

08/25/2004

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

RIGHT NUMBER: 29-13694
NAME AND ADDRESS: EVELYN J BENHAM
5312 W TUCANNON
KENNEWICK WA 99336

RAY D BENHAM
5312 W TUCANNON
KENNEWICK WA 99336

SOURCE: SPRING TRIBUTARY: PORTNEUF RIVER

QUANTITY: 0.880 CFS
THE QUANTITY OF WATER UNDER THIS RIGHT FOR DOMESTIC AND
STOCKWATER USES SHALL NOT EXCEED 13,000 GALLONS PER DAY.

PRIORITY DATE: 10/15/1898

POINT OF
DIVERSION: T09S R38E S10 NWSWE Within BANNOCK County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.020 CFS
IRRIGATION	04/01 10/31	0.840 CFS
STOCKWATER	01/01 12/31	0.020 CFS

Domestic use is for 1 home.

PLACE OF USE: IRRIGATION Within BANNOCK County

T09S R38E S10	NESW	15.0	T09S R38E S10 Lot 1 NWSW	6.3
T09S R38E S10 Lot 2 SWSW	4.7	T09S R38E S10	SESW	16.0

DOMESTIC Within BANNOCK County

T09S R38E S10 Lot 2 SWSW

STOCKWATER same as IRRIGATION

42 ACRES TOTAL

08/25/2004

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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.

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

EXPLANATORY MATERIAL: BASIS OF CLAIM - Posted Notice

SOURCE IS ALSO KNOWN AS HADLEY SPRING OR BLASER SPRING.

This right is a split from former right 29-4272.

USE OF THIS RIGHT IS COMBINED WITH WATER FROM DEMPSEY-TOPAZ CANAL.

Stockwater use is for 200 range cattle.

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

RECEIVED**NOV 08 2004**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 Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
29-13694					
29-13695					
29-10074	P.D.		10-26-04 Mr. Benham said do not change de eds. Doesn't want to pay \$25.00 ea. - ps		
29-10073	P.D.				

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) 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)

RAY D and Evelyn J Benham

4. New Owner/Claimant(s)

Ray D Benham

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

New Mailing Address

5312 W Tucannon Ave

City, State and ZIP Code

Kennnewick, WA 99334

New Telephone Number

509 783-3829

5. Date you acquired the property

My Deceased wife Evelyn J. Benham
Died 30 Aug 2002

Diff 10-25-04 of to change

SCANNED
NOV 01 2004

6. 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 (cubic feet per second or acre-feet per annum)	Description (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 (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) Ray D Benham 10 Oct 04
(include title if applicable)

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 _____
 Receipted by _____ Date _____ Receipt No. _____
 Processed by ADHANA AJ Date 10-25-04 WR _____ Date _____

SCANNED
NOV 01 2004

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE
USE
ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

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24.

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

1. NAME First Middle Last
Evelyn Joy Benham
2. SEX (M / F) Female
3. DEATH DATE (Mo, Day, Yr) August 30, 2002
4. AGE LAST BIRTHDAY (Yrs) 67
5. UNDER 1 YEAR MOS DAYS
6. UNDER 1 DAY HOURS MINS
7. BIRTHDATE (Mo, Day, Yr) Feb 6, 1935
8. BIRTHPLACE (City, State or Foreign Country) Salt Lake City, UT
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No
10. COUNTY OF DEATH Benton

11. CITY, TOWN OR LOCATION OF DEATH Kennewick
12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RMOUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE
Kennewick General Hospital
13. SMOKING IN LAST 15 YEARS? (Yes / No) No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married
15. SURVIVING SPOUSE (If wife, give maiden name) Ray DeMonte Benham
16. SOCIAL SECURITY NO. 518 38 6355
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 5+

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Teacher
19. KIND OF BUSINESS OR INDUSTRY Education
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
21. RACE (Specify) White

22. RESIDENCE — NUMBER AND STREET 5312 W. Tucannon
23. CITY/TOWN, OR LOCATION Kennewick
24. INSIDE CITY LIMITS? (Yes / No) Yes
25A. COUNTY Benton
25B. LENGTH OF RES. IN CO. 40 yrs
26. STATE WA
27. ZIP CODE 99336

28. FATHER'S NAME — FIRST, MIDDLE, LAST Marlin LeGrande Hogan
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Eva McQuiston

30. INFORMANT — NAME Monte Benham (husband)
31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP
5312 W. Tucannon Kennewick WA 99336

32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial
33. DATE (Mo, Day, Yr) Sept 6, 2002
34. CEMETERY/CREMATORY — NAME Lava Hot Springs Cemetery
35. LOCATION — CITY/TOWN, STATE Lava Hot Springs, Idaho

36. FUNERAL DIRECTOR SIGNATURE X [Signature]
37. NAME OF FACILITY Mueller Funeral Home, Inc.
38. ADDRESS OF FACILITY 1401 S. Union
Kennewick, Washington 99338

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE X [Signature]
40. DATE SIGNED (Mo., Day, Yr) Sept 3, 2002
41. HOUR OF DEATH (24 Hrs.) 1937

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Randall Farrar, MD
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE X [Signature]

44. DATE SIGNED (Mo., Day, Yr) Sept 3, 2002
45. HOUR OF DEATH (24 Hrs.) 1937
46. PRONOUNCED DEAD (Mo., Day, Yr)
47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) J. Randall Farrar, MD 216 W. 10th #206 Kennewick WA 99336
49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:
IMMEDIATE CAUSE (Final disease or condition resulting in 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.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:
52. AUTOPSY? (Yes / No) No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
55. INJURY DATE (Mo, Day, Yr)
56. HOUR OF INJURY (24 Hrs.)
57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)
60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE
62. REGISTRAR SIGNATURE [Signature]
63. DATE RECEIVED (Mo., Day, Yr) SEP 04 2002

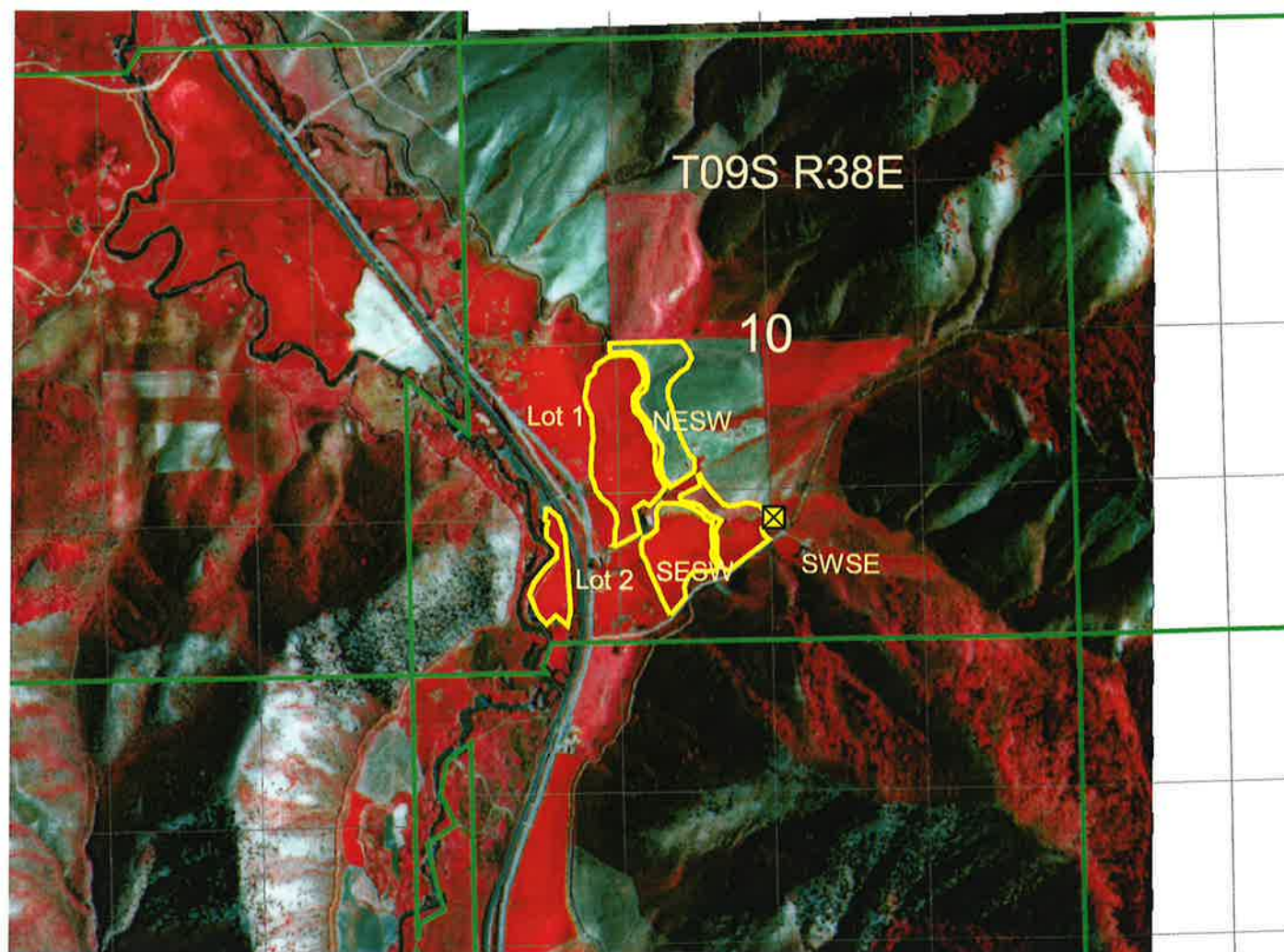
FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/99) (formerly DSHS 9-150) DOH-01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

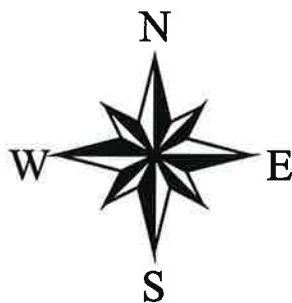
DEPARTMENT OF WATER RESOURCES

Claim No.: 29-13694



0 1320 2640 3960 5280 Feet

-  Point of diversion.shp
-  Place of use.shp
-  Sections
-  QQ



GIS Place of Use Illustration
1987/1988 NAPP Photography
Prepared by: E. Carlsen
Date: August 2004