

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

JUL 19 2022

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 #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
41-4030	Yes ☐	Yes ☐		Yes ☐	Yes ☐
41-7029 A	Yes ☐	Yes ☐		Yes ☐	Yes ☐
41-7029 B	Yes ☐	Yes ☒		Yes ☐	Yes ☐
41-10115	Yes ☐	Yes ☐		Yes ☐	Yes ☐
41-10116	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: D. Steve Benson and Terri I. Benson Trustees of the Benson Ranch Trust dated April 2, 2021
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Terri I. Benson, Trustee of the Benson Ranch Trust dated April 2, 2021
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

1590 Calico Circle Pocatello Id. 83201
Mailing address City State Zip

208-548-2330 Terri. Benson @ bpx.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: 6/23/21

6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
 o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.

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.

SUPPORT DATA

IN FILE # 41-4030

8. Signature: Terri I. Benson Trustee of the Benson Ranch Trust dated April 2, 2021
Signature of new owner/claimant Title, if applicable Date
Terri I. Benson (A.K.A. Teresa I. Benson)
Print name

Signature: _____
 Signature of new owner/claimant Title, if applicable Date

 Print name

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. NA Receipt Amt. NA
 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 _____ Processed by Jmk Date 7-20-22

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2022-05895

05/09/2022

DECEASED TYPE OR PART IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS DEC HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DONALD STEVEN BENSON 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE Last Birthday 4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo-Day-Yr) 75 (Years) Months Days Hours Minutes 12/11/1946 6. BIRTHPLACE (City and State, Territory, or Foreign Country) POCATELLO, IDAHO 7a. RESIDENCE - STATE OR FOREIGN COUNTRY 7b. COUNTY IDAHO POWER 7c. CITY OR TOWN AMERICAN FALLS 7d. APT. NO. 7e. ZIP CODE 7f. INSIDE CITY LIMITS? 83211 83211 Yes ☐ No ☒ 8. SURVIVING SPOUSE'S NAME (If wife, give maiden name) TERRI SHUMAKER 11a. BIRTHPLACE (State, Territory, or Foreign Country) CANADA 12a. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4025 GEORGES RD AMERICAN FALLS, ID 83211 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY DAVIS-ROSE MORTUARY 170 IDAHO ST P.O. BOX 413 AMERICAN FALLS, IDAHO 83211-0413 17a. LICENSE NUMBER (Of decedent) 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? M1026 Yes ☐ No ☒
PARENTS 10. EVER IN U.S. ARMED FORCES? Yes ☐ No ☒ 11a. FATHER'S NAME (First, Middle, Last, Suffix) DONALD SAMUEL BENSON 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ALENE AFTON HEATON	12b. INFORMATION'S NAME (Type or print) TERRI BENSON 13b. RELATIONSHIP TO DECEDENT WIFE 14. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Entombment ☐ Reinterment from Idaho ☐ Other (Specify) 15. PLACE OF DISPOSITION (Name and address of cemetery) AFFORDABLE CREMATIONS 1422 N. HARRISON POCATELLO, IDAHO 83204 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MATTHEW J. ROSE
DISPOSITION 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MATTHEW J. ROSE	19a. IF DEATH OCCURRED IN A HOSPITAL: 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ UDA ☐ Hospice facility ☐ Nursing home/long-term care facility ☐ Decedent's home ☐ Other (Specify) 20. FACILITY NAME (If not facility, give street and number) 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE 22. COUNTY OF DEATH PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 BANNOCK 23. DATE OF DEATH (Mo-Day-Yr) (Specify month) 24. TIME OF DEATH (24hr) 25. DATE PRONOUNCED DEAD (Mo-Day-Yr) (Specify month) 26. TIME PRONOUNCED DEAD (24hr) May 3, 2022 18:44 May 3, 2022 10:44 PART I. Enter the organ or system, disease, injury, or complication that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the pathology. DO NOT abbreviate. Enter only one cause at a time. IMMEDIATE CAUSE (Immediate cause or condition resulting in death) a. RESPIRATORY FAILURE b. LUNG/THROAT CANCER - UNSPECIFIED PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. OBSTRUCTIVE SLEEP APNEA; STERNAL FX; CHRONIC NOCTURNAL HYPOXIC RESP FAILURE 29. DID TOBACCO USE CONTRIBUTE TO DEATH? 30. IF FEMALE (Aged 15-54): ☐ Yes ☒ Probably ☐ No ☐ Unknown ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 31. MANNER OF DEATH: ☒ Natural ☐ Accidental ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined 32. DATE OF INJURY (Mo-Day-Yr) (Specify month) 33. TIME OF INJURY (24hr) 34. PLACE OF INJURY (Decedent's home, farm, school, construction site, nursing home, restaurant, hotel, etc.) 35. INJURY AT WORK? Yes ☐ No ☒ 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, A.T.V., bicycle, etc.) TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) 38a. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 39a. CERTIFIER (Check only one based on official capacity for this certification) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE 39b. LICENSE NUMBER M-11913 39c. DATE SIGNED 5 / 6 / 2022 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KOLBY V. JOHNSON, 777 HOSPITAL WAY POCATELLO, ID 83201 40a. REGISTRAR'S SIGNATURE 40b. DATE SIGNED James B. Aydelette 5 / 9 / 2022

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.

MAY 11, 2022

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

August 18, 2022

BENSON RANCH TRUST
1590 CALICO CIRCLE
POCATELLO ID 83201

RE: Update to Trustee of Water Rights 41-4030, 41-7029A, 41-7029B, 41-10115 & 41-10116

Dear Water Right Holder:

The Department of Water Resources received correspondence regarding an update to the trustees of the water rights mentioned above.

I have enclosed water right reports to show that D. Steve Benson has been removed as trustee on water rights 41-4030, 41-7029A, 41-7029B, 41-10115 & 41-10116.

If you have any questions regarding this letter, please contact me at (208) 287-4942.

Thank you.

Sincerely,

Jean Hersley
Technical Records Specialist II

Enclosure

RECEIVED

Jul 19, 2022

DEPARTMENT OF
WATER RESOURCES

July 18, 2022

State of Idaho
Department of Water Resources
322 E. Front Street,
Suite 648
Boise, Idaho 83702

Re: Change in Ownership of Water Right No(s): 41-4030, 41-7029A, 41-7029B, 41-10115 & 41-10116 due to Death of Trustee, D. Steve Benson.

Dear Dept. of Water Resources,

Please note the Notice of Change in Water Right Ownership Form and Death Certificate to validate the removal of my husband, Donald Steven Benson, as an Owner of the Water Rights and Trustee to the Benson Ranch Trust dated April 2, 2021.

Please advise if any additional information /documentation is required.

Respectfully,



Terri Benson
Trustee, Benson Ranch Trust

Hersley, Jean

From: Terri Benson (BPX Energy) <Terri.Benson@bpx.com>
Sent: Tuesday, July 19, 2022 3:37 PM
To: IDWR File
Cc: Curry Andrews; bensonranchid@gmail.com
Subject: Notice of Change in Water Right Ownership- Benson Ranch Trust
Attachments: Dept of Water Resources Change of Ownership 18 July 2022.pdf

Department of Water Resources,

Please note the attached documents for notification of the death of Donald Steven Benson, former Trustee of the Benson Ranch Trust, Owner of the Water Right No(s): 41-4030, 41-7029A, 41-7029B, 41-10115, & 41-10116.

Regards,
Terri

Terri Benson
208-238-1454 Office
208-226-6606 Cell
866-645-2517 Fax
Terri.Benson@BPX.com

Confidential