

This property has not been sold

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JUN 13 2022

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
JUN 21 2022

IDWR/NORTH

Notice of Change in Water Right Ownership

IDWR/NORTH

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #6 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
87-10230	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name:

RALPH RANDAL OWNBEY
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

Carol A. Ownbey
New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or ☐ and/or

1276 W Freeze Rd. Potlatch Idaho 83855
Mailing address City State ZIP

208-301-7206 Carol@mccownestate.com
Telephone Email

4. If the water rights and/or adjudication claims were split, how did the division occur?

- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: Ralph died on 3/3/22. I am his wife.

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed [IRS Form W-9](#) for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed [Lessor Designation](#) form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☐ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☐ Filing fee (see instructions for further explanation):
 o \$25 per undivided water right.
 o \$100 per split water right.
 o No fee is required for pending adjudication claims.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Carol A. Ownbey Wife 3/10/22
Signature of new owner/claimant Title, if applicable Date

Signature: Carol A. Ownbey Wife _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by NIA Date NIA Receipt No. NIA Receipt Amt. NIA
Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐
Name on W-9 _____ Approved by [Signature] Processed by [Signature] Date 6-22-2022

COPY

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 PALOUSE RIVER
BASIN WATER SYSTEM.

CIVIL CASE NUMBER : 59576

Ident. Number: 87-10230

Date Received: 4/26/2019

Receipt No: N034235

Received By:

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

1. Name of Claimant(s)

RALPH R OWNBEY
1276 W FREEZE RD
POTLATCH ID 83855
CAROL A OWNBEY
1276 W FREEZE RD
POTLATCH ID 83855

2. Date of Priority: 7/5/1903

3. Source: GROUND WATER

Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
42N	05W	23	SE SW		LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	01/01 12/31	0.04	
STOCKWATER	01/01 12/31	0.02	

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses:

<u>Number of Homes: 1</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
	STOCKWATER	Goats	2
	STOCKWATER	Chickens	36
	STOCKWATER		0

9. Place of use:

87-10230

9/23/2020

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed MARCH 08, 2022

State File No. 2022-03190

DECEDENT - LEGAL NAME

RALPH RANDAL OWNBEY

SEX

MALE

SOCIAL SECURITY NUMBER

[REDACTED]

AGE

73 YEARS

DATE OF BIRTH

NOVEMBER 27, 1948

BIRTHPLACE

TWIN FALLS, IDAHO

PLACE OF RESIDENCE

POTLATCH, IDAHO

MARITAL STATUS AT TIME OF DEATH

MARRIED

NAME OF SURVIVING SPOUSE (if wife, maiden name)

CAROL ANN FRENCH

WAS DECEDENT EVER IN
U.S. ARMED FORCES?

YES

FATHER - NAME

RALPH ROLAND OWNBEY

BIRTHPLACE

IDAHO

MOTHER - MAIDEN NAME

PHYLLIS LOUISE ROHN

BIRTHPLACE

IDAHO

METHOD OF DISPOSITION

BURIAL

FUNERAL SERVICE LICENSEE

MARK W. KRAMER

NAME AND ADDRESS OF FUNERAL FACILITY

KRAMER FUNERAL HOME, PALOUSE, WASHINGTON

DATE OF DEATH

MAR. 06, 2022

TIME OF DEATH

4:54 P.M.

CITY, TOWN OR LOCATION OF DEATH

POTLATCH, IDAHO

COUNTY OF DEATH

LATAH

CAUSE OF DEATH (underlying cause last)

a. MENINGEAL CARCINOMATOSIS

Approximate Interval Between
Onset and Death

2 WEEKS

DUE TO (or as a consequence of):

b. METASTATIC MERKEL CELL CANCER

UNCERTAIN

DUE TO (or as a consequence of):

c.

DUE TO (or as a consequence of):

d.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above

MYASTHENIA GRAVIS; DIABETES; ANEMIA

WAS AN AUTOPSY
PERFORMED?

NO

MANNER OF DEATH

NATURAL

NAME OF CERTIFIER

MICHAEL T. ROONEY, M.D.

TITLE

PHYSICIAN

CORONER SUBSEQUENT CERTIFICATION IF NECESSARY

EXTERNAL CAUSES ONLY

DATE OF INJURY

TIME OF INJURY

PLACE OF INJURY

INJURY AT
WORK?

LOCATION WHERE INJURY OCCURRED

DESCRIPTION OF HOW INJURY OCCURRED

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

DATE ISSUED: MARCH 10, 2022

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

Rev. 07/28/20

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR