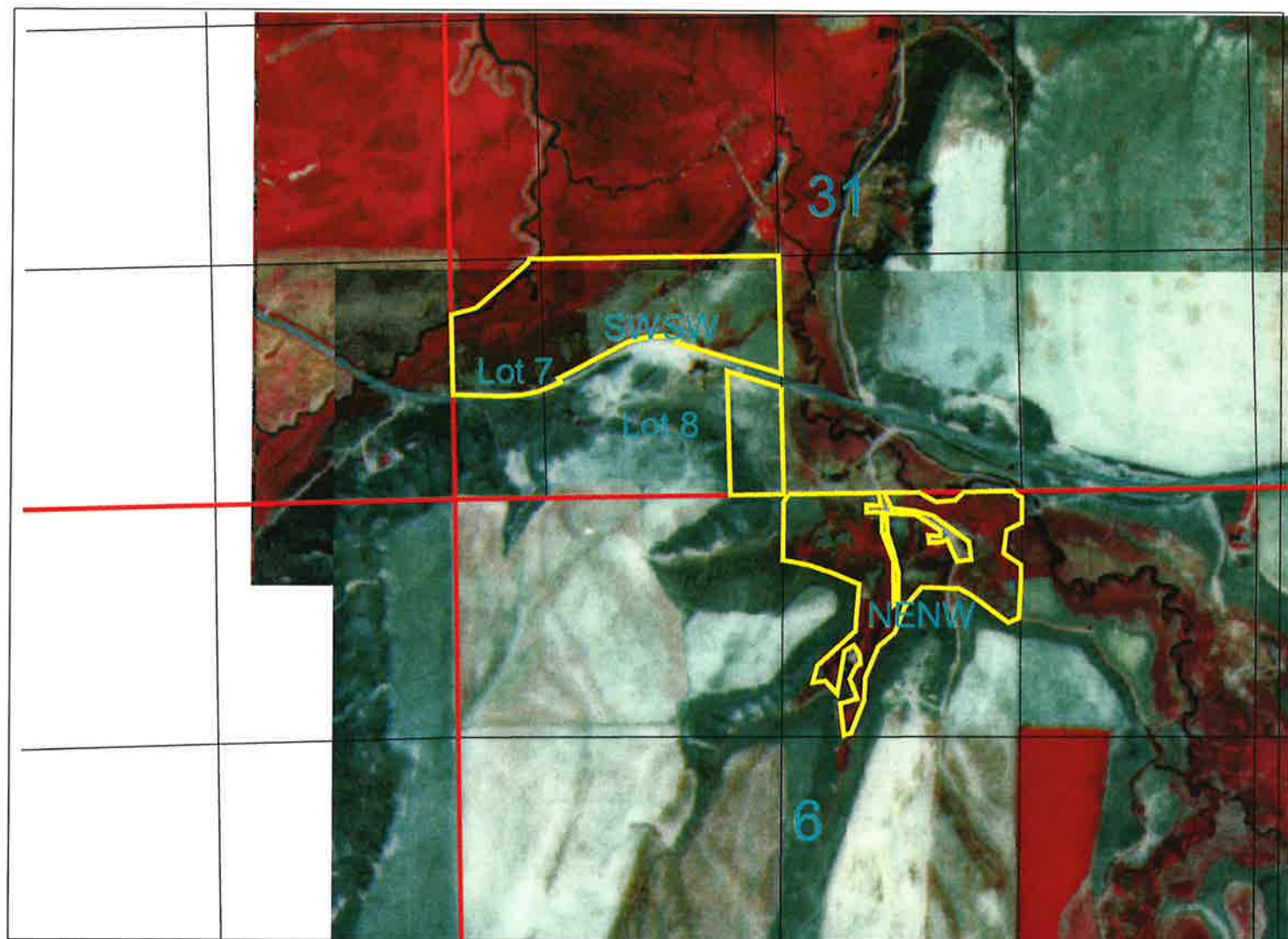




# State of Idaho

## Department of Water Resources

Claim No.: 29-4109



-  29-4109.shp
-  Township/Range
-  Sections
-  QQ

**PROFILED**

SCANNED

MAR 15 2006



GIS Place of Use Illustration  
1987/1988 NAPP photography  
Prepared by: E Carlsen  
Date: March 2004



State of Idaho

## DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, ID 83402-1718 • Phone: (208) 525-7161 FAX: (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE  
Governor

KARL J. DREHER  
Director

September 12, 2003

JOHN WILLIAM HART  
2435 E HAWKINS  
DOWNEY ID 83234

RE: Notice of Change of Water Right Ownership (NCO) for 29-4109, 29-4110, 29-4111, 29-4112 and Notice of Completed Administrative Proceeding (NCAP)

Dear Sir/Madam:

On September 9, 2003, the Idaho Department of Water Resources (IDWR) received an NCO changing the right holder for the above referenced water right(s). Based on this NCO, IDWR water right records for the Snake River Basin Adjudication (SRBA) have been updated.

Furthermore, as directed by the SRBA Court, this office mailed a copy of the updated water right record(s) to each party listed on the enclosed NCAP. The intent of this mailing is to ensure each party has a current record of water right(s) as recorded in the SRBA.

Please feel free to contact me if you have any questions concerning this matter.

Respectfully,

Kristen Forsgren  
Office Specialist 1

Enclosure

cc:

PROFILED

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MAR 16 2006

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

In Re SRBA

)

Water Rights: 29-4109, 29-4110, 29-4111, 29-4112

Case No. 39576

)

)

NOTICE OF COMPLETED  
ADMINISTRATIVE  
PROCEEDING

IDWR has completed the following Administrative proceeding:

- ☐ Address change
- ☒ Substitution of Party
- ☐ I.C. § 42-222 transfer
  - ☐ point of diversion      ☐ place of use
  - ☐ period of use      ☐ nature of use
  - ☐ split of water right      ☐ change in ownership

IDWR certifies that it has completed its investigation into the changes to the elements of the water rights listed above as set forth in the attached *Amended Director's Reports* for said water rights. No other changes have been made to the elements of these water rights except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Amended Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED: 9 Sept. 2003.

Ernest Carlson  
Signature of IDWR Representative

SCANNED  
MAR 16 2006

### CERTIFICATE OF MAILING

I certify that on 9-12-03, 2003, I mailed the original and copies of this form to the following persons, postage prepaid by regular mail and addressed as follows:

1. Original to:

Clerk of the District Court  
Snake River Basin Adjudication  
PO Box 2707  
Twin Falls ID 83303-2707

2. One copy to:

Claimant/Seller for Substitution of Party or attorney of record:  
JOHN WILLIAM HART & JENNIE HART  
2435 E HAWKINS  
DOWNEY ID 83234

3. One copy to:

Claimant/Purchaser for Substitution of Party, or attorney of record:  
JOHN WILLIAM HART  
2435 E HAWKINS  
DOWNEY ID 83234

MARILYN MIKKELSON  
2433 E HAWKINS  
DOWNEY ID 83234

4. One copy to:

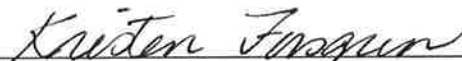
Each party in the subcase, or attorney of record  
JOHN WILLIAM HART  
2435 E HAWKINS  
DOWNEY ID 83234

5. One copy each to:

Chief Natural Resources Division  
Office of the Attorney General  
PO Box 44449  
Boise ID 83711-4449

6. One Copy to:

United States Dept of Justice  
Environment & Natural Resource Div  
550 West Fort Street MSC 033  
Boise ID 83724

  
\_\_\_\_\_  
Signature of person or attorney mailing the form

# STATE OF IDAHO

## DEPARTMENT OF WATER RESOURCES

### NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

OK JC  
9/5/03

RECEIVED  
SEP 05 2003

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.  
Incomplete forms will be returned.

Department of Water Resources  
Eastern Region

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

| Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split | Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split |
|-----------------------|------------------------------|-------|-----------------------|------------------------------|-------|
|                       | <u>29-4109</u>               |       |                       |                              |       |
|                       | <u>29-4111</u>               |       |                       |                              |       |
|                       | <u>29-4112</u>               |       |                       |                              |       |
|                       | <u>29-4110</u>               |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):  
**PLAT OF PROPERTY** or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

**OR**

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a **USDA Farm Service Agency AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

John William Hart Jennie Hart  
2435 E Hawkins Downey ID 83234

4. New Owner/Claimant(s)

John William Hart Marilyn Mikkelsen  
 Name Connector (Check one): ☐ and, ☒ or, ☒ and/or

New Mailing Address

2435 E Hawkins 2433 E Hawkins

City, State and ZIP Code

Downey ID 83234 Downey ID. 83234

New Telephone Number

(208) 897-5743 (208) 897-9918.

5. Date you acquired the property

NA.

SCANNED

MAY 16 2006

If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT  
(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number \_\_\_\_\_

| Water Use   | Diversion Rate or Volume<br>(cubic feet per second or acre-feet per annum) | Description<br>(acres, number and type of stock, homes, etc) |
|-------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| Irrigation  | _____                                                                      | _____                                                        |
| Stock       | _____                                                                      | _____                                                        |
| Domestic    | _____                                                                      | _____                                                        |
| Other _____ | _____                                                                      | _____                                                        |
| Total       | _____                                                                      |                                                              |

DESCRIPTION OF YOUR PORTION OF WATER RIGHT  
(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number \_\_\_\_\_

| Water Use   | Diversion Rate or Volume<br>(cubic feet per second or acre-feet per annum) | Description<br>(acres, number and type of stock, homes, etc) |
|-------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| Irrigation  | _____                                                                      | _____                                                        |
| Stock       | _____                                                                      | _____                                                        |
| Domestic    | _____                                                                      | _____                                                        |
| Other _____ | _____                                                                      | _____                                                        |
| Total       | _____                                                                      |                                                              |

7.

Signature of New Owner(s) or Claimant(s) John Hart  
(include title if applicable) Mailex McElroy

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Processed by \_\_\_\_\_ AJ Date \_\_\_\_\_ WR \_\_\_\_\_ Date \_\_\_\_\_

SCANNED  
MAR 16 2006

# WARRANTY DEED

565940

For Value Received HERMAN H. REISNER and BEATRICE V. REISNER,  
husband and wife,

the grantor s, do hereby grant, bargain, sell and convey unto  
JOHN W. HART and JENNIE D. HART,  
husband and wife,

whose current address is Rural Route, Downey, Idaho 83234

the grantee s, the following described premises, in Bannock County Idaho, to wit:

Township 10 South, Range 37 East of the Boise Meridian

Section 31: Commencing at a brass cap marker which is the Southwest corner of Section 31, and running thence North across the Virginia Highway to the North Bank of the channel of Marsh Creek 1027 feet, more or less, thence North 77°05' East 200 feet along said channel, thence North 47°50' East 400 feet, more or less, thence East 20.08 feet, thence South across the Virginia Highway 1340.20 feet, more or less, to the South line of Section 31, thence West 31 rods, more or less, to the place of beginning, and being a portion of LOT SEVEN (7), Township 10 South, Range 37 East of the Boise Meridian. EXCEPTING THEREFROM those portions of above-described premises falling within the bounds of the Virginia Highway.

ALSO, Commencing at the Northeast corner of the SE $\frac{1}{4}$ SW $\frac{1}{4}$  of LOT EIGHT (8), Section 31, and running thence West 80 rods to the East boundary line of LOT SEVEN (7), thence South 729 feet, more or less, to the North boundary line of the Virginia Highway, thence Easterly following the North boundary of the said highway to a point 686 feet South along the East line of Lot 8, thence North 686 feet along the East line of Lot 8 to the place of beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee S, their heirs and assigns forever. And the said Grantor s do hereby covenant to and with the said Grantee s, that the y are the owners in fee simple of said premises; that they are free from all incumbrances

and that the y will warrant and defend the same from all lawful claims whatsoever.

Dated: November 22, 1976

*Herman H. Reisner*  
*Beatrice V. Reisner*

STATE OF IDAHO, COUNTY OF

On this 22nd day of November, 1976,  
before me, a notary public in and for said State, personally  
appeared

HERMAN H. REISNER and  
BEATRICE V. REISNER, husband  
and wife,

known to me to be the person s whose names are  
subscribed to the within instrument, and acknowledged to and  
me that they executed the same.

*John B. Brown*  
Notary Public  
Residing at Downey, Idaho  
Comm. Expires Oct. 25, 1980

565940

NO.  
RECORDED AT REQUEST

John Hart

NOV 24 4 30 PM '76

296  
BANNOCK COUNTY, IDAHO  
TIM ECKSEN, RECORDER  
FEE 1.00 DEPUTY 1n

NOTARY SEAL

Furnished by the AMERICAN LAND TITLE CO., Pocatello, Idaho

SCANNED  
MAR 16 2006

# WARRANTY DEED

565941

For Value Received HERMAN H. REISNER and BEATRICE V. REISNER,  
husband and wife,

the grantor s do hereby grant, bargain, sell and convey unto  
JOHN W. HART and JENNIE D. HART,  
husband and wife,  
whose current address is Rural Route, Downey, Idaho 83234

the grantees, the following described premises, in...Bannock.....County Idaho, to wit:

Township 10 South, Range 37 East of the Boise Meridian  
Section 31: Commencing at the Southeast corner of the SE $\frac{1}{4}$ SW $\frac{1}{4}$  of  
LOT EIGHT (8), Section 31; and running thence West  
300 feet along the section line, thence North 677.88  
feet to the South boundary line of the Virginia Highway,  
thence South 72°27' East 314.65 feet along said highway,  
thence South 583 feet to the place of beginning.

ALSO, Commencing at a point 256 feet North of the Southwest  
corner of the SE $\frac{1}{4}$ SW $\frac{1}{4}$  of LOT EIGHT (8), Section 31; and  
running thence North 280 feet, more or less, to the South  
Boundary Line of the Virginia Highway, thence Easterly  
325 feet along said Highway, thence South 280 feet,  
thence Westerly 325 feet to the point of beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee S,  
their heirs and assigns forever. And the said Grantor s do hereby covenant to and  
with the said Grantee S, that the y are the owners in fee simple of said premises; that they are free  
from all incumbrances

and that the y will warrant and defend the same from all lawful claims whatsoever.

Dated: November 22, 1976

*Herman H. Reisner*

*Beatrice V. Reisner*

STATE OF IDAHO, COUNTY OF

On this 22nd day of Nov. , 1976 ,  
before me, a notary public in and for said State, personally  
appeared

HERMAN H. REISNER and  
BEATRICE V. REISNER, husband  
and wife,

known to me to be the person S whose names are  
subscribed to the within instrument, and acknowledged to  
me that they executed the same.

*John B. Brown*  
Notary Public  
Residing at Downey, , Idaho  
Comm. Expires Oct. 25, 1980

565941

NO.  
RECORDED AT REQUEST OF  
John Hart

NOV 24 4 30 PM '76

296  
BANNOCK COUNTY, IDAHO  
SIN. PRINCE, RECORDER  
FEE 1.00 DEEDITY 1n

NOTARY SEAL

Furnished by the AMERICAN LAND TITLE CO., Pocatello, Idaho

SCANNED

MAR 16 2006

# WARRANTY DEED

For Value Received Ten Dollars and other valuable consideration

Herman Reisner

94016225

the grantor, do hereby grant, bargain, sell and convey unto

John W. Hart and Jennie Hart, husband and wife

the grantees, the following described premises, in Bannock County Idaho, to wit:

Lot 5 - 54.24 Acres; Lot 4 - 55.57 Acres Tr. Lot 3 & SE 1/4 NW 1/4 Tax 12- 68.53  
Acers Section 6 Township 11 South Range 37 E. B. M.

NE 1/4 SE 1/4 40 Acers.

Section 1 Township 11 South Range 36 E. B. M.

Of better described as follows:

Lot 5 and Lot 4, Section 6, Township 11 South, Range 37 E. B. M., Bannock  
County, Idaho, and Lot 3 and SE 1/4 NW 1/4 of Section 6, Township 11 South, Range  
37 E. B. M., Bannock County, Idaho, Except the Following described tract:  
Beginning at the Southwest corner of the SE 1/4 NW 1/4 of Section 6, Township 11  
South, Range 37 E. B. M., thence East 20 Rods, thence North 100 Rods, thence  
West 20 Rods, thence South 100 Rods to the point of Beginning. NE 1/4 SE 1/4  
Section 1, Township 11 South, Range 36, E. B. M., Bannock County, Idaho...

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee and  
Their heirs and assigns forever. And the said Grantor does hereby covenant to and  
with the said Grantee, that he is the owner in fee simple of said premises; that they are free  
from all incumbrances none

and that he will warrant and defend the same from all lawful claims whatsoever.

Dated: December 6, 1966

*Herman Reisner*

STATE OF IDAHO, COUNTY OF

On this 6 day of December, 1966,  
before me, a notary public in and for said State, personally  
appeared Herman Reisner

NOTARY SEAL

94016225

NO. 94016225  
RECORDED AT REQUEST OF  
JOHN W. HART

'94 SEP -6 P4:12

OFFICIAL RECORD BOOK NO. 1023  
BANK COUNTY IDAHO  
LARRY G. HAN RECORDED  
EE. 30 DEPUTY

known to me to be the person whose name  
subscribed to the within instrument, and acknowledged to  
me that he executed the same.

*John W. Hart*  
Notary Public

Residing at Downey, Idaho  
Comm. Expires Oct. 25, 1968

Furnished by the POCAHONTO TITLE CO.

SCANNED

MAR 16 2006

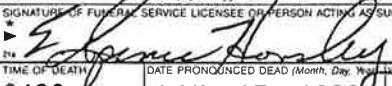
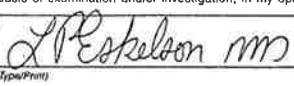
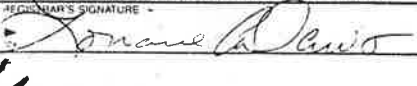
# STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

## 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 20-24101 & 20-274

State File No. 6-545  
Local Reg. No. 6-545

|                                     |                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| DECEDENT                            | DECEDENT - NAME                                                                                                                                                                                                                                                                                                                                                           |                            | FIRST                                                                                                                                    | MIDDLE                                                  | LAST                                                                                                                                                                                                                                                | SEX                                            | DATE OF DEATH (Month, Day, Year)                                   |
|                                     | JENNIE MARIE DUNTON HART                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                     | FEMALE                                         | NOV. 17, 1999                                                      |
|                                     | SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                                                                                                                    | AGE - Last Birthday (Yrs.) | UNDER 1 YEAR                                                                                                                             | UNDER 1 DAY                                             | DATE OF BIRTH (Month, Day, Year)                                                                                                                                                                                                                    | BIRTHPLACE (City and State or Foreign Country) |                                                                    |
|                                     | 528-464-2394                                                                                                                                                                                                                                                                                                                                                              | 64                         |                                                                                                                                          |                                                         | MAY 30, 1935                                                                                                                                                                                                                                        | ONTARIO, OREGON                                |                                                                    |
| PARENTS                             | FATHER - NAME                                                                                                                                                                                                                                                                                                                                                             |                            | BIRTHPLACE                                                                                                                               |                                                         | MOTHER - FULL MAIDEN NAME                                                                                                                                                                                                                           |                                                | BIRTHPLACE                                                         |
|                                     | HARVEY DUNTON                                                                                                                                                                                                                                                                                                                                                             |                            | UTAH                                                                                                                                     |                                                         | VIRGINIA WHITE                                                                                                                                                                                                                                      |                                                | OREGON                                                             |
|                                     | INFORMANT'S NAME (Type/Print)                                                                                                                                                                                                                                                                                                                                             |                            | MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)                                                 |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
|                                     | JOHN WILLIAM HART                                                                                                                                                                                                                                                                                                                                                         |                            | 2435 W. HAWKINS RD. DOWNEY, IDAHO 83234                                                                                                  |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
| DISPOSITION                         | METHOD OF DISPOSITION                                                                                                                                                                                                                                                                                                                                                     |                            | PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)                                                                       |                                                         | LOCATION - City or Town, State                                                                                                                                                                                                                      |                                                |                                                                    |
|                                     | <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Idaho<br><input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)                                                                                                                                                                   |                            | MARSH CENTER CEMETERY                                                                                                                    |                                                         | VIRGINIA, IDAHO                                                                                                                                                                                                                                     |                                                |                                                                    |
|                                     | SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH                                                                                                                                                                                                                                                                                                            |                            | LICENSE NUMBER (If licensee)                                                                                                             | NAME AND ADDRESS OF FACILITY                            |                                                                                                                                                                                                                                                     |                                                |                                                                    |
|                                     |                                                                                                                                                                                                                                                                                          |                            | M-607 132                                                                                                                                | HORSLEY FUNERAL HOMES<br>300 N. MALAD CITY, IDAHO 83252 |                                                                                                                                                                                                                                                     |                                                |                                                                    |
| CAUSE OF DEATH                      | TIME OF DEATH                                                                                                                                                                                                                                                                                                                                                             |                            | DATE PRONOUNCED DEAD (Month, Day, Year)                                                                                                  |                                                         | MANNER OF DEATH (Check One)                                                                                                                                                                                                                         |                                                | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                       |
|                                     | 0430                                                                                                                                                                                                                                                                                                                                                                      |                            | NOV. 17, 1999                                                                                                                            |                                                         | <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident<br><input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined |                                                | 10 months                                                          |
|                                     | 27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.                                                                                                                                                       |                            | IMMEDIATE CAUSE (Final disease or condition resulting in death)                                                                          |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
|                                     | a. Metastatic Breast Cancer<br>DUE TO (or as a consequence of):                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
| CERTIFIER                           | 27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.                                                                                                                                                                                                                                                |                            | WAS AN AUTOPSY PERFORMED?                                                                                                                |                                                         | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?                                                                                                                                                                              |                                                |                                                                    |
|                                     |                                                                                                                                                                                                                                                                                                                                                                           |                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                |                                                                    |
|                                     | CERTIFIER (Check only one)                                                                                                                                                                                                                                                                                                                                                |                            | SIGNATURE AND TITLE OF CERTIFIER                                                                                                         |                                                         | LICENSE NUMBER                                                                                                                                                                                                                                      | DATE SIGNED (Month, Day, Year)                 |                                                                    |
|                                     | <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.<br><input type="checkbox"/> CORONER - 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) and manner as stated. |                            |                                                       |                                                         | M5725                                                                                                                                                                                                                                               | 11/24/99                                       |                                                                    |
| TO BE USED FOR EXTERNAL CAUSES ONLY | NAME AND ADDRESS OF CERTIFIER (Type/Print)                                                                                                                                                                                                                                                                                                                                |                            | DATE OF INJURY (Mo., Day, Yr.)                                                                                                           |                                                         | HOUR OF INJURY                                                                                                                                                                                                                                      |                                                | DESCRIBE HOW INJURY OCCURRED                                       |
|                                     | DR. LYNN ESKELSON 37 N. 1st E. PRESTON, IDAHO                                                                                                                                                                                                                                                                                                                             |                            |                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
|                                     | INJURY AT WORK?                                                                                                                                                                                                                                                                                                                                                           |                            | IF TRANSPORTATION ACCIDENT, Specify                                                                                                      |                                                         | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                                                                                                                                                                   |                                                | LOCATION (Street or Route Number, City/Town, or County, and State) |
|                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                  |                            | <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
| CORONER'S REVIEW AREA               | CORONER'S ACTION                                                                                                                                                                                                                                                                                                                                                          |                            | CORONER'S SIGNATURE                                                                                                                      |                                                         | DATE SIGNED (Month, Day, Year)                                                                                                                                                                                                                      |                                                |                                                                    |
|                                     | I have reviewed and/or amended, and certified.                                                                                                                                                                                                                                                                                                                            |                            |                                                       |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
|                                     | REGISTRAR                                                                                                                                                                                                                                                                                                                                                                 |                            | DATE FILED (Month, Day, Year)                                                                                                            |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |
|                                     |                                                                                                                                                                                                                                                                                        |                            | Dec. 6, 1999                                                                                                                             |                                                         |                                                                                                                                                                                                                                                     |                                                |                                                                    |

BK86663PG0755

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: Dec. 6, 1999

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH  
STATE REGISTRAR



02/08/2003

NOTICE OF ERROR  
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: April 21, 2003

Water right number: 29-4109

JENNIE HART  
2435 E HAWKINS  
DOWNEY ID 83234  
Telephone Number: (208)897-5743

JOHN WILLIAM HART  
2435 E HAWKINS  
DOWNEY ID 83234  
Telephone Number: (208)897-5743

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 8-1-03 SIGNATURE: John Hart  
Please print your name: JOHN HART

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

*Sorry I am late but I was not at home <sup>when</sup> these came.*

PROFILED

SCANNED  
MAR 16 2006

RECEIVED

AUG 11 2003

Department of Water Resources  
Eastern Region

## MEMORANDUM

**DATE:** August 12, 2003

**FROM:** Ernie Carlsen

**TO:** 29-4109 and 29-4111

**RE:** Objection by John Hart

Claimant will file objections to both of the above claims along with a motion to amend 29-4109 to increase the acreage from 40 to 46.9.

John described the development and use of water from both the spring and Beck Creek. On his original claims Lot 7, and a strip of land south of the county road in SWSW, Section 31 10S 37E was overlooked. The attached layout reflects the acreage John wishes to have included on his claims.

John was accompanied by his daughter, Marilyn, who is going to assist him with filing the objections and motion to amend.

**PROFILED**

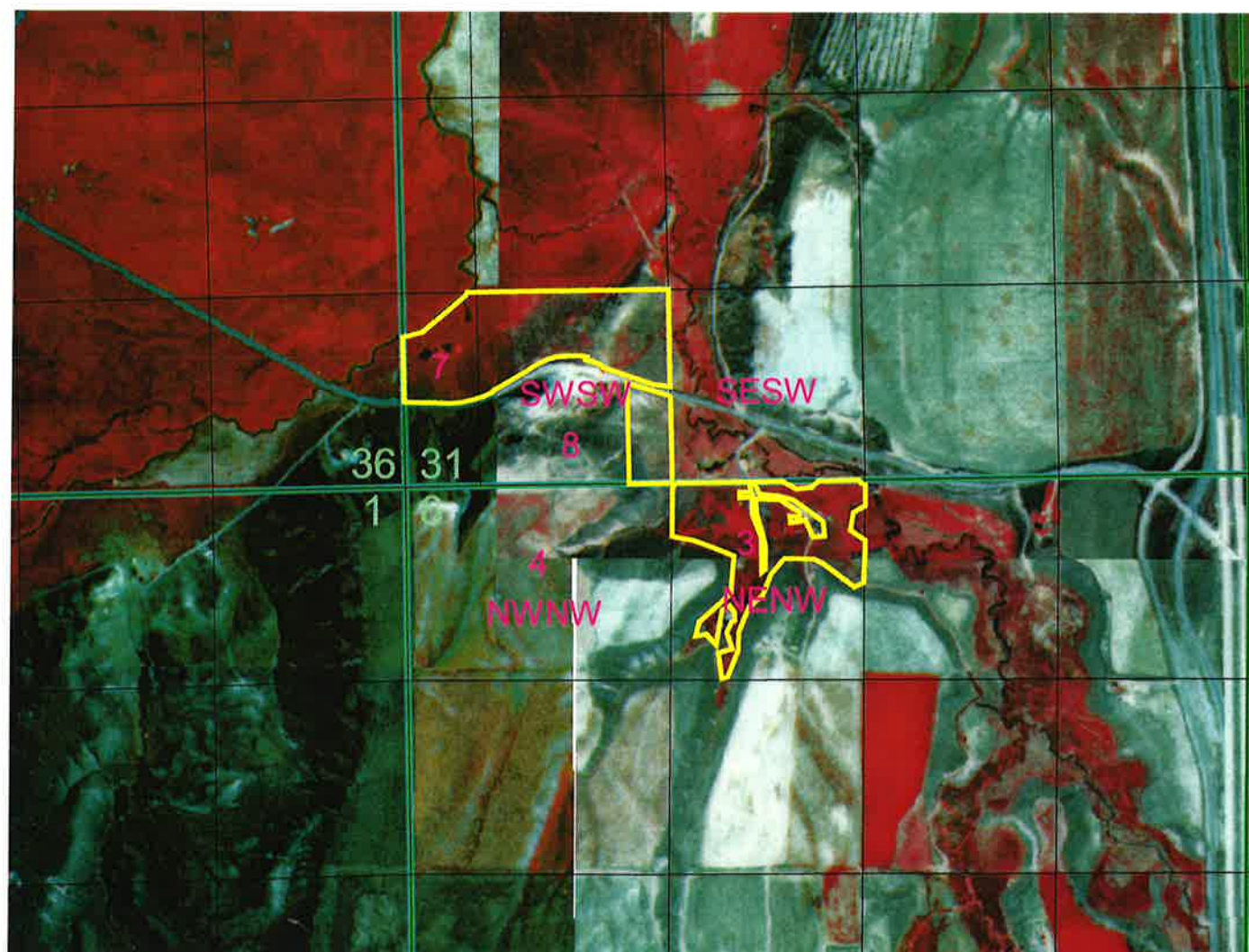
SCANNED

MAR 15 2006



# Department of Water Resources

Claim No.: 29-4109  
29-4111



0 1320 2640 3960 5280 Feet

PROFILED

SCANNED

MAR 16 2006

- 29-4109.shp
- QQ
- Sections
- Townships



GIS Place of Use Illustration  
1987/1988 NAPP Photography  
Prepare by: E. Carlsen  
Date: August 2003



PROTECTED

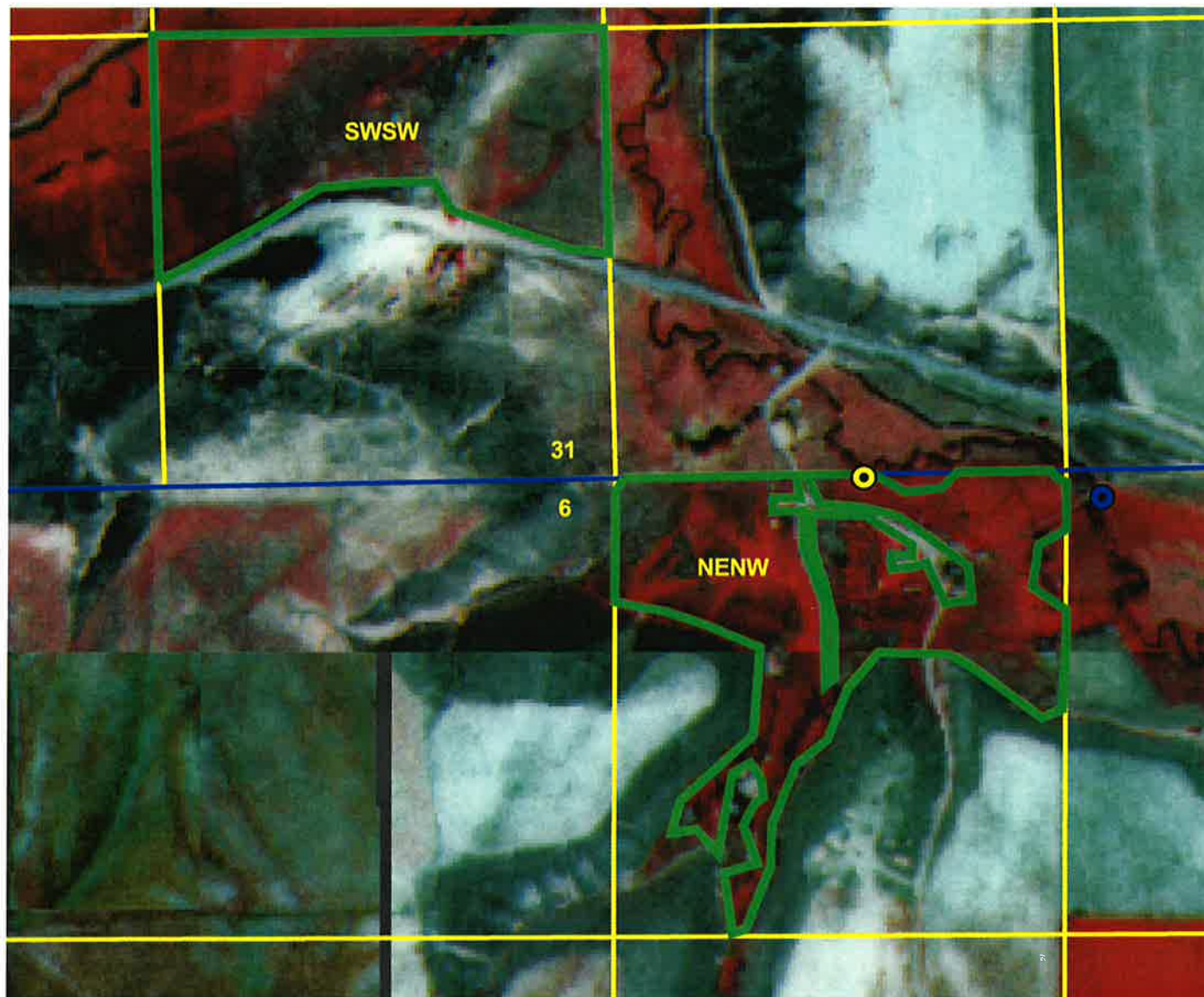
SCANNED  
MAR 16 2006

10/2001 - POB 7.5 hp pump to  
DAVE CARLSON sprinklers and  
open ditchage

# IDAHO DEPARTMENT OF WATER RESOURCES

29-04109

T11S, R37E SEC 6  
T10S, R37E SEC 31



**ACRES IRRIGATED- 35**



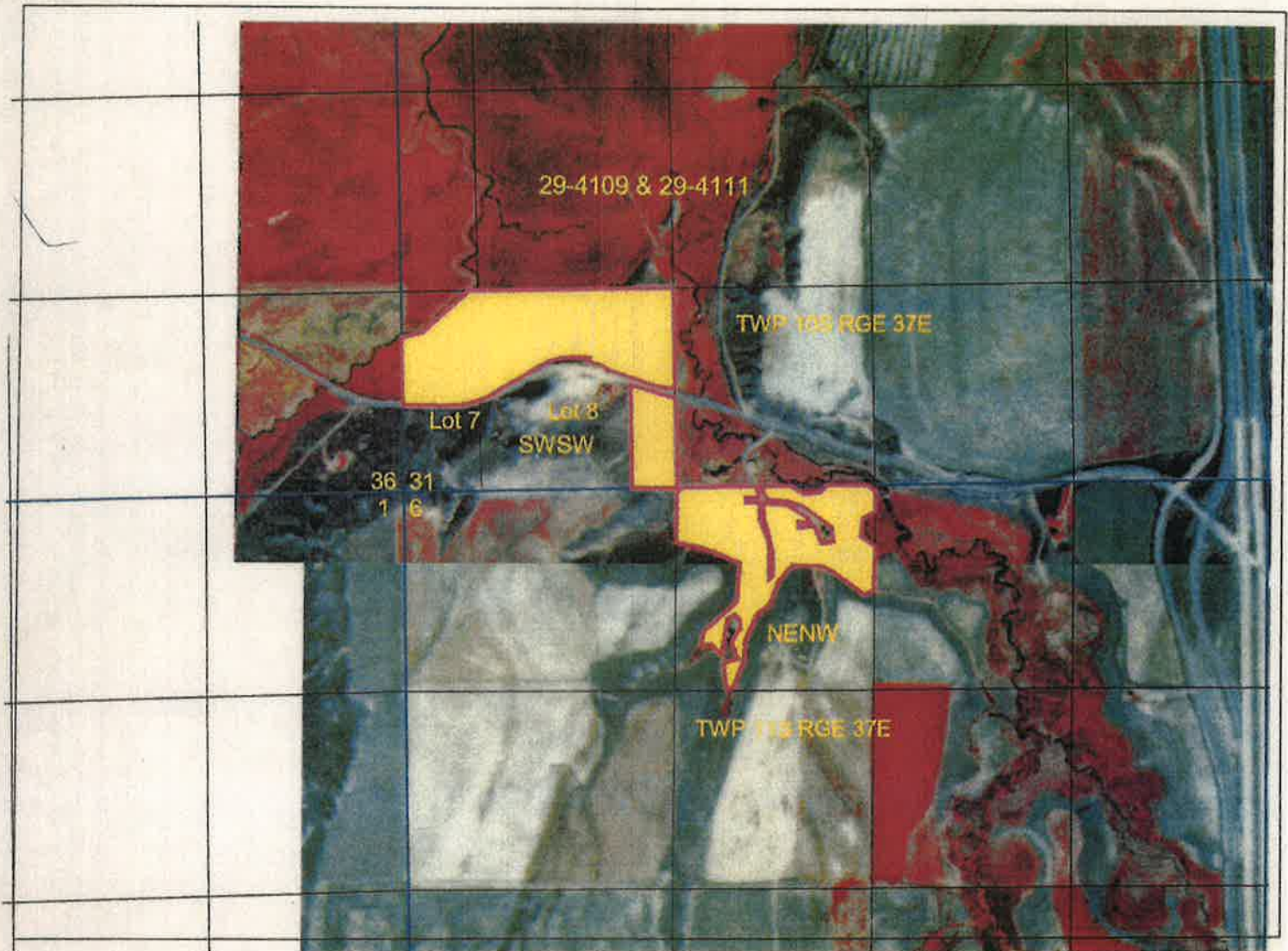
**POINT OF DIVERSION**



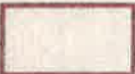
**PLACE OF USE**

**GIS: PLACE OF USE  
POINT OF DIVERSION  
1987/1988 NAPP PHOTOS  
DAVE CARLSON**

# 29-4109



0.2 0 0.2 0.4 Miles

-  29-4109.shp
-  Sections
-  QQs



PROFILED

SCANNED  
MAR 16 2006

SCANNED

JUN 04 2001

Log for claim A29-04109

Spatial Dynamics TWB

5/24/00

| TR             | SEC | QQ   | Acres<br>Claimed | Acres<br>Found | COMMENT                                    |
|----------------|-----|------|------------------|----------------|--------------------------------------------|
| 10s37e         | 31  | SWSW | 20               | 21             |                                            |
| 11s37e         | 6   |      | 0                | 0              | nenw should have been nwnw in the database |
| 11s37e         | 6   | NWNW | 2                | 2.2            |                                            |
| 11s37e         | 6   | NENW | 18               | 19             |                                            |
| <b>Totals:</b> |     |      | 40               | 42.2           |                                            |

both ditch and  
Peck Crk went  
Across hwy

pump/in creek

N42 30 12.6

W112 10 51.9

7.5hp

main line

## CLAIM TO A WATER RIGHT

**The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.**

Rt. #2, Downey, Idaho 83234 Telephone No. 897-5743  
(Mailing Address) (Zip Code)

(3) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:

B) Describe means of diversion of water: (Pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.). Give sizes and capacities: be as specific as possible. Describe any changes in the system and give the date of the change. 7½ pump 6" main 3800' long and ½ mile open ditch

(6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

[illegible]

No. of acres 40

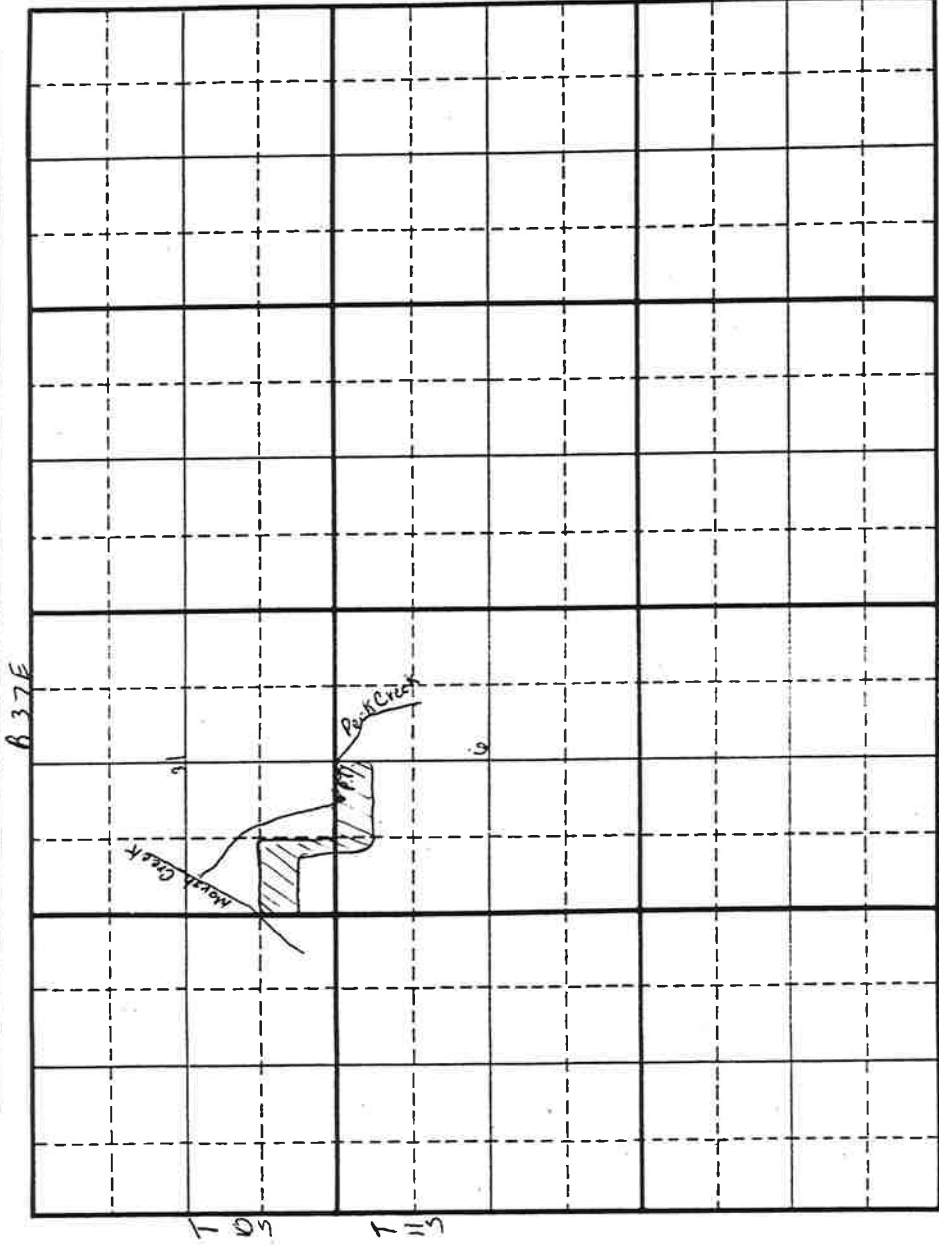
B) If water is used for other than irrigation, fully describe that use, being as specific as possible: \_\_\_\_\_

NOTE: Include here the type and number of stock watered: \_\_\_\_\_

(7) If you are claiming water as a member of an organization, list name of organization:

**MICROFILMED**

(8) Remarks



Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of Idaho

County of Bonanza

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge.

Sworn to before me this 17<sup>th</sup> day of August, 19 79.

(Claimant)

Notary Public  
Residing at Idaho Falls, ID

My commission expires 6/15/81

FOR DEPARTMENT USE ONLY

Received by dh Date 8-17-79  
Prelim. check by jc Date 8/15/80 Exception filed by: #13666  
\$20.00 fee received by dh Date 8/15/80  
Published in Idaho State Journal  
Dates August 30 & Sept. 6, 1979

Forwarded to  
claimant by: \_\_\_\_\_  
Date \_\_\_\_\_

AJ5809NP  
No. A29-04109

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT

DATE: 04/24/00  
PAGE: 99

| OWNER<br>CODE | NAME & ADDRESS    | PRIORITY<br>DATE | WATER USE  | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|---------------|-------------------|------------------|------------|-----------------------|-------------------|---------------------|
| C             | JOHN WILLIAM HART | 06/30/1970       | IRRIGATION | 04-01 11-01           | 0.800 CFS         |                     |
| C             | JENNIE HART       |                  |            |                       |                   |                     |
|               | 2435 E HAWKINS    |                  |            |                       |                   |                     |
|               | DOWNEY ID 83234   |                  |            |                       |                   |                     |
|               | (208) 897-5743    |                  |            |                       |                   |                     |
|               |                   |                  |            | TOTAL DIVERSION:      | 0.800 CFS         |                     |
|               |                   |                  |            | CONSUMPTIVE USE:      |                   | 100.00 AFA          |

Water Source: PECK CREEK

Tributary to: MARSH CREEK

Stage: STATUTORY CLAIM

Point(s) of Diversion: T11S R37E S06 NENW

BANNOCK 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 | : SUM |      |
| 10S 37E 31 | :    |    |    |    | :    |    |    |    | :    |    |    |    | :    |    |    |    | :     | 20.0 |
| 11S 37E 6  | :    |    |    |    | :    | 18 | 02 |    | :    |    |    |    | :    |    |    |    | :     | 20.0 |
|            |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |       | 40.0 |
|            |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |       |      |

TOTAL ACRES

POU County: BANNOCK

Non-Irrigation Uses: NONE

Other Rights: NONE

Other Water Rights with Same Point(s) of Diversion with Stage (Includes All Sources):  
A29-04110

Other Water Rights Listing Overlapping Place(s) of Use:  
A29-04110 A29-04111

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:  
Presumption Flag:

Audit: 05/22/90 DCARLSON 07/19/94 THOMPSON 03/29/95 POST-STD

April 17, 1995

RECEIVED

APR 20 1995

Department of Water Resources  
Eastern District Office

State of Idaho  
Department of Water Resources  
Eastern District Office  
900 N. Skyline DR.  
Idaho Falls, Idaho 83402-1918

Dear Sir:

In 1970, my Uncle, Herman Reisner, put in a 7 1/2HP pump in Peck Creek to supplement the water on his farm. The Burkley pump is designed for high volume, low pressure. I helped him put in the pump and 750 feet of 6" PVC mainline pipe. He pumped open discharge into his irrigation ditch. The pump and main line was on my property and the water discharged into a ditch on his property.

In 1976, I bought the rest of Herman Reisner's farm. I put in 1875 feet of 6" PVC main line. So now there is no open ditch with flood irrigation. All the irrigation is low pressure sprinklers.

Sincerely,

*John W. Hart*

John W. Hart  
2435 E. Hawkins  
Downey, Idaho 83234

INDIVIDUAL

STATE OF Ida )  
COUNTY OF Bannock ) ss.

On this 19 day of April, in the year 95, before me, a Notary Public in and for said State, personally appeared John Hart, known to me to be the person whose name is/are subscribed to the within instrument, and acknowledged to me that he executed the same.

WITNESS my hand and official seal.

Barbara A. Byline  
Notary Public for  
Residing at Downey Id

12-22-99

MICROFILMED

NOV 13 1996

AJ5809NP  
No. A29-04109

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION CLAIM PROFILE REPORT

DATE: 12/28/94  
PAGE: 2

| OWNER<br>CODE | NAME & ADDRESS    | PRIORITY<br>DATE | WATER USE  | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|---------------|-------------------|------------------|------------|-----------------------|-------------------|---------------------|
| C             | JOHN WILLIAM HART | 06/30/1970       | IRRIGATION | 04-01 11-01           | 0.80 CFS          |                     |
| C             | JENNIE HART       |                  |            |                       |                   |                     |
|               | 2435 E HAWKINS    |                  |            |                       |                   |                     |
|               | DOWNEY ID 83234   |                  |            | TOTAL DIVERSION:      | 0.80 CFS          |                     |
|               | (208) 897-5743    |                  |            | CONSUMPTIVE USE:      |                   | 100.00 AFA          |

Water Source: PECK CREEK

Tributary to: MARSH CREEK

Stage: STATUTORY CLAIM

Point(s) of Diversion: T11S R37E S06 NENW

BANNOCK County

Place of use Legal Description for: IRRIGATION

|             |        | NE   |      |      |      | NW   |      |      |      | SW   |      |      |      | SE   |      |      |      |      |
|-------------|--------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| T           | R S    | NENE | NWNE | SWNE | SENE | NENW | NWNW | SWNW | SENW | NESW | NWSW | SWSW | SESW | NESE | NWSE | SWSE | SESE | SUM  |
|             |        | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   | Lt   | Ac   |      |
| 10S         | 37E 31 | :    |      | :    |      | :    |      | :    |      | :    |      | :    |      | :    |      | :    |      | 20.0 |
| 11S         | 37E 6  | :    |      | :    |      | :    | 18   | :    | 02   | :    |      | :    | 20   | :    |      | :    |      | 20.0 |
| TOTAL ACRES |        |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 40.0 |      |

POU County: BANNOCK

Non-Irrigation Uses: NONE

Other Rights: NONE

Dates: Exam Made Date:

Verified Date:

Misc: Water District Number:

Field Inspection Flag:  
Presumption Flag:

NOV 13 1996

MICROFILMED

A. AJ CLAIM POINT OF DIVERSION AND SOURCE:

| RIGHT     | TWP. RGE. | SEC. | 1/4 | 1/4 | 1/4 | LOT | POD<br>FLAG | COUNTY  | DIVERSION NAME | DIVERSION NUMBER |
|-----------|-----------|------|-----|-----|-----|-----|-------------|---------|----------------|------------------|
| A29-04109 | 11S 37E   | 6    |     | NE  | NW  |     |             | BANNOCK |                |                  |

OTHER AJ CLAIMS WITH SAME AJ POD  
A PREFIX R PREFIX  
A29-04110 NONE

WR RECORDS IN SAME 40 ACRE TRACT  
29-04110

SOURCE: PECK CREEK

TRIB: MARSH CREEK

B. WR POINT OF DIVERSION AND SOURCE:

| RIGHT    | TWP. RGE. | SEC. | 1/4 | 1/4 | 1/4 | LOT | POD<br>FLAG | COUNTY  | DIVERSION NAME | DIVERSION NUMBER |
|----------|-----------|------|-----|-----|-----|-----|-------------|---------|----------------|------------------|
| 29-04109 | 11S 37E   | 6    |     | NE  | NW  |     |             | BANNOCK |                |                  |

OTHER WR RECORDS WITH SAME WR POD

AJ CLAIMS IN SAME 40 ACRE TRACT  
A PREFIX R PREFIX

29-04110

A29-04110 NONE

SOURCE: PECK CREEK

TRIB: MARSH CREEK

C. IS THE CLAIMED POD WITHIN THE SAME 40 ACRE TRACT THAT IS DESCRIBED IN THE WATER RIGHT FILE? N/A( ) Y( ) N( )

\* IF NO, AND IF THE CHANGE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN POD, DESCRIBE THE INJURY  
ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

D. CAN THE CLAIMED POD BE VERIFIED USING THE WATER RIGHT FILE OR GPS DATA? N/A( ) Y( ) N( )

E. SHOULD THE CLAIMED POD BE VERIFIED BY FIELD EXAM? Y( ) N( )

F. IS THE CLAIMED SOURCE THE SAME AS DESCRIBED IN THE WATER RIGHT FILE? N/A( ) Y( ) N( )

\* IF NO, AND IF THE CHANGE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN SOURCE, DESCRIBE THE INJURY  
ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

G. CAN THE CLAIMED SOURCE BE VERIFIED USING THE WATER RIGHT FILE? Y( ) N( )

H. SHOULD THE CLAIMED SOURCE BE VERIFIED BY FIELD EXAM? Y( ) N( )

I. HOW WAS THE POD AND SOURCE VERIFIED?

LICENSING FIELD EXAM (DATE OF FIELD EXAM ) Y( ) N( )

AJ FIELD EXAM (DATE OF FIELD EXAM ) NAME OF EXAMINER ) Y( ) N( )

OTHER (DESCRIBE IN NOTES BELOW)

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====

RECOMMENDED POINT(S) OF DIVERSION AND SOURCE: CHECK HERE IF RECOMMENDED AS CLAIMED (\_\_\_)

| TWP.  | RGE.  | SEC.  | 1/4   | 1/4   | 1/4   | LOT   | POD<br>FLAG | COUNTY  | DIVERSION NAME | DIVERSION NBR |
|-------|-------|-------|-------|-------|-------|-------|-------------|---------|----------------|---------------|
| 11S   | 37E   | 6     |       | NE    | NW    |       |             | BANNOCK |                |               |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____       | _____   | _____          | _____         |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____       | _____   | _____          | _____         |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____       | _____   | _____          | _____         |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____       | _____   | _____          | _____         |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____       | _____   | _____          | _____         |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____       | _____   | _____          | _____         |

SOURCE: PECK CREEK

TRIB: MARSH CREEK

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

=====

SYSTEM DESCRIPTION: DESCRIBED BELOW (\_\_\_), SEE LICENSE FILE (\_\_\_), OR SEE ATTACHMENT (\_\_\_)

A. ROOT WATER RIGHT NUMBERS: A29-04109

B. POU LISTING

| TWP | RNG | SEC | 1/4 | 1/4 | LOT | NAME                       | AJ<br>#/ACRES    | WR<br>#/ACRES   | LANDSAT<br>DATA | FIELD<br>EXAM. | RECOMM.<br>ACRES |
|-----|-----|-----|-----|-----|-----|----------------------------|------------------|-----------------|-----------------|----------------|------------------|
| 10S | 37E | 31  | SW  | SW  |     | HART, JOHN WILLIAM         | A29-04109 / 20.0 | 29-04109 / 20.0 |                 |                |                  |
|     |     |     | SW  | SW  |     | HART, JENNIE               | A29-04111 / 12.0 | 29-04111 / 13.0 |                 |                |                  |
|     |     |     | SW  | SW  | 4   | MARSH CENTER IRRIGATION CO | A29-10663 / 1.0  | - /             |                 |                |                  |
|     |     |     | SW  | SW  | 4   | MARSH CENTER IRRIGATION CO | A29-10664 / 1.0  | - /             |                 |                |                  |
|     |     |     | SW  | SW  | 4   | MARSH CENTER IRRIGATION CO | A29-10665 / 1.0  | - /             |                 |                |                  |
|     |     |     | SW  | SW  | 4   | MARSH CENTER IRRIGATION CO | A29-12058 / 1.0  | - /             |                 |                |                  |
|     |     |     | SW  | SW  | 4   | CROWDER, GARY              | A29-11885 /      | - /             |                 |                |                  |
|     |     |     | SW  | SW  | 4   | CROWDER, ESTHER            | 29-11885 /       | - /             |                 |                |                  |
|     |     |     | SW  | SW  | 4   | MARSH CENTER IRRIGATION CO | A29-00430 / 1.0  | - /             |                 |                |                  |
|     |     |     | SW  | SW  | 7   | BASTIAN, LYNN S            | A29-04302 / 2.0  | 29-04302 / 2.0  |                 |                |                  |
|     |     |     | SW  | SW  | 6   | MANNING, LEON WALLACE      |                  | 29-04054 / 4.0  |                 |                |                  |
| 11S | 37E | 6   | NE  | NW  |     | HART, JOHN WILLIAM         | A29-04109 / 18.0 | 29-04109 / 18.0 |                 |                |                  |
|     |     |     | NE  | NW  |     | HART, JOHN WILLIAM         | A29-04110 / 26.0 | 29-04110 / 26.0 |                 |                |                  |
|     |     |     | NE  | NW  |     | HART, JENNIE               | A29-04111 / 27.0 | 29-04111 / 27.0 |                 |                |                  |
| 11S | 37E | 6   | NW  | NW  |     | HART, JOHN WILLIAM         | A29-04109 / 2.0  | 29-04109 / 2.0  |                 |                |                  |

ADDITIONAL POU FOUND

|             |           |       |       |
|-------------|-----------|-------|-------|
| TOTAL ACRES | A29-04109 | 40.00 | 40.00 |
|-------------|-----------|-------|-------|

POU COUNTY: BANNOCK

C. IS WATER USAGE FOUND IN TRACTS OTHER THAN THOSE CLAIMED?

Y( ) N( )

\* IF YES, ARE THESE TRACTS LISTED ABOVE ( ), OR ARE THEY LISTED ON AN ATTACHED SHEET ( )

LIST OF ALL RIGHTS WITH A SAME POU AND IRRIGATION USAGE

| CLAIM NO. | SOURCE                    | NAME                       | DIV. RATE | DIV. RATE/ACRE | DIV. VOL. | DIV. VOL./ACRE |
|-----------|---------------------------|----------------------------|-----------|----------------|-----------|----------------|
| A29-04109 | PECK CREEK                | HART, JOHN WILLIAM         | 0.800     | 0.020          |           |                |
| A29-00430 | HAWKINS CREEK             | MARSH CENTER IRRIGATION CO | 40.000    | 0.012          |           |                |
|           | HAWKINS CREEK, SOUTH FORK |                            |           |                |           |                |
| A29-04110 | SPRINGS                   | HART, JOHN WILLIAM         | 0.940     | 0.036          |           |                |
| A29-04111 | SPRING                    | HART, JENNIE               | 2.800     | 0.016          |           |                |
| A29-04302 | MARSH CREEK               | BASTIAN, LYNN S            | 6.720     | 0.018          |           |                |
| A29-10663 | SPRINGS                   | MARSH CENTER IRRIGATION CO | 0.330     |                |           |                |
|           | SPRINGS                   |                            |           |                |           |                |
|           | SPRINGS                   |                            |           |                |           |                |
| A29-10664 | SPRINGS                   | MARSH CENTER IRRIGATION CO | 0.330     |                |           |                |
|           | SPRINGS                   |                            |           |                |           |                |
|           | SPRING                    |                            |           |                |           |                |
| A29-10665 | MASON SPRING              | MARSH CENTER IRRIGATION CO | 0.330     |                |           |                |
| A29-12058 | COLE SPRING               | MARSH CENTER IRRIGATION CO | 6.680     | 0.002          |           |                |
|           | HEWITT SPRING             |                            |           |                |           |                |
|           | SHEEP CREEK               |                            |           |                |           |                |

LIST ALL RIGHTS WITH SAME POU BUT NOT USED FOR IRRIGATION.

| CLAIM NO. | PURPOSES   | NAME            | MONTH/DAY           | RATE      | VOLUME |
|-----------|------------|-----------------|---------------------|-----------|--------|
| A29-11885 | DOMESTIC   | CROWDER, GARY   | FROM 01-01 TO 12-31 | 0.040 CFS |        |
| A29-11885 | STOCKWATER | CROWDER, GARY   | FROM 01-01 TO 12-31 | 0.020 CFS |        |
| 29-11885  | DOMESTIC   | CROWDER, ESTHER | FROM 01-01 TO 12-31 | 0.040 CFS |        |
| 29-11885  | STOCKWATER | CROWDER, ESTHER | FROM 01-01 TO 12-31 | 0.020 CFS |        |

D. ARE OTHER WATER RIGHTS USED FOR THE SAME PURPOSE?

Y( ) N( )

\* IF YES, COMPLETE OVERLAP REVIEW:

OTHER RIGHTS LISTED IN CLAIM: NONE

E. IS THE CLAIMED POU THE SAME AS DESCRIBED IN THE WATER RIGHT FILE?

N/A( ) Y( ) N( )

\* IF NO, AND IF THE CHANGE IS VERIFIED AS AN ACCOMPLISHED CHANGE IN POU, DESCRIBE THE INJURY ANALYSIS PERFORMED AND ENTER FLAG "C" WITH THE APPROPRIATE EXPLANATORY CODE.

F. CAN THE CLAIMED POU BE VERIFIED USING THE WATER RIGHT FILE AND AVAILABLE AERIAL PHOTOS?

N/A( ) Y( ) N( )

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 29-4109  
Date Received: 4/26/1990  
Receipt No: E013753  
Received By: EMC

NOTICE OF AMENDED CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JENNIE HART Phone: (208)897-5743  
2435 E HAWKINS  
DOWNEY ID USA 83234

JOHN WILLIAM HART Phone: (208)897-5743  
2435 E HAWKINS  
DOWNEY ID USA 83234

2. Date of Priority: 06/30/1970

3. Source: PECK CREEK Trib. to: MARSH CREEK

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 Lot | County  | Type |
|----------|-------|---------|-----------------------|---------|------|
| 11S      | 37E   | 6       | NE NW                 | BANNOCK |      |

5. Description of diverting works:

PUMP TO DITCH

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) A.F.A |
|------------|-------|-------|--------|------------|
| IRRIGATION | 04/01 | 11/01 | 0.94   |            |

7. Total Quantity Appropriated is:  
0.94 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

| Township | Range | Section | 1/4 of 1/4 Lot | Use | Acres |
|----------|-------|---------|----------------|-----|-------|
|----------|-------|---------|----------------|-----|-------|

|     |     |    |    |    |   |               |      |
|-----|-----|----|----|----|---|---------------|------|
| 10S | 37E | 31 | SW | SW | 7 | IRRIGATION    | 6.9  |
|     |     |    | SW | SW | 8 | IRRIGATION    | 22   |
|     |     |    |    |    |   | Section Acres | 28.9 |
| 11S | 37E | 6  | NE | NW | 3 | IRRIGATION    | 18   |
|     |     |    |    |    |   | Section Acres | 18   |
|     |     |    |    |    |   | Total Acres   | 46.9 |

11. Place of use in counties: BANNOCK

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

13. Other Water Rights Used: 29-4111

14. Remarks:

15. Basis of Claim: Statutory Claim

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: \_\_\_\_\_

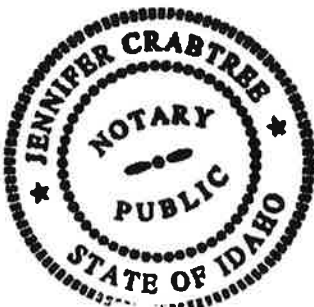
For Individuals:

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

Signature of Claimant(s): John Hart Date: 8-12-03  
 \_\_\_\_\_ Date: \_\_\_\_\_

State of Idaho )  
 County of Bonneville ) SS.

Subscribed and sworn (or affirmed) before me this 12 of August 2003



Jennifer Crabtree

Notary Public

Residing at Idaho Falls, ID

My commission Expires 9/23/09

09/08/2003

IDAHO DEPARTMENT OF WATER RESOURCES  
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 29-4109

NAME AND ADDRESS: MARILYN MIKKELSON  
2433 E HAWKINS  
DOWNEY ID 83234

JOHN WILLIAM HART  
2435 E HAWKINS  
DOWNEY ID 83234

SOURCE: PECK CREEK

TRIBUTARY: MARSH CREEK

QUANTITY: 0.700 CFS

USE OF THIS RIGHT WITH RIGHTS LISTED BELOW IS LIMITED TO A TOTAL  
COMBINED DIVERSION RATE OF 1.2 CFS. COMBINED RIGHT NOS.:  
29-04109, 29-04111

PRIORITY DATE: 06/30/1970

POINT OF  
DIVERSION: T11S R37E S6 NENW Lot 3 Within BANNOCK County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|-----------------------|----------------------|-----------------|
| IRRIGATION            | 04/01 10/31          | 0.700 CFS       |

PLACE OF USE: IRRIGATION Within BANNOCK County

|                          |      |                          |      |
|--------------------------|------|--------------------------|------|
| T10S R37E S31 Lot 8 SWSW | 17.0 | T11S R37E S06 Lot 3 NENW | 18.0 |
|--------------------------|------|--------------------------|------|

35 ACRES TOTAL

USE OF THIS RIGHT WITH THE RIGHTS LISTED BELOW IS LIMITED TO THE  
IRRIGATION OF A COMBINED TOTAL OF 35 ACRES IN A SINGLE IRRIGATION  
SEASON. COMBINED RIGHT NOS.: 29-04109, 29-04111

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: BASIS OF CLAIM - Beneficial Use

IDAHO DEPARTMENT OF WATER RESOURCES 10/15/2001  
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

NAME AND ADDRESS: JENNIE HART  
2435 E HAWKINS  
DOWNEY ID 83234  
  
JOHN WILLIAM HART  
2435 E HAWKINS  
DOWNEY ID 83234

SOURCE: PECK CREEK TRIBUTARY: MARSH CREEK  
QUANTITY: 0.70 CFS

USE OF THIS RIGHT WITH RIGHTS LISTED BELOW IS LIMITED TO A TOTAL  
COMBINED DIVERSION RATE OF 1.2 CFS. COMBINED RIGHT NOS.: 29-04109,  
29-04111

PRIORITY DATE: 06/30/1970

POINT OF DIVERSION:

T11S R37E S6 NENW Lot 3 Within BANNOCK County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|-----------------------|----------------------|-----------------|
| IRRIGATION            | 04/01 10/31          | 0.700 CFS       |

PLACE OF USE:

IRRIGATION Within BANNOCK County

T10S R37E S31 Lot 8 SWSW 17.0 T11S R37E S06 Lot 3 NENW 18.0

35 ACRES TOTAL

USE OF THIS RIGHT WITH THE RIGHTS LISTED BELOW IS LIMITED TO THE  
IRRIGATION OF A COMBINED TOTAL OF 35 ACRES IN A SINGLE IRRIGATION  
SEASON. COMBINED RIGHT NOS.: 29-04109, 29-04111

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: Beneficial Use

JUN 04 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: A29-04109  
Date Received: 4/26/1990  
Receipt No: E013753  
Received By: DC

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: JENNIE HART 208-897-5743  
Address: 2435 E. HAWKINS  
DOWNEY, ID 83234  
OR  
Name: JOHN WILLIAM HART 208-897-5743  
Address: 2435 E. HAWKINS  
DOWNEY, ID 83234

A2904109

2. Date of Priority: JUN 30, 1970

3. Source: PECK CREEK Trib. to: MARSH CREEK

4. Point of Diversion:

|          |       |         |        |        |     |     |         |
|----------|-------|---------|--------|--------|-----|-----|---------|
| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County  |
| 11S      | 37E   | 6       | NE     | NW     |     |     | BANNOCK |

5. Description of diverting works:  
PUMP TO DITCH

6. Water is used for the following purposes:

|            |       |       |        |      |        |
|------------|-------|-------|--------|------|--------|
| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
| IRRIGATION | 04/01 | 11/01 | 0.800  |      |        |

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

8. Total consumptive use is 100.0 Acre Feet Per Annum.

9. Non-irrigation uses:  
NONE

7.5 hp

10. Place of Use:

| Township | Range | Section | 1/4 of | 1/4 | Lot | Use           | Acres |
|----------|-------|---------|--------|-----|-----|---------------|-------|
| 10S      | 37E   | 31      | SW     | SW  |     | IRR           | 20.0  |
|          |       |         |        |     |     | Section Acres | 20.0  |
| 11S      | 37E   | 6       | NE     | NW  |     | IRR           | 18.0  |
|          |       |         | NW     | NW  |     | IRR           | 2.0   |
|          |       |         |        |     |     | Section Acres | 20.0  |
|          |       |         |        |     |     | Total Acres   | 40.0  |

11. Place of use in counties: BANNOCK

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: STATUTORY CLAIM

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): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

890<sup>00</sup>IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 129-04109Date Received 4-26-90Receipt Number EO13753NOTICE OF CLAIM  
TO A  
WATER RIGHT  
ACQUIRED UNDER STATE LAW*original  
claim sent  
to SRBA court  
9/11/03*

Please type or print clearly

1. Name of Claimant (s) John William Hart & or Jennie Hart Phone (208) 897-5743  
Mailing Address 2435 E. Hawkins Downer, Ida Zip 83234
2. Date of Priority (Only one (1) per claim) June 30, 1970
3. Source of water supply (a) Peck Creek  
which is tributary to (b) Marsh Creek
4. a. Location of existing point of diversion is: Township 115 Range 37E Section 6,  
NE 1/4 of NW 1/4 of \_\_\_\_\_ 1/4, Govt. Lot, \_\_\_\_\_ B.M., County of Bannock  
Additional points of diversion if any: \_\_\_\_\_
- b. If instream flow, beginning point of claimed instream flow is:  
Township 115 Range 37E Section 6, NE 1/4 of NW 1/4 of \_\_\_\_\_ 1/4,  
Govt. Lot \_\_\_\_\_ B.M., County of Bannock  
ending point is: Township 10 Range 37E Section 31, SW 1/4 of SW 1/4 of  
\_\_\_\_\_ 1/4, Govt. Lot \_\_\_\_\_ B.M., County of Bannock
5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),  
including the dates of any changes or enlargements in use, the dimensions of the diversion works as  
constructed and as enlarged and the depth of each well. 7 1/2 pump 6" main 3800'  
long and 1/2 mile open ditch

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6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from April 1 to Nov 1 amount 0.80 or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

7. Total quantity claimed (a) 0.80 (cfs) and/or (b) \_\_\_\_\_ (acre feet)

8. Total consumptive use claimed is \_\_\_\_\_ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) \_\_\_\_\_

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

| TWP  | RNG  | SEC | NE 1/4 |       |       |       | NW 1/4 |       |       |       | SW 1/4 |       |       |       | SE 1/4 |       |       |       | Totals |
|------|------|-----|--------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|-------|--------|
|      |      |     | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 | NE1/4  | NW1/4 | SW1/4 | SE1/4 |        |
| 11 S | 37 E | 6   |        |       |       |       | 18     | 2     |       |       |        |       |       |       |        |       |       |       |        |
| 10 S | 37 E | 31  |        |       |       |       |        |       |       |       |        |       | 20    |       |        |       |       |       |        |
|      |      |     |        |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |        |
|      |      |     |        |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |        |
|      |      |     |        |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |        |
|      |      |     |        |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |        |
|      |      |     |        |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |        |
|      |      |     |        |       |       |       |        |       |       |       |        |       |       |       |        |       |       |       |        |

Total number of acres irrigated 40

11. In which county (ies) are lands listed above as place of use located? Bannock

12. Do you own the property listed above as place of use? Yes ☒ No ☐  
If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.  
\_\_\_\_\_ or None (X)

14. Remarks:

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NOV 13 1992

Last Name \_\_\_\_\_ Ident No. \_\_\_\_\_

Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile

R 37 E



NOV 13 1992

Last Name

HART

Ident No.

29-4109

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use \_\_\_\_\_ Posted Notice \_\_\_\_\_ License X Permit 3  
Decree \_\_\_\_\_  
If applicable provide IDWR Water Right Number 29-4109  
Court \_\_\_\_\_ Case Number \_\_\_\_\_ Decree Date \_\_\_\_\_  
Plaintiff vs Defendant \_\_\_\_\_

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments \_\_\_\_\_

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) \_\_\_\_\_

Date 4-26-90

Date \_\_\_\_\_

For Organizations: I do solemnly swear or affirm that I am \_\_\_\_\_

Title \_\_\_\_\_

of \_\_\_\_\_, that I have signed the foregoing

Organization

document in the space below as \_\_\_\_\_

Title

of \_\_\_\_\_

Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_

Title and Organization \_\_\_\_\_

Date \_\_\_\_\_

State of Idaho/or \_\_\_\_\_ )  
County of Bonneville ) SS.

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_

26

day of April

19 90

SEAL

Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

22 Aug 1994

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, \_\_\_\_\_ will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Ident. Number \_\_\_\_\_

**MICROFILMED**  
**NOV 13 1992**

Copies White-State, Yellow-Claimant