

12/16/2002

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

RIGHT NUMBER: 29-11776  
NAME AND ADDRESS: CLYDE W STEED  
PO BOX 61  
INKOM ID 83245  
  
RUBY S STEED  
PO BOX 61  
INKOM ID 83245

SOURCE: RAPID CREEK TRIBUTARY: PORTNEUF RIVER

QUANTITY: 0.080 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT FOR STOCKWATER USE SHALL NOT  
EXCEED 13,000 GALLONS PER DAY.

PRIORITY DATE: 04/01/1932

POINT OF DIVERSION:

T07S R36E S22 SWSNW Within BANNOCK County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|-----------------------|----------------------|-----------------|
| STOCKWATER            | 01/01 12/31          | 0.010 CFS       |
| IRRIGATION            | 04/01 10/31          | 0.070 CFS       |

Stockwater use is for 6 head of range cattle.

PLACE OF USE: STOCKWATER Within BANNOCK County

T07S R36E S22 SWNW T07S R36E S22 NWSW

IRRIGATION Within BANNOCK County

T07S R36E S22 SWNW 0.4 T07S R36E S22 NWSW 2.5

2.9 ACRES TOTAL

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

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT FOR STOCKWATER USE IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: Beneficial Use

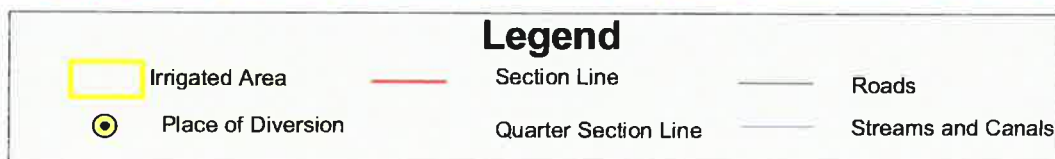
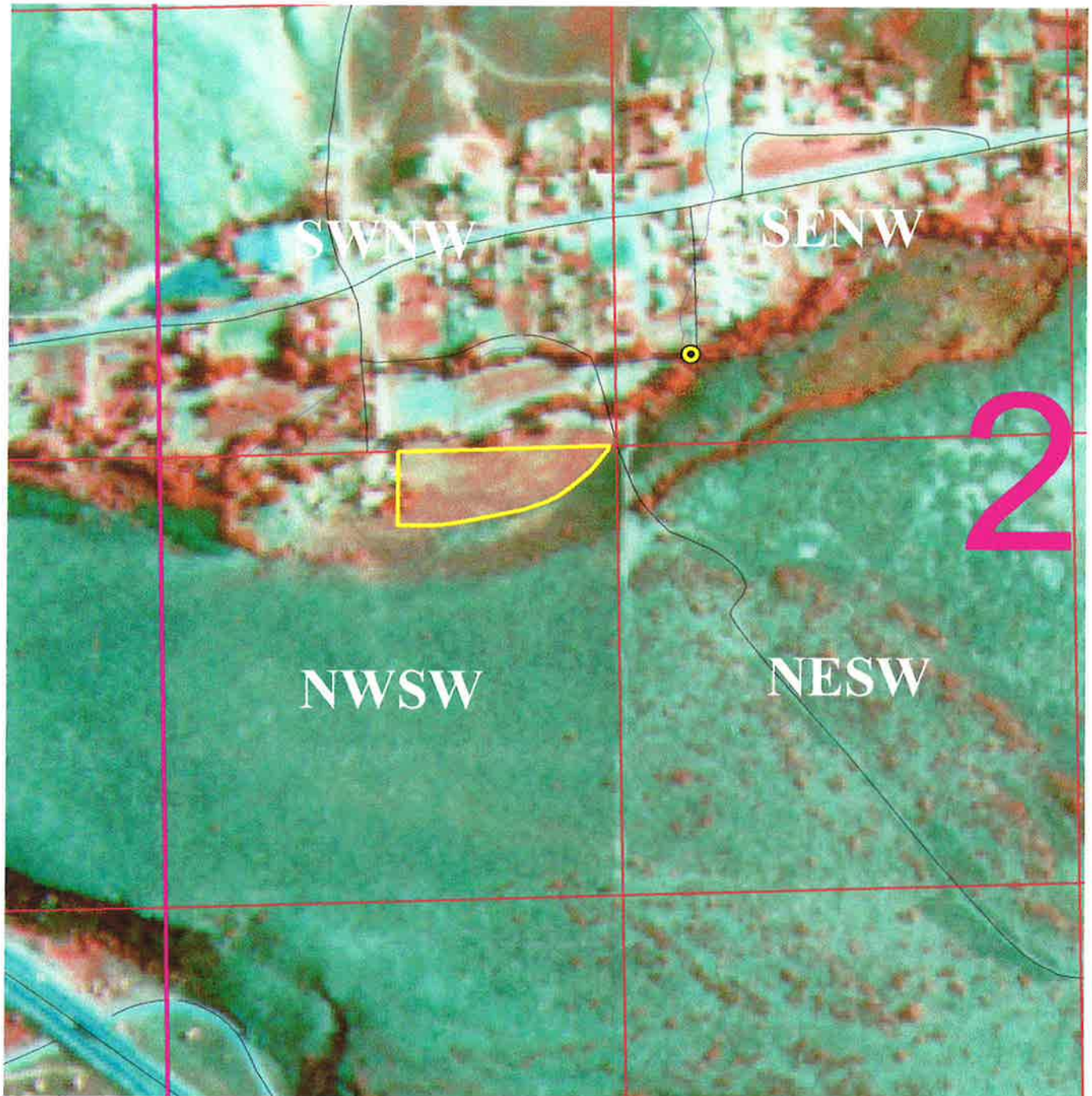


| Legend                                                                                                 |                                                                                                          |                                                                                                         |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
|  Irrigated Area     |  Section Line         |  Roads              |
|  Place of Diversion |  Quarter Section Line |  Streams and Canals |



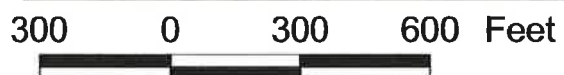
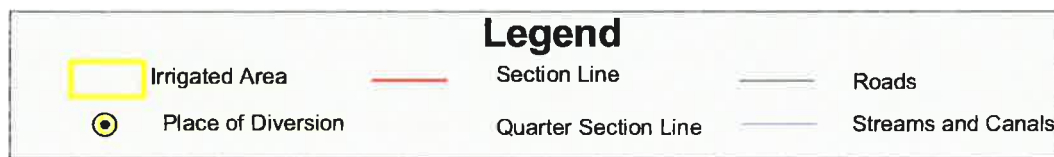
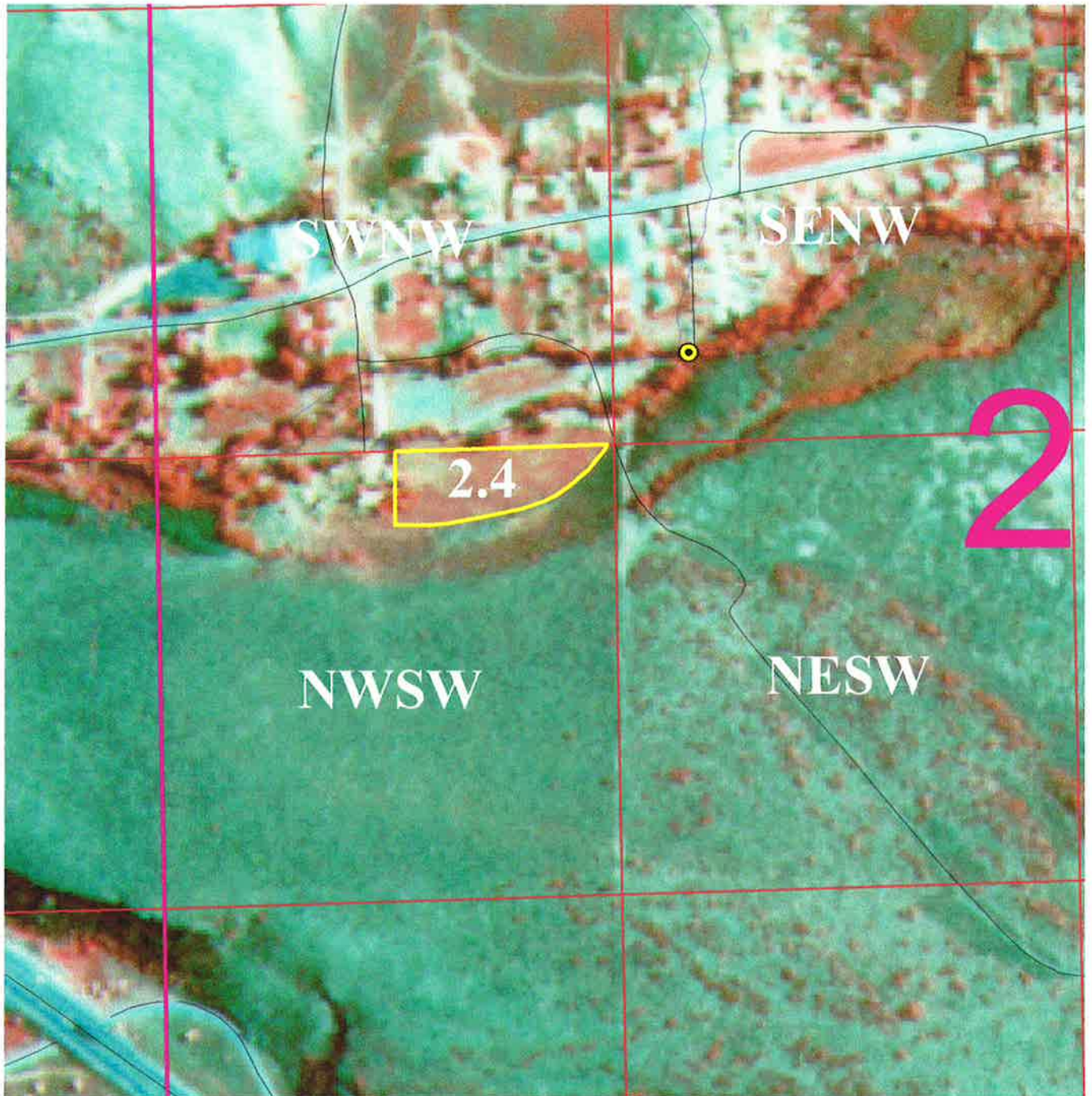
Water Right Claim Number A29-11776  
Township , 7S36E

09/13/2000



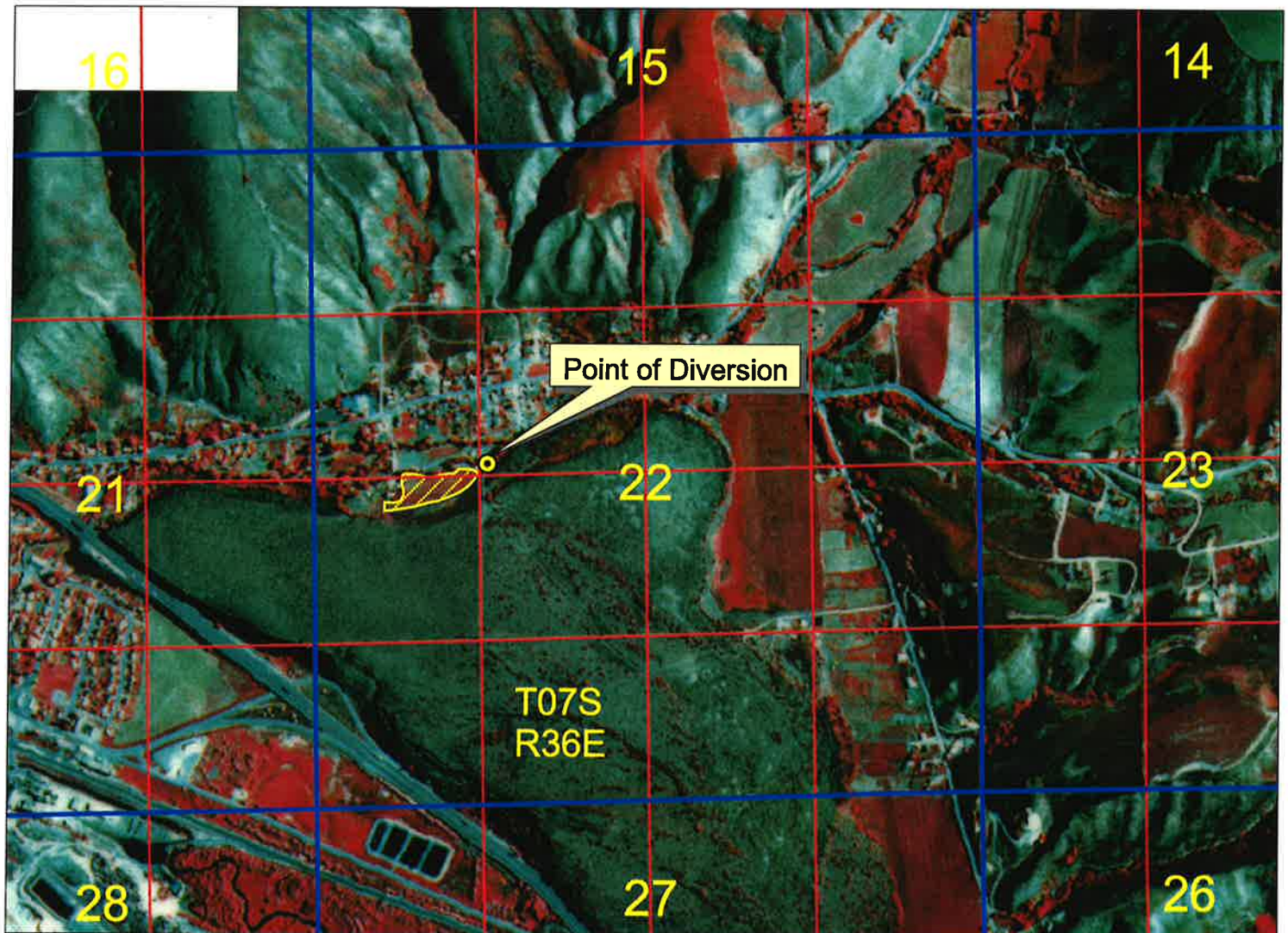
Water Right Claim Number A29-11776  
Township , 7S36E

09/13/2000

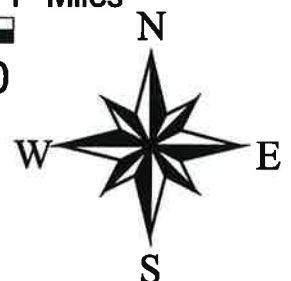




State of Idaho  
Department of Water Resources  
Eastern Region  
Water Right 29-11776



1:16000



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

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



State of Idaho

**DEPARTMENT OF WATER RESOURCES**

Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190

FAX (208) 334-2348

DIRK KEMPTHORNE  
Governor

KARL J. DREHER  
Director

March 27, 2003

RUBY S STEED  
CLYDE S STEED  
PO BOX 61  
INKOM ID 83245

RE: Notice of Error Reply for 29-011776

Dear Mr. and Ms. Steed,

The Idaho Dept. of Water Resources received the Notice of Error Reply (NOE) you sent on March 17, 2003 (enclosed).

It looks like the intent of the NOE was to agree with the recommendation but that Melvin Steed should be added to the water right.

If this is the case, probably the easiest way to take care of this is to amend the original claim with Melvin's name added to the claim. Thus, for your convenience I have enclosed an amended claim. Look over the claim and initial any changes you wish to make. When satisfied, the water right or property owner needs to sign the deed in front of a notary and return it to the Idaho Falls office located at:

IDWR  
900 N Skyline Dr, Suite A  
Idaho Falls ID 83402-1718

Please feel free to contact myself or the Idaho Falls office (208) 525-7161 with any questions.

Respectfully submitted,

Craig L. Saxton  
Sr. Water Resource Agent  
Adjudication Bureau

RECEIVED  
MAR 31 2003  
Department of Water Resources  
Eastern Region

02/18/2003

*Craig*

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: 29-11776

CLYDE W STEED *Melvin Steed*  
PO BOX 61  
INKOM ID 83245  
Telephone Number: (208)775-3395

RUBY S STEED  
PO BOX 61  
INKOM ID 83245  
Telephone Number: (208)775-3395

RECEIVED  
MAR 10 2003  
RECEIVED  
MAR 17 2003  
WATER RESOURCES  
WESTERN REGION

1. Describe the portion of the proposed recommendation (priority date, period of use, source):

2. Describe the changes you wish to make in the

3. Give a brief explanation as to why you disagree

*waiting for  
amended deed  
or  
death certificate  
3/31/03*

☒ I AGREE with this proposed recommendation: no change

DATE: 3-1-03

SIGNATURE:

*Melvin W Steed*

Please print your name:

MELVIN D STEED

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



# IDAHO DEPARTMENT OF WATER RESOURCES

## SNAKE RIVER BASIN ADJUDICATION - BASIN 29

RIGHT ID     
POD ID   
Quad   
Claim Type   
Easting   
Northing   
GPSID

### Diversion Description

Headgate no longer present. House abandoned. Scattered concrete chunks around channel.

### Assumptions

Same POD as POD ID 207167.

Invoice #

Phase-0 (No Attention)  
Phase-I (Ready to Go to Field)  
Phase-II (Site Visit - Data Missin)  
Phase-III (Complete w/issues)  
Phase-IV (Total Complete)

Linked  
Photos

EPE (ft)

Date (M/D/Y)

Time

Flow Rate (CFS)

0

### Open Channel Flow

☐ Complete one box from both Area and Calculation sections

#### Cross Sectional Area

##### ☐ Circular Channel

- ☐ Less than half full  
☐ Half full  
☐ More than half full  
☐ Full

Diameter

Depth

##### ☐ Rectangular Channel

Width

Depth

### Flow Calculation

☐ Continuity

Velocity

0

##### ☐ Orifice

(Use only for head over a pipe flowing full with free discharge)

Depth of Water  
above orifice  
centerline

##### ☐ Weir

(Use only for water flowing freely over weir)

Height of water  
above nappe

Width of weir

##### ☐ Manning

(If used, include photo of representative channel section)

Channel Slope

Channel  
Description

|                           |      |
|---------------------------|------|
| Concrete lined            | .016 |
| Smooth earth              | .025 |
| Earth                     | .033 |
| Rough bed, weeds on sides | .04  |
| Smooth natural stream     | .033 |
| Rough natural stream      | .1   |

### Pumped System

☐

HP

Pressure Head (psi)

Elevation Head (ft)

Motor Mfg

Motor Serial #

Pump Type

Pump Mfg

Pump Serial#

### New Contact Information

☐

New Contact Comments

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RECEIVED

JAN 23 2003



Department of Water Resources  
Eastern Region

April 2, 2003

COPY

KENNETH STEED  
PO BOX 61  
INKOM ID 83245

RE: Notice of Change in Water Right Ownership for 29-11776

Dear Mr. Steed,

We spoke on the phone about changing the ownership for water right 29-11776. I originally sent an amended claim to have Ruby sign in order to add Melvin Steed as an owner. You brought it to my attention that Clyde and most recently Ruby have passed away. I am sorry for your loss.

In order to remove Clyde and Ruby's names from the water right and add Melvin's name we need to file a change of ownership.

For your convenience I am enclosing a change of ownership form. Note that you can skip section 6 because we are not splitting the water right. You will need to enclose a copy of the deed that shows conveyance of the property from Ruby and/or Clyde to Melvin.

Submit the information to the Idaho Falls office of IDWR at:

IDWR  
900 N Skyline Dr, Suite A  
Idaho Falls ID 83402-1718

Please feel free to contact myself or the Idaho Falls office (208) 525-7161 with any questions.

Respectfully submitted,

Craig L. Saxton  
Sr. Water Resource Agent  
Adjudication Bureau

Parcel 1      R 4015015300

The Northwest Quarter of the Southwest  
Quarter of Section Twenty two (22) in  
Township Seven (7) South of Range  
Thirty six (36) East of the Boise Meridian  
in Idaho Containing forty (40) acres  
according to the Official Plat of the  
survey of the said lands returned to the  
General Land Office by the surveyor General.

Parcel 2      R 4015014500

Beginning at the SE corner of the NE $\frac{1}{4}$  SE $\frac{1}{4}$  of Section 21, T. 7 S.,  
R. 36 E.B.M., thence northerly along the East line of said NE $\frac{1}{4}$  SE $\frac{1}{4}$ ,  
1070 feet more or less to the rim of a well defined Lava Bluff,  
said point being approximately 250 feet Southerly from the NE  
corner of said NE $\frac{1}{4}$  SE $\frac{1}{4}$ , thence following the rim of said Bluff in  
a Westerly direction to its intersection with the West line of  
said NE $\frac{1}{4}$  SE $\frac{1}{4}$  at a point that is approximately 250 feet Southerly  
from the NW corner of said NE $\frac{1}{4}$  SE $\frac{1}{4}$ , thence Southerly along the  
West line of said NE $\frac{1}{4}$  SE $\frac{1}{4}$ , 433 feet more or less to intersect the  
Northeasterly right of way line of Interstate Highway, 15, thence  
Southeasterly along said right-of-way line, 1030 feet more or less  
to intersect the South line of said NE $\frac{1}{4}$  SE $\frac{1}{4}$ , thence Easterly along  
said South line, 510 feet more or less to the point of beginning.

The above described tract contains 29.42 acres more or less.

2-1  
97017998  
WARRANTY DEED

FOR VALUE RECEIVED

RUBY S STEED  
PO Box 81  
Inkom, Id 83245

Recorded at request of: Ruby S. Steed  
Date: 10-28-97 at 11:13  
Official Record Book 698  
Bannock County Recorder  
For 6.00 Deputy JD

The Grantor, do hereby grant, bargain, sell and convey unto  
Melvin D Steed

The Grantee, whose address is

the following described premises, to-wit:

Box 61 Inkom, ID 83245

SEE ATTACHED LEGAL DESCRIPTIONS

SUBJECT TO THE LIFE ESTATE OF RUBY S STEED

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, heirs and assigns forever. And the said Grantor do hereby covenant and with the said Grantee, that he the owner in fee simple of said premises; that said premises are free from all encumbrances

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

Dated: 7/20/97

x Ruby S Steed

STATE OF IDAHO, COUNTY OF Bannock

On this 20th day of July, 19 97, before me, a notary public in and for said State, personally appeared

RUBY S STEED

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

Jody H. H.  
Notary Public

Residing at Room 10110, Idaho  
Comm. Expires 1/20/2001

STATE OF IDAHO, COUNTY OF

I hereby certify that this instrument was filed for record at the request of

at \_\_\_\_\_ minutes past \_\_\_\_\_ o'clock in.,  
this \_\_\_\_\_ day of \_\_\_\_\_,  
19 \_\_\_\_\_, in my office, and duly recorded in Book  
of Deeds at page \_\_\_\_\_

Ex-Officio Recorder

By \_\_\_\_\_ Deputy.

Fees \$  
Mail to:

done JC 4-8-03

**STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP**

**RECEIVED****APR 08 2003**Department of Water Resources  
Eastern Region

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

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 (under the "split" heading), 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 |
|-----------------------|------------------------------|-------|-----------------------|------------------------------|-------|
|                       | 29-11776                     |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. *N/A No Fee*
- 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) is 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)

Ruby S. Steed  
Box 61 INKOM, ID 83245

4. New Owner/Claimant(s)

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

MELVIN Steed

City, State and ZIP Code

Box 61 INKOM, ID 83245

New Telephone Number

(208) 775 3395

5. Date you acquired the property

02-05-03

# CERTIFICATE OF VITAL RECORD

## STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

### CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. 6-082

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN<br><br>FOR INSTRUCTIONS SEE HANDBOOKS<br><br>PARENTS<br><br>INFORMANT<br><br>DISPOSITION<br><br>PLACE OF DEATH<br><br>DATE OF DEATH<br><br>CAUSE OF DEATH<br><br>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)                                                                                                                                                                                                                                                                                    | DECEDENT                                                                                                          | * 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)<br><u>Ruby Susan King Steed</u> |                                                      | 2. SEX<br><u>Female</u> | 3. SOCIAL SECURITY NUMBER<br><u>519-58-4010</u>                                                |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4a. AGE-Last Birthday <u>84</u> (Years) <u>00</u> (Months) <u>00</u> (Days) <u>00</u> (Hours) <u>00</u> (Minutes) |                                                                                                                 | 5. DATE OF BIRTH (Mo/Day/Yr)<br><u>April 1, 1918</u> |                         | 6. BIRTHPLACE (City and State, Territory, or Foreign Country)<br><u>Layton, Utah</u>           |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY<br><u>Idaho</u>                                                          |                                                                                                                 | 7b. COUNTY<br><u>Bannock</u>                         |                         | 7c. CITY OR TOWN<br><u>Inkom</u>                                                               |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7d. STREET AND NUMBER<br><u>2500 N. Steed Rd.</u>                                                                 |                                                                                                                 | 7e. APT. NO.<br>7f. ZIP CODE<br><u>83245</u>         |                         | 7g. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                 |  |
| 8. MARITAL STATUS AT TIME OF DEATH<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                | 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)                                                                                          |  |
| 10. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                | 11a. FATHER'S NAME (First, Middle, Last, Suffix)<br><u>Frank Claud King</u>                                                                     |  |
| 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><u>Lillie V. Whitaker</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                | 11b. BIRTHPLACE (State, Territory, or Foreign Country)<br><u>Utah</u>                                                                           |  |
| 13a. INFORMANT'S NAME (Type or print)<br><u>Kenneth Steed</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                | 13b. RELATIONSHIP TO DECEDENT<br><u>Son</u>                                                                                                     |  |
| 14. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><u>Inkom Cemetery</u><br><u>Rapid Creek Rd. Inkom, Idaho</u> |  |
| 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><u>Colonial Funeral Home</u><br><u>2005 S. 4th</u><br><u>Pocatello, Idaho 83201</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><u>[Signature]</u>                                                       |  |
| 17b. LICENSE NUMBER (Of licensee)<br><u>M-903</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                | 18. WAS CORONER CONTACTED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                               |  |
| PLACE OF DEATH (19-22)<br>* 19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)                                                                                                                                                                                              |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| * 20. FACILITY NAME (If not facility, give street and number)<br><u>Hillcrest Haven</u><br><u>1071 Renee Avenue</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| * 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE<br><u>Pocatello</u> <u>83201</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| * 22. COUNTY OF DEATH<br><u>Bannock</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| * 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><u>February 5, 2003</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 24. TIME OF DEATH (24hr)<br><u>13:30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><u>February 5, 2003</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 26. TIME PRONOUNCED DEAD (24hr)<br><u>13:30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:<br>IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Multiple myeloma</u><br>DUE TO (or as a consequence of):<br>a. <u>Months</u><br>b. DUE TO (or as a consequence of):<br>c. DUE TO (or as a consequence of):<br>d. DUE TO (or as a consequence of): |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:<br>29. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 30. IF FEMALE (Aged 10-54):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 31. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 32. DATE OF INJURY (Mo/Day/Yr) (Spell month)<br>33. TIME OF INJURY (24hr)<br>34. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, forest, etc.)<br>35. INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____<br>Street and Number or Location _____ Apartment Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| TRANSPORTATION 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?<br><input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown                                                                                                      |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 39a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner 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 stated.                                                                                                                |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| Signature and Title of Certifier: <u>Mark P Benson MD</u><br>39b. LICENSE NUMBER<br><u>M 3650</u><br>39c. DATE SIGNED<br><u>02/06/2003</u><br>MM DD YYYY                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 40b. DATE SIGNED<br>MM DD YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 41a. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |
| 41b. DATE SIGNED<br><u>Feb 7, 2003</u><br>MM DD YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                                                 |                                                      |                         |                                                                                                |                                                                                                                                                 |  |

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

DATE ISSUED: Feb. 7, 2003

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

JANE S. SMITH  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

|        |                      |          |
|--------|----------------------|----------|
| 13-762 | 500 SHEETS, FILLER   | 5 SQUARE |
| 12-331 | 50 SHEETS EYE-EASE®  | 5 SQUARE |
| 12-332 | 100 SHEETS EYE-EASE® | 5 SQUARE |
| 12-333 | 200 SHEETS EYE-EASE® | 5 SQUARE |
| 12-332 | 100 RECYCLED WHITE   | 5 SQUARE |
| 12-399 | 200 RECYCLED WHITE   | 5 SQUARE |

Made in U.S.A.



|         |     |
|---------|-----|
| 113-762 | 5   |
| 112-381 | 50  |
| 112-382 | 100 |
| 112-389 | 200 |
| 112-392 | 100 |
| 112-399 | 200 |

Made in U.S.A.



70 yrs  
1932

## IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 29-11776

WATER RIGHT NUMBER: 29-11776

Owner Type Name and Address

Current Owner CLYDE W STEED ✓  
 RUBY S STEED ✓  
 PO BOX 61  
 INKOM, ID 83245  
 (208)775-3395

Priority Date: ~~06/01/1911~~ 4/1/1992

Basis: Beneficial Use ✓

Status: Active ✓

Source

RAPID CREEK ✓

Tributary

PORTNEUF RIVER ✓

Beneficial Use

STOCKWATER

From To

1/01 to 12/31

Diversion Rate

0.020 CFS ✓

Annual Volume

IRRIGATION

~~3/15 to 11/15~~

4/1 10/31

0.070 CFS

0.06 0.07

Total Diversion:

0.090 CFS

0.08

0.03 CFS/AC ALLOWS FOR CLAIMED AMOUNT

Location of Point(s) of Diversion

RAPID CREEK ✓

SE1/4NW1/4

Sec. 22, Twp 07S, Rge 36E, B.M.

BANNOCK County

Place of Use

STOCKWATER

| Twp | Rge | Sec | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 07S | 36E | 22  |    |    |    |    |    |    | X  |    |    | X  |    |    |    |    |    |    |        |

IRRIGATION

| Twp | Rge | Sec | NE |    |    |    | NW |    |     |    | SW |    |     |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|-----|----|----|----|-----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW  | SE | NE | NW | SW  | SE | NE | NW | SW | SE |        |
| 07S | 36E | 22  |    |    |    |    |    |    | 0.4 |    |    |    | 3.5 |    |    |    |    |    | 3.5    |
|     |     |     |    |    |    |    |    |    | 2.5 |    |    |    |     |    |    |    |    |    | 2.9    |

Total Acres: 3.52.9

Conditions of Approval:Remarks:

- General STOCK DRINK FROM DITCHES & FROM RAPID CREEK.

Comments:

X02 stock 6

Dates and Other Information:

Claim Received Date: 4/27/1990

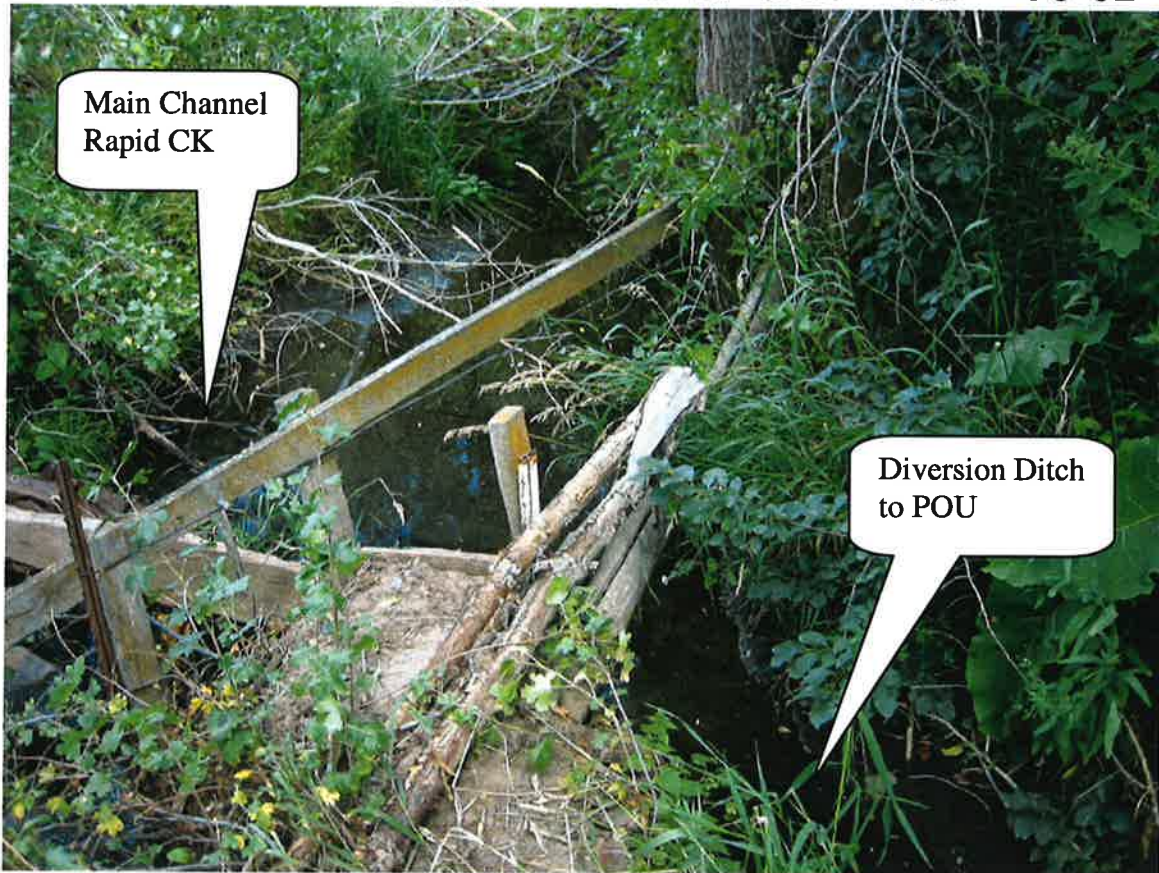
State or Federal: S

Owner Name Connector: OR

**29-11776**

**POD**

**FIELD EXAM: 7-30-02**



Main Channel  
Rapid CK

Diversion Ditch  
to POU

Looking East at Point of Diversion. Diversion Ditch leads to POU to the west (csaxton 8/7/02).

**29-11776**

**System**

**FIELD EXAM: 7-30-02**



Looking West at diversion Ditch that severs the claimed POU (csaxton 8/7/02).

**29-11776**

**POU**

**FIELD EXAM: 7-30-02**



Looking West at claimed POU. Claimants home in the background (csaxton 8/7/02).

**29-11776**

**POU**

**FIELD EXAM: 7-30-02**



Looking east at claimed POU. Flood irrigation Ditch runs through the center of the claimed POU (csaxton 8/7/02).

IN THE MATTER OF )  
NOTICE OF CLAIM TO )  
A WATER RIGHT NO.(S) )

AFFIDAVIT

7/30/02 )  
\_\_\_\_\_)  
\_\_\_\_\_)  
State of Idaho )  
County of \_\_\_\_\_)

I Ruby S. Steed being first duly sworn,  
deposes and says: I moved to this area when I  
16 yrs old. I am now 86. I remember  
the pasture or claimed place of use  
being irrigated from Rapid creek when  
I moved here. We had 2 Jersey cows at that  
time that were watered from Rapid Creek  
at that time. Now 6 horses are watered  
from the creek.

Ruby Steed  
(Signature)

Subscribed and sworn to before me this  
day \_\_\_\_\_ of \_\_\_\_\_, 19\_\_\_\_.

SEAL

\_\_\_\_\_  
(Notary Public)

Residing at \_\_\_\_\_.  
My Commission Expires \_\_\_\_\_.

SCANNED

JUN 15 2001

Log for claim A29-11776

Spatial Dynamics BTD

9/13/00

| TR             | SEC | QQ   | Acres<br>Claimed | Acres<br>Found | COMMENT |
|----------------|-----|------|------------------|----------------|---------|
| 07s36e         | 22  | NWSW | 3.5              | 2.4            |         |
| <b>Totals:</b> |     |      | 3.5              | 2.4            |         |

| OWNER<br>CODE | NAME & ADDRESS | PRIORITY<br>DATE | WATER USE  | USE PERIOD<br>FROM TO | DIVERSION<br>RATE | DIVERSION<br>VOLUME |
|---------------|----------------|------------------|------------|-----------------------|-------------------|---------------------|
| C             | CLYDE W STEED  | 06/01/1911       | IRRIGATION | 03-15 11-15           | 0.070 CFS         |                     |
| C             | RUBY S STEED   |                  | STOCKWATER | 01-01 12-31           | 0.020 CFS         |                     |
|               | PO BOX 61      |                  |            |                       |                   |                     |
|               | INKOM ID 83245 |                  |            |                       |                   |                     |
|               | (208) 775-3395 |                  |            |                       |                   |                     |
|               |                |                  |            | TOTAL DIVERSION:      | 0.090 CFS         |                     |
|               |                |                  |            | CONSUMPTIVE USE:      |                   | 8.80 AFA            |

Water Source: RAPID CREEK

Tributary to: PORTNEUF RIVER

Stage: BENEFICIAL USE

Point(s) of Diversion: T07S R36E S22 SENW BANNOCK County

Place of use Legal Description for: IRRIGATION

| NE  |     |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |             |     |
|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|-----|
| T   | R   | S  |    | T  | R  | S  |    | T  | R  | S  |    | T  | R  | S  |             |     |
| Lt  | Ac  | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac          | SUM |
| 07S | 36E | 22 | :  | :  | :  | :  | :  | 03 | :  | :  | :  | :  | :  | :  | :           | 3.5 |
|     |     |    |    |    |    |    |    |    |    |    |    |    |    |    | TOTAL ACRES | 3.5 |

Place of use Legal Description for: STOCKWATER

| NE  |     |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    |  |
|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| T   | R   | S  |    | T  | R  | S  |    | T  | R  | S  |    | T  | R  | S  |    |  |
| Lt  | Ac  | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac | Lt | Ac |  |
| 07S | 36E | 22 | :  | :  | :  | :  | :  | S  | :  | :  | :  | :  | :  | :  | :  |  |

POU County: BANNOCK

Non-Irrigation Uses: S/12 RANGE CATTLE & HORSES

Other Rights: NONE

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

A29-02030A A29-11772 A29-11850 R29-11850

Remarks: GEN STOCK DRINK FROM DITCHES & FROM RAPID CREEK.

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

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

Audit: 04/28/90 WILSON 09/15/94 JTHOMPSO 03/29/95 POST-STD



## State of Idaho

### DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Suite A, Idaho Falls, Idaho 83402-1718 - (208) 525-7161- Fax (208) 525-7177

EASTERN REGION

DIRK KEMPTHORNE  
GOVERNOR

KARL J. DREHER  
DIRECTOR

May 20, 2001

29-11776  
CLYDE W STEED  
RUBY S STEED  
PO BOX 61  
INKOM ID 83245

RE: EVIDENCE OF PRIORITY

Dear Claimant (s):

The Idaho Department of Water Resources has recently begun its water right review in Basin 29. The Notice(s) of Claim identified with the number shown above in the "address" label and at the "end" of this letter has been filed in the Snake River Basin Adjudication (SRBA). The Notice indicates water usage is based on "Beneficial Use". Water rights of this type are established by the historical use of water, dating back to when water was first used for the purpose claimed, at or on the place of use identified on the Notice. The date the water was first put to use, known as the priority date, has not been confirmed by a license, Decree, or Permit. For this reason, proof must be provided supporting the priority date. As the claimant, you are responsible for submitting the necessary proof to support the priority date.

It is important that each element of the Notice be substantiated. For instance, regarding claims for irrigation, the evidence should tend to show that diversion works were in place, that they were capable of diverting the claimed diversion rate, and that the diverted water was beneficially used on the entire claimed place of use on or before the claimed priority date.

For your reference, I have provided a printout of your Notice and the pamphlet entitled **"Evidence of Priority"**. The pamphlet describes the types of evidence required and suggests which documents will fulfill this requirement. While I encourage you to read the entire pamphlet, I direct your attention to the two sections entitled **"What Kind of Evidence is Required"** and **"Some examples of Documents Which May Be Evidence of the Priority Date"**.

It is our goal to recommend historical water rights within the Snake River Basin as accurately as possible. Field exams to verify other items of the Notice have been or soon will be conducted by Department personnel.

.....  
**The Department can not recommend the Notice be decreed by the court if no evidence of a priority date is submitted.**  
.....

Please submit the documentation supporting the priority date by June 22, 2001, referencing all documents with the corresponding Notice number. If you have any questions not covered by this letter or the enclosed pamphlet, please feel free to contact me at 525-7161.

Respectfully submitted,



Craig L. Saxton  
Water Resource Agent  
Adjudication Bureau

Enclosure: Brochure on "Evidence of Priority"  
Notice of Claim 29-11776

JUN 15 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: A29-11776  
Date Received: 4/27/1990  
Receipt No: E013765  
Received By: KW

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: CLYDE W. STEED 208-775-3395  
Address: P.O. BOX 61 83245  
INKOM, ID  
OR  
Name: RUBY S. STEED 208-775-3395  
Address: P.O. BOX 61 83245  
INKOM, ID

A2911776



2. Date of Priority: JUN 01, 1911  
3. Source: RAPID CREEK Trib. to: PORTNEUF RIVER

4. Point of Diversion:

|          |       |         |        |        |     |     |         |
|----------|-------|---------|--------|--------|-----|-----|---------|
| Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County  |
| 07S      | 36E   | 22      | SE     | NW     |     |     | BANNOCK |

5. Description of diverting works:  
HEADGATE TO DITCH FOR FLOOD IRRIGATION

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S. | (or) | A.F.A. |
|------------|-------|-------|--------|------|--------|
| IRRIGATION | 03/15 | 11/15 | 0.070  |      |        |
| STOCKWATER | 01/01 | 12/31 | 0.020  |      |        |

6 Horses

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

8. Total consumptive use is 8.8 Acre Feet Per Annum.

9. Non-irrigation uses:  
S/12 RANGE CATTLE & HORSES

10. Place of Use:

| Township | Range | Section | 1/4 of 1/4 | Lot      | Use          | Acres |
|----------|-------|---------|------------|----------|--------------|-------|
| 07S      | 36E   | 22      | NW<br>NW   | SW<br>SW | IRR<br>STOCK | 3.5   |

Section Acres 3.5

Total Acres 3.5

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:  
STOCK DRINK FROM DITCHES & FROM RAPID CREEK.

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

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

Number of attachments:                     

**For Individuals:**

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

Signature of Claimant(s): *Clyde W. Steer* Date: 4-27-90  
Date:

State of Idaho )  
County of Bonneville ) SS.

Subscribed and sworn (or affirmed) before me this 27 day

of April 19 90

Betty J. Thompson  
Notary Public

Seal

Residing at BETTY J. THOMPSON, NOTARY PUBLIC

My Commission Expires RESIDING AT IDAHO FALLS, IDAHO  
MY COMMISSION EXPIRES: 6-30-94

T  
S  
R36E

Point of Diversion

Place of Use

POCATELLO 13 MI.  
PORTNEUF 6 MI.

A29-11776

MICROFILMED  
NOV 15 1942

