

12/21/2006

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

RIGHT NUMBER: 75-4345B

NAME AND ADDRESS: CLIFFORD D SHAW  
PO BOX 7  
CARMEN ID 83462

SOURCE: EAST FORK TOWER CREEK

TRIBUTARY: TOWER CREEK

QUANTITY: 0.440 CFS

PRIORITY DATE: 05/10/1913

POINT OF DIVERSION:

T24N R22E S34 SESE Within LEMHI County

PURPOSE AND  
PERIOD OF USE:

| <u>PURPOSE OF USE</u> | <u>PERIOD OF USE</u> | <u>QUANTITY</u> |
|-----------------------|----------------------|-----------------|
| STOCKWATER            | 01/01 12/31          | 0.020 CFS       |
| IRRIGATION            | 04/01 10/31          | 0.420 CFS       |

PLACE OF USE: IRRIGATION in LEMHI County

T23N R22E S03 SWNE 7.90 T23N R22E S03 NWSE 13.00

STOCKWATER same as IRRIGATION

20.9 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.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

11/11/2006

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PLACE OF USE: IRRIGATION in LEMHI County

|               |      |      |               |      |       |
|---------------|------|------|---------------|------|-------|
| T23N R22E S03 | SWNE | 7.90 | T23N R22E S03 | NWSE | 13.00 |
|---------------|------|------|---------------|------|-------|

STOCKWATER same as IRRIGATION

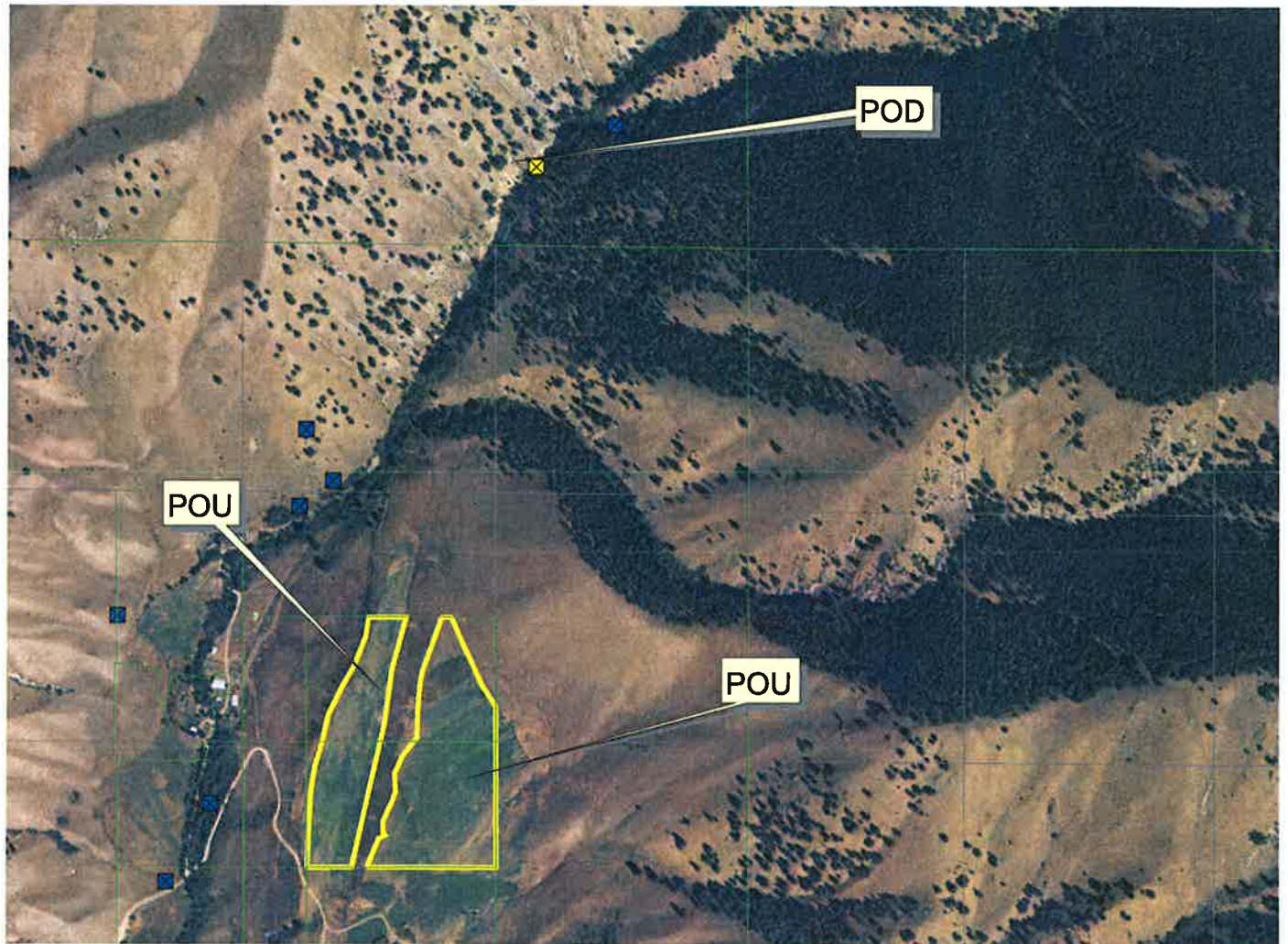
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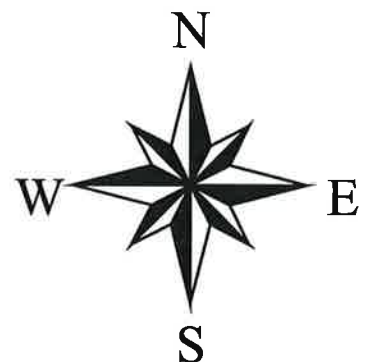
EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

# 75-4345B



0.3 0 0.3 0.6 Miles

-  Lemhi taxlots
-  GCDB23N22E GCDB
-  Recommendation POD
-  Pou.shp
-  Pod.shp
-  Administrative BasinsAdminbas.shp



67

11/20/2006

**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: 12/13/2006**

Water right number: 75-4345B

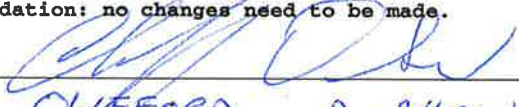
CLIFFORD D SHAW

PO BOX 7

CARMEN ID 83462

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: 12 4 06 SIGNATURE:   
Please print your name: CLIFFORD D SHAW

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, 2087622800

SEARCHED  
DEC 14 2006

✓

RECEIVED  
DEC 13 2006  
IDWR/North



## State of Idaho

### DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 Mineral Drive, Suite 100, Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800

Fax: (208) 762-2819

Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

JAMES E. RISCH  
Governor

KARL J. DREHER  
Director

January 11, 2007

CLIFFORD D & KARREN D SHAW  
PO BOX 7  
CARMEN ID 83462

Re: Tower Creek Adjudication Recommendation

Dear Mr. & Mrs. Shaw:

Enclosed is a spreadsheet that summarizes recommendations filed with the SRBA court for claims for water from Tower Creek for properties that were settled in the 1890's or early 1900's. The claims had a wide array of priority dates and evidence in support of those priority dates was received. Some of you filed a Notice of Error in response to the Recommended Findings that were mailed out to claimants in November 2006. Some of you may have already received a response from us regarding your Notice of Error.

After looking at each right separately, we concluded that a more systematic approach to how recommendations were made was required. It seemed to us that it made sense to have the same priority date recommended for all of the property that was originally part of a single homestead. To that end we evaluated the Evidence of Priority information that was submitted and used the earliest date that we felt could be verified. In some cases documents were submitted that may reference dates earlier than what we have recommended, but the extent of development was not quantified. The spreadsheet lists the various water rights and the basis for the selection of the date used. Please note that you still have the option of filing an objection with the court if you disagree with these recommendations

If you have any questions please don't hesitate to contact us.

Sincerely

Robert G. Haynes P.E.  
Regional Manager

**STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
ADJUDICATION SECTION  
CLAIM VERIFICATION FIELD EXAM SHEET  
(Use with the ECVR)**

CLAIM NO(s). 75-4345B

1. ☒ No Change NAME IS SAME

☐ NEW OWNER: \_\_\_\_\_

☒ No Change ADDRESS

☐ NEW ADDRESS: \_\_\_\_\_

2. ☐ No Change - DATE OF PRIORITY: Completed evidence submitted

☐ Incomplete - Claimant should be asked during the exam when was water first used and submit proof of date of priority.

Priority date, per claimant, is: \_\_\_\_\_

(If the priority date, based on your exam, seems questionable, explain below.)

3. ☒ No Change — SAME SOURCE

☐ Source is different than that claimed:

Source found: \_\_\_\_\_

4. ☐ No Change — POINT OF DIVERSION

☒ Point of diversion is different than the claim and/or new P/D's:

GPS Site Tag No.: AC013063 file 362705 POD1

Township 24N Range 22E Section 34 1/4 SW 1/4 SE 1/4 SE  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_

5. ☐ No Change - DESCRIPTION OF DIVERTING WORKS

☐ Incomplete description, list below:

structure in creek, 8 inch pipe to mainline, gravity sprinkler  
system. NO POD in NWNE 23N 22E 8.

6. ☒ No Change - WATER USES  
☐ Different uses, (list uses found):

|           |            |          |              |           |           |
|-----------|------------|----------|--------------|-----------|-----------|
| Use _____ | From _____ | To _____ | Amount _____ | CFS _____ | AFA _____ |
| Use _____ | From _____ | To _____ | Amount _____ | CFS _____ | AFA _____ |
| Use _____ | From _____ | To _____ | Amount _____ | CFS _____ | AFA _____ |

7. ☒ No Change - TOTAL VOLUME *See remarks*

☐ Incomplete on claim, the total is, Amount \_\_\_\_\_ CFS \_\_\_\_\_ AFA

☐ Changes found, the new total is, Amount \_\_\_\_\_ CFS \_\_\_\_\_ AFA

8. ☐ No Change - NON-IRRIGATION USES:

☐ Changes Exam found:

Domestic # of homes: \_\_\_\_\_ Stock # \_\_\_\_\_ List types: \_\_\_\_\_

Additional comments: \_\_\_\_\_

9. ☒ No Change — PLACE OF USE: (If changed, list below.)

|            |                |             |               |           |           |
|------------|----------------|-------------|---------------|-----------|-----------|
| Use: _____ | Township _____ | Range _____ | Section _____ | 1/4 _____ | 1/4 _____ |
| Use: _____ | Township _____ | Range _____ | Section _____ | 1/4 _____ | 1/4 _____ |
| Use: _____ | Township _____ | Range _____ | Section _____ | 1/4 _____ | 1/4 _____ |
| Use: _____ | Township _____ | Range _____ | Section _____ | 1/4 _____ | 1/4 _____ |

Remarks: (Comments pertinent to field examination) ☐ See additional attachment

*total system runs 232 5/32 rainbirds, maximum diversion at 40 psi  
is 1070 gpm = 2.37 cfs system also POD for 75-4144A, 75-4144B  
75-4140 75-4139*

☐ SYSTEM DIAGRAM INCLUDED ☐ NA

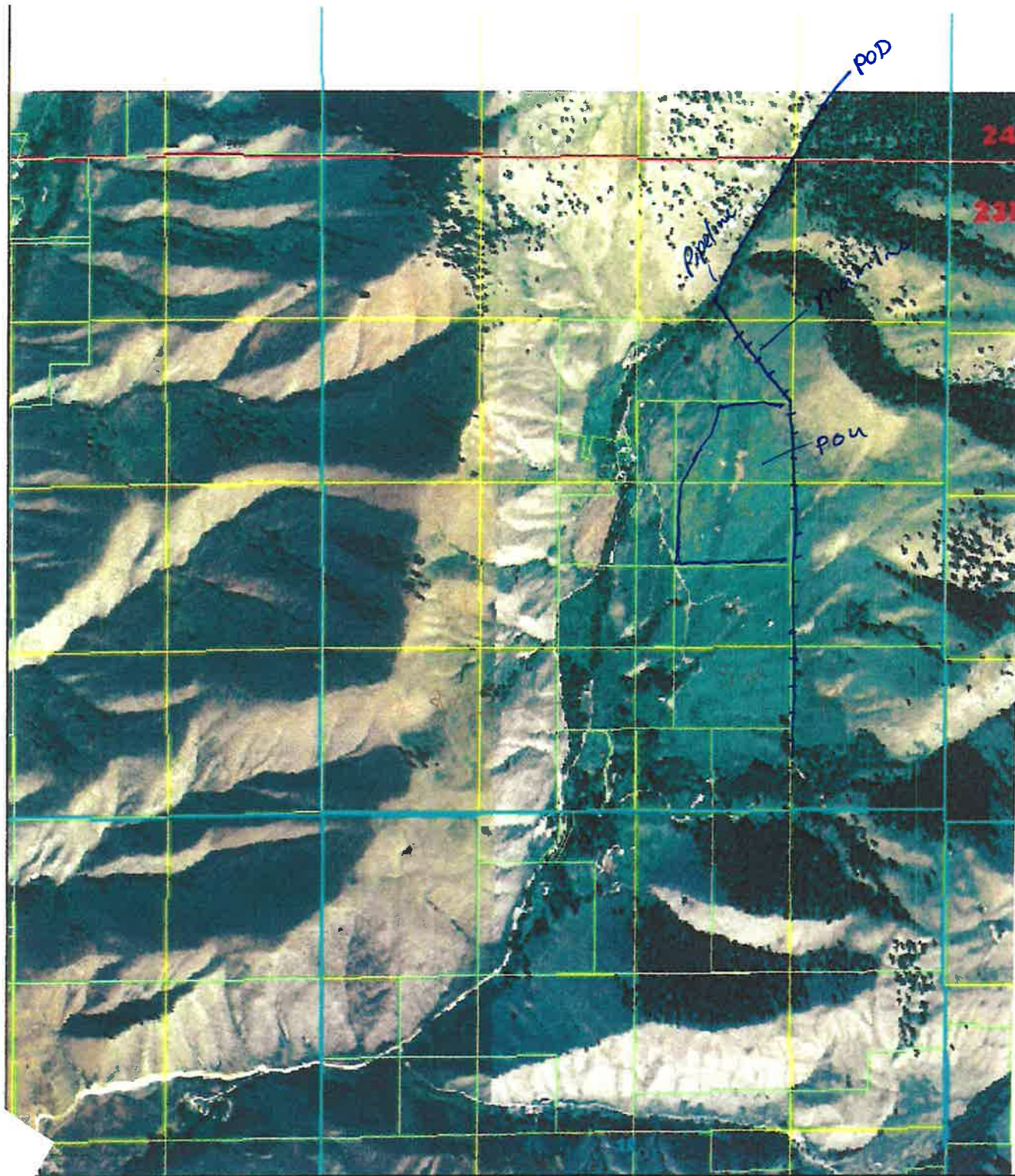
☒ Shown on GIS Layout

☐ CK IF IN OFFICE EXAM

DATE EXAM CONDUCTED: *6-22-05*

FIELD EXAMINER: *Bob Foster*  
Print Name

*Bob Foster*  
Signature

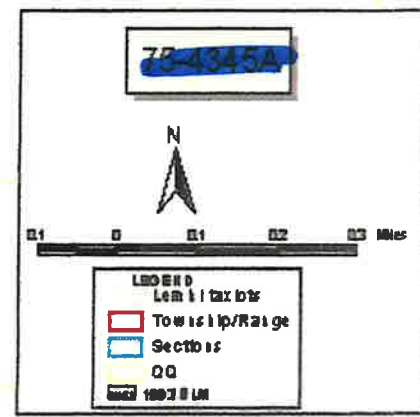


24N22E

23N22E

2

75-4345B



SCANNED

OCT 1 0 2001



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

June 18, 1999

CLIFFORD D SHAW  
PO BOX 7  
CARMEN ID 83462

RE: NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP  
NOTICE OF CLAIM TO A WATER RIGHT A75-04345B

Dear Mr. Shaw:

The request for Change of Water Right Ownership concerning the above-referenced Notice of Claim has been processed and the Department's records updated to reflect you as the new claimant.

The enclosed report shows this change along with the elements of the water right being claimed. Please review this report and contact this office if there are corrections or questions.

**Please keep this report for your records.**

Respectfully yours,

A handwritten signature in cursive script that reads 'Jennifer Hoagland'.

Jennifer Hoagland  
Technical Records Specialist

Enclosure



# Department of Water Resources

206 Van Drell, Suite B, Salmon, ID 83467

ROBERT E. FOSTER  
SR. WATER RESOURCE AGENT  
WATER DISTRIBUTION  
(208) 756-6644

A75-04345B

IDAHO DEPARTMENT OF WATER RESOURCES  
ADJUDICATION WATER MASTER REPORT  
BY WATER SOURCE/PRIORITY DATE

DATE: 01-30-99  
TIME: 09:49:00  
PAGE: 1

Pod Diversion Rate(s) is 0  
Pod Diversion Rate(s) Not 0  
Div (1 or less)

| PRIORITY | S | F                  | P               | U                  |
|----------|---|--------------------|-----------------|--------------------|
| DATE     | T | L                  | O               | S                  |
| NAME     | G | G                  | D               | E                  |
| DATE     | G | POINT OF DIVERSION | TOTAL DIVERSION | POD DIVERSION NAME |

WATER SOURCE: TOWER CREEK, EAST FORK

A75-04375 NORTON, VERNA N  
A75-04376 NORTON, CARMEN E  
A75-04194 LINCOLN, ROY M  
A75-04345A CONRAD, THOMAS R  
A75-04139 SMITH, ROLAND K  
A75-04345B SHAW, KARREN D  
A75-04345B SHAW, KARREN D  
A75-04345B SHAW, KARREN D  
A75-04140 RANBN, KENNETH  
A75-04144A SLOAN, LANNY G  
A75-04144B SHAW, CLIFFORD D  
A75-07450 SEEGER, JOHN J

07/01/1906 S 23N 22E 9 SESENE  
07/01/1910 S 23N 22E 9 NESWSW  
04/01/1911 S 23N 22E 10 NENW  
04/01/1913 S 23N 22E 3 SENW  
04/01/1913 J 23N 22E 3 SENWNE  
04/01/1913 S 24N 22E 34 SESE  
04/01/1913 S 23N 22E 3 SWNE  
04/01/1913 S 23N 22E 3 NWNE  
04/01/1913 J 23N 22E 3 SENWNE  
05/10/1913 S 23N 22E 3 NWNE  
05/10/1913 S 23N 22E 3 NWNE  
06/01/1987 P 23N 22E 3 NESBSW

0.200 CFS  
0.520 CFS  
0.150 CFS  
0.455 CFS  
0.400 CFS  
0.715 CFS  
0.715 CFS  
0.715 CFS  
2.000 CFS  
0.030 CFS  
0.560 CFS  
0.040 CFS

N 01  
N 01  
N 01  
N 01  
N 01  
Y 01  
Y 01  
Y 01  
N 01  
N 01  
N 01  
N 01

Department of Water Resources  
Eastern Region

JUN 16 1999

RECEIVED

Div = Letters

2.105 CFS For Karren/Cliff Shaw

Robert Foster

Here is a copy of CERTIFICATE OF DEATH  
ON KARREN SHAW

CAN YOU  
PUT IT IN

CLIFF ORD D SHAW  
PO Box 7 CARMEN ID 83462

BE UP IN JULY OR OCT  
TO SAY

528-99

CLIFFORD SHAW  
2600 HASTING DR  
ROSCOE CA 95672

530 677-1944

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
PLACERVILLE, CALIFORNIA

**CERTIFICATE OF DEATH** 3 1998 09 000528

|                                                                                                                                   |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|
| STATE FILE NUMBER                                                                                                                 |  | USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS                                |  | VB-11 (REV. 7/97)                                                                                                                                        |  | LOCAL REGISTRATION NUMBER     |  |
| 1. NAME OF DECEDENT—FIRST (GIVEN)                                                                                                 |  | 2. MIDDLE                                                                               |  | 3. LAST (FAMILY)                                                                                                                                         |  |                               |  |
| KARREN                                                                                                                            |  | DAWN                                                                                    |  | SHAW                                                                                                                                                     |  |                               |  |
| 4. DATE OF BIRTH M/M/DD/CY                                                                                                        |  | 5. AGE YRS.                                                                             |  | 6. SEX                                                                                                                                                   |  | 7. DATE OF DEATH M/M/DD/CY    |  |
| 09/05/1941                                                                                                                        |  | 56                                                                                      |  | F                                                                                                                                                        |  | 07/10/1998                    |  |
| 8. STATE OF BIRTH                                                                                                                 |  | 9. SOCIAL SECURITY NO.                                                                  |  | 10. MILITARY SERVICE                                                                                                                                     |  | 11. MARITAL STATUS            |  |
| CA                                                                                                                                |  | 566-52-3595                                                                             |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                         |  | Married                       |  |
| 12. RACE                                                                                                                          |  | 13. HISPANIC—SPECIFY                                                                    |  | 14. USUAL EMPLOYER                                                                                                                                       |  | 15. EDUCATION—YEARS COMPLETED |  |
| Caucasian                                                                                                                         |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                     |  | Self-Employed                                                                                                                                            |  | 12                            |  |
| 16. OCCUPATION                                                                                                                    |  | 17. KIND OF BUSINESS                                                                    |  | 18. YEARS IN OCCUPATION                                                                                                                                  |  |                               |  |
| Homemaker                                                                                                                         |  | Own Home                                                                                |  | 35                                                                                                                                                       |  |                               |  |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION)                                                                                     |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| 2600 Hastings Dr.                                                                                                                 |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| 21. CITY                                                                                                                          |  | 22. COUNTY                                                                              |  | 23. ZIP CODE                                                                                                                                             |  | 24. RES IN COUNTY             |  |
| Rescue                                                                                                                            |  | El Dorado                                                                               |  | 95672                                                                                                                                                    |  | 20                            |  |
| 25. STATE OR FOREIGN COUNTRY                                                                                                      |  | 26. NAME, RELATIONSHIP                                                                  |  |                                                                                                                                                          |  |                               |  |
| CA                                                                                                                                |  | Clifford Shaw - Husband                                                                 |  |                                                                                                                                                          |  |                               |  |
|                                                                                                                                   |  | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) |  |                                                                                                                                                          |  |                               |  |
|                                                                                                                                   |  | 2600 Hastings Dr., Rescue, CA 95672                                                     |  |                                                                                                                                                          |  |                               |  |
| 28. NAME OF SURVIVING SPOUSE—FIRST                                                                                                |  | 29. MIDDLE                                                                              |  | 30. LAST (MAIDEN NAME)                                                                                                                                   |  |                               |  |
| Clifford                                                                                                                          |  | Dale                                                                                    |  | Shaw                                                                                                                                                     |  |                               |  |
| 31. NAME OF FATHER—FIRST                                                                                                          |  | 32. MIDDLE                                                                              |  | 33. LAST                                                                                                                                                 |  |                               |  |
| Stanley                                                                                                                           |  | C                                                                                       |  | Gayer                                                                                                                                                    |  |                               |  |
| 34. NAME OF MOTHER—FIRST                                                                                                          |  | 35. MIDDLE                                                                              |  | 36. LAST (MAIDEN)                                                                                                                                        |  |                               |  |
| Joan                                                                                                                              |  | E                                                                                       |  | Vergnes                                                                                                                                                  |  |                               |  |
| 37. BIRTH STATE                                                                                                                   |  | 38. BIRTH STATE                                                                         |  |                                                                                                                                                          |  |                               |  |
| SD                                                                                                                                |  | CA                                                                                      |  |                                                                                                                                                          |  |                               |  |
| 39. DATE M/M/DD/CY                                                                                                                |  | 40. PLACE OF FINAL DISPOSITION                                                          |  |                                                                                                                                                          |  |                               |  |
| 07/15/1998                                                                                                                        |  | RES: Clifford Shaw (Husband) 2600 Hastings Dr., Rescue, CA 95672                        |  |                                                                                                                                                          |  |                               |  |
| 41. TYPE OF DISPOSITION                                                                                                           |  | 42. SIGNATURE OF EMBALMER                                                               |  | 43. LICENSE NO.                                                                                                                                          |  |                               |  |
| CR/RES                                                                                                                            |  | Not Embalmed                                                                            |  |                                                                                                                                                          |  |                               |  |
| 44. NAME OF FUNERAL DIRECTOR                                                                                                      |  | 45. LICENSE NO.                                                                         |  | 46. SIGNATURE OF LOCAL REGISTRAR                                                                                                                         |  | 47. DATE M/M/DD/CY            |  |
| Sierra View Funeral Chapel                                                                                                        |  | FD-924                                                                                  |  | <i>Stephen G. Drogina</i>                                                                                                                                |  | 07/15/1998                    |  |
| 48. PLACE OF DEATH                                                                                                                |  | 49. IF HOSPITAL, SPECIFY ONE                                                            |  | 50. FACILITY OTHER THAN HOSPITAL                                                                                                                         |  | 51. COUNTY                    |  |
| Residence - Own                                                                                                                   |  | <input type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA |  | <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER |  | El Dorado                     |  |
| 52. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)                                                                                |  | 53. CITY                                                                                |  | 54. RESCUE                                                                                                                                               |  |                               |  |
| 2600 Hastings Dr.                                                                                                                 |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| 55. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)                                                        |  | 56. TIME INTERVAL BETWEEN ONSET AND DEATH                                               |  | 57. DEATH REPORTED TO CORONER                                                                                                                            |  |                               |  |
| (A) Metastatic Bronchogenic Carcinoma                                                                                             |  | 2 Mths                                                                                  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                      |  |                               |  |
| (B)                                                                                                                               |  |                                                                                         |  | 58. REFERRAL NUMBER                                                                                                                                      |  |                               |  |
| (C)                                                                                                                               |  |                                                                                         |  | 98-7160                                                                                                                                                  |  |                               |  |
| (D)                                                                                                                               |  |                                                                                         |  | 59. BIOPSY PERFORMED                                                                                                                                     |  |                               |  |
|                                                                                                                                   |  |                                                                                         |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                      |  |                               |  |
|                                                                                                                                   |  |                                                                                         |  | 60. AUTOPSY PERFORMED                                                                                                                                    |  |                               |  |
|                                                                                                                                   |  |                                                                                         |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                      |  |                               |  |
|                                                                                                                                   |  |                                                                                         |  | 61. USED IN DETERMINING CAUSE                                                                                                                            |  |                               |  |
|                                                                                                                                   |  |                                                                                         |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                 |  |                               |  |
| 62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 55                                       |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| None                                                                                                                              |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| 63. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 55 OR 62? IF YES, LIST TYPE OF OPERATION AND DATE.                          |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| No                                                                                                                                |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| 64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.          |  | 65. SIGNATURE AND TITLE OF PHYSICIAN                                                    |  | 66. LICENSE NO.                                                                                                                                          |  | 67. DATE M/M/DD/CY            |  |
| DECEDENT ATTENDED SINCE DECEASED LAST BEEN ALIVE M/M/DD/CY                                                                        |  | <i>Pamela Oster, M.D.</i>                                                               |  | C32878                                                                                                                                                   |  | 07/14/1998                    |  |
| 68. MANNER OF DEATH                                                                                                               |  | 69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP                               |  | 70. INJURY DATE M/M/DD/CY                                                                                                                                |  |                               |  |
| <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE                               |  | Pamela Oster, M.D., 1600 Eureka Rd, Roseville, CA 95661                                 |  |                                                                                                                                                          |  |                               |  |
| <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED |  | 71. INJURY AT WORK                                                                      |  | 72. HOUR                                                                                                                                                 |  | 73. PLACE OF INJURY           |  |
|                                                                                                                                   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                |  |                                                                                                                                                          |  |                               |  |
| 74. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)                                                                        |  | 75. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)                      |  |                                                                                                                                                          |  |                               |  |
|                                                                                                                                   |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| 76. SIGNATURE OF CORONER OR DEPUTY CORONER                                                                                        |  | 77. DATE M/M/DD/CY                                                                      |  | 78. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER                                                                                                       |  |                               |  |
| <i>Stephen G. Drogina</i>                                                                                                         |  |                                                                                         |  |                                                                                                                                                          |  |                               |  |
| STATE REGISTRAR                                                                                                                   |  | A                                                                                       |  | B                                                                                                                                                        |  | C                             |  |
|                                                                                                                                   |  | D                                                                                       |  | E                                                                                                                                                        |  | F                             |  |
|                                                                                                                                   |  | G                                                                                       |  | H                                                                                                                                                        |  | FAX AUTH: #                   |  |
|                                                                                                                                   |  |                                                                                         |  |                                                                                                                                                          |  | CENSUS TRACT                  |  |

37015

**CERTIFIED COPY OF VITAL RECORDS**  
**STATE OF CALIFORNIA, COUNTY OF EL DORADO**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 07/21/1998

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





State of Idaho

DEPARTMENT OF WATER RESOURCES

150 Shoup Ave., Suite 15, Idaho Falls, Idaho 83402 - (208) 525-7161

EASTERN REGION

OCTOBER 1, 1991

CECIL D. ANDRUS

GOVERNOR

R. KEITH HIGGINSON

DIRECTOR

CLIFFORD D SHAW  
PO BOX 7  
CARMEN ID 83462

RE: CHANGE IN OWNERSHIP FOR A75-04345, 07435, 04144B

Dear Mr. Shaw:

The request for Change in Ownership concerning your Notices of Claim in the above reference has been processed and the Notices modified to reflect you as the new owner.

Enclosed are typed Notices with your name shown as the current owner. Review the forms and if there are other corrections or questions, feel free to contact this office. A75-04345 was split into A75-04345A and A75-04345B. A75-04345A remains in Thomas Conrad's name with 22 acres and 0.455 cfs of water. A75-04345B was transferred into your name giving you 35 acres with 0.715 cfs of water. Water rights to A75-07435 and A75-04144B have been changed into your name.

If there are no questions or corrections, please keep these Notices for your records.

Respectfully submitted,

Dave Carlson  
Water Rights Agent, Adjudication

DC:jt

Enclosure

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# NEW PROPERTY OWNER NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

Please print or type  
(see instructions on back of page)

# RECEIVED

SEP 13 1991

Department of Water Resources  
Eastern District Office

DATE OF CLOSING: 7-5-91

LEGAL DESCRIPTION OF PROPERTY: Township 23 N Range 22 E  
Section E 1, SEC 3 1/4 of 1/4 of 1/4 Govt. Lot       , BM.  
Lot       , Block       , Subdivision/Townsite       .  
If you have additional legal descriptions, please attach separate sheet.

- ☐ Served Only by a Public Service Water Supply (all water is received from a city or company who maintains water supply system, owns the water right, and bills the customer on a regular basis)
- ☐ Water Right Number(s)  
Assigned by IDWR: A75-04345, A75-07435, A75-04144B
- ☐ Name and Address of Former Owner/Claimant(s)(Seller):  
THOMAS R CONRAD  
PO BOX 62  
CARMON, ID 83462
- ☐ New Owner/Claimant (Purchaser):  
CLIFFORD D. SHAW & KARRON D SHAW
- ☐ New Mailing Address: PO Box 7 CARMON IDAHO  
ZIP 83462
- ☐ New Telephone Number: (    )        -
- ☐ Does the change in ownership result in a splitting of the water right owned/claimed? ☒ yes ☐ no  
If yes, then describe the portion of the water right that is now owned/claimed by the new owner:  
60 ACRES OF ORIGINAL CLAIM THAT  
ARE IRRIGATED BY SPRINKLER  
WILL BE TRANSFERRED
- ☐ Attach proof of ownership, describe proof attached: Warranty Deed  
(proof of ownership must describe either the property conveyed or include the claim number. Proof of ownership is not required if this form is signed by the former owner/claimant)
- ☐ Signature of New Owner/Claimant(s): [Signature] Date 9/12/91  
[Signature] Date
- ☐ Signature of Former Owner/Claimant(s): [Signature] Date 9-12-91  
       Date

(Signature of former claimant(s) is not required if proof of ownership is attached.)

## FOR IDWR USE ONLY:

Initial Review and Data-Entry

Date: By:

Further Action Needed:

Further Action Taken

Date: By:

Final Review and Data-Entry

Date: By:

Claim Numbers of Split, if any:

Original to be mailed to Idaho Department of Water Resources  
Copies to Former Owner and New Owner

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RECEIVED

SEP 10 1991

WARRANTY DEED

U. S. Dept. of Water Resources  
Eastern District Office

FOR VALUE RECEIVED, THOMAS R. CONRAD and TERRY M. CONRAD (as to any community interest that she may own), husband and wife, the Grantors, do hereby grant, bargain, sell and convey unto CLIFFORD D. SHAW and KARREN D. SHAW, husband and wife, whose current address is 2600 Hastings Drive, Rescue, California 95672, the Grantees, the following describe premises, in Lemhi county, Idaho, to-wit:

A parcel of land located in the E 1/2, Section 3, T. 23 N., R. 22 E., B.M., Lemhi County, Idaho, more particularly described as follows:

Commencing at the Southeast Corner of said Section 3, a distance of 1324.74 feet on a bearing of N. 89°49'12" W.; Thence N. 0°08'18" E., 657.56 feet to the REAL POINT OF BEGINNING.

Thence N. 89°51'03" W., 992.13 feet to the East boundary of a 5.00 acre parcel;

Thence N. 0°13'53" E., 1314.04 feet along the East boundary of said 5.00 acre parcel;

Thence N. 0°04'45" W., 657.02 feet;

Thence N. 0°15'25" E., 658.99 feet;

Thence S. 89°58'08" E., 990.28 feet;

Thence S. 0°10'48" W., 1316.98 feet;

Thence S. 0°08'18" W., 1315.11 feet to the REAL POINT OF BEGINNING.

SUBJECT TO:

1. That certain mortgage dated October 16, 1979 wherein Billie L. Bloodgood appears as Mortgagor and the Federal Land Bank of Spokane appears as Mortgagee, recorded October 16, 1979 as Instrument No. 149083, Lemhi County, Idaho.

2. That certain mortgage dated April 26, 1985 wherein Thomas R. Conrad appears as Mortgagor and Billie J. Bloodgood appears as Mortgagee, recorded May 1, 1985 as Instrument No. 175560, Lemhi County, Idaho, which mortgage was assigned to Warran A. Clark and Carol A. Clark by Assignment recorded November 1, 1988, as Instrument No. 194490, Lemhi County, Idaho.

3. The effect of the restriction on subdividing a portion of the above-described real property as set forth in that certain Warranty Deed dated September 13, 1979, and recorded as Instrument No. 149328.

4. That certain easement and right-of-way for vehicular ingress and egress over the above-described premises as more

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DEC 15 1992

particularly set forth in that certain Warranty Deed dated September 13, 1979, and recorded as Instrument No. 149328.

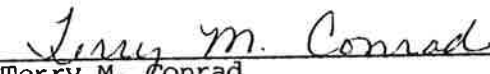
5. The restriction that Grantees cannot subdivide the above-described real property for the benefit of Grantors and their successors in interest as owners of the following, adjacent real property in Lemhi County, Idaho:

The E1/2SE1/4NW1/4, NE1/4NE1/4SW1/4, W1/2SW1/4SW1/4NE1/4, and W1/2NW1/4NW1/4SE1/4 of Section 3, Township 23 North, Range 22 East, Boise Meridian, Lemhi County, Idaho.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever, And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; that they are free from all encumbrances and that they will warrant and defend the same from all lawful claims whatsoever.

DATED: July 5, 1991.

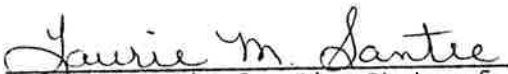
  
Thomas R. Conrad

  
Terry M. Conrad

STATE OF IDAHO     )  
                              ) SS  
County of Lemhi    )

On this 5<sup>th</sup> day of July, 1991, before me, the undersigned, a Notary Public in and for said State, personally appeared THOMAS R. CONRAD and TERRY M. CONRAD, known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

  
Notary Public for the State of Idaho  
Residing at Salmon, Idaho  
Commission Expires: 6-19-1995

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OCT 10 2001

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

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A75-04345B  
Date Received: 5/ 2/1990  
Receipt No: X777777  
Received By: \_\_\_\_\_

NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

1. Name: KARREN D. SHAW  
Address: PO BOX 7  
CARMEN ID 83462  
OR  
Name: CLIFFORD D SHAW  
Address: PO BOX 7  
CARMEN ID 83462

A7504345B



2. Date of Priority: APR 1, 1913

3. Source: TOWER CREEK, EAST FORK Trib. to: TOWER CREEK

4. Point of Diversion:

| Township | Range | Section | 1/4 of | 1/4 of | 1/4 of | Lot | County |
|----------|-------|---------|--------|--------|--------|-----|--------|
| 23N      | 22E   | 3       | NW     | NE     |        |     | LEMHI  |
|          |       |         | SW     | NE     |        |     | LEMHI  |
| 24N      | 22E   | 34      | SE     | SE     |        |     | LEMHI  |

5. Description of diverting works:  
HEADGATES, DITCHES, PIPELINES, SPRINKLERS & TANK

6. Water is used for the following purposes:

| Purpose    | From  | To    | C.F.S | (or) | A.F.A. |
|------------|-------|-------|-------|------|--------|
| IRRIGATION | 04/01 | 11/01 | 0.700 |      |        |
| STOCKWATER | 01/01 | 12/31 | 0.015 |      |        |

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

8. Total consumptive use is 87.5 Acre Feet Per Annum.

9. Non-irrigation uses:  
S/100 HEAD RANGE CATTLE

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10. Place of Use:

| Township      | Range | Section | 1/4 of | 1/4 | Lot | Use | Acres |
|---------------|-------|---------|--------|-----|-----|-----|-------|
| 23N           | 22E   | 3       | SW     | NE  |     | IRR | 18.0  |
|               |       |         | NW     | SE  |     | IRR | 17.0  |
| Section Acres |       |         |        |     |     |     | 35.0  |
| Total Acres   |       |         |        |     |     |     | 35.0  |

11. Place of use in counties: LEMHI

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

13. Other Water Rights Used:

14. Remarks:

THIS CLAIM WAS PAID BY RECIEPT M006869.

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: \_\_\_\_\_

State of Idaho )  
 ) SS.  
County of \_\_\_\_\_ )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_

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

Seal

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

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

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