

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 14 2022

Department of Water Resources
Eastern Region

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

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?
<u>29-2391</u>	Yes ☒	Yes ☐		Yes ☐	Yes ☐
~~29-13265~~	Yes ☒	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: DWAINE + NOEL ANDERSON

Name of current water right holder/claimant

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

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or

9943 POCA TELLO CR RD

POCA TELLO

ID

83201

Mailing address

City

State

Zip

208 221 1745

Email

hydroseed@gmail.com

Telephone

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: 9/14/2007

6. Do you own the land identified as the water right place of use? Yes ☒ No ☐

- ☐ 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):

- ☐ \$25 per undivided water right.
☐ \$100 per split water right.
☐ 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: Noel Anderson

Signature of new owner/claimant

Title, if applicable

Date

Noel Anderson

Print name

Signature: _____

Signature of new owner/claimant

Title, if applicable

Date

Print name

For IDWR Office Use Only:

Received by _____ Date _____

Receipt No. _____

Receipt Amt. _____

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 JB

Processed by JB

Date 4/21/2022

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §19-2411 AND §19-2414, IDAHO CODE

Local Reg. No.

6-106E

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-34 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DWANE WALTER ANDERSON 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE-Last Birthday 91 (Years) 4b. UNDER 1 YEAR Months Days Hours Minutes 4c. UNDER 1 DAY Hours Minutes 5. DATE OF BIRTH (Mo/Day/Yr) 09/11/1918 6. BIRTHPLACE (City and State, Territory, or Foreign Country) ST. ANTHONY, IDAHO 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY BANNOCK 7c. CITY OR TOWN POCATELLO 7d. STREET AND NUMBER 9196 N ANDERSON LANE 7e. APT. NO. 7f. ZIP CODE 83201 7g. INSIDE CITY LIMITS? ☐ Yes ☒ No 8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) RENEE GWENDOLYN DAVIS 10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) HARRY EMANUEL ANDERSON 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ETHEL GEORGEANNA DAVIS 13a. INFORMANT'S NAME (Type or print) RENEE GWENDOLYN ANDERSON 13b. RELATIONSHIP TO DECEDENT WIFE 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 9196 N ANDERSON LANE POCATELLO, ID 83201 14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____ 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CEMETERY 1520 SOUTH 4TH AVENUE POCATELLO, IDAHO 83201 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY COLONIAL FUNERAL HOME 2005 SOUTH FOURTH AVENUE POCATELLO, IDAHO 83201 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JARED M. CLINGER 17b. LICENSE NUMBER (Of licensee) M0765 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) _____ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____ 20. FACILITY NAME (If not facility, give street and number) 9196 N ANDERSON LANE 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE POCATELLO, ID 83201 22. COUNTY OF DEATH BANNOCK 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 25, 2010 24. TIME OF DEATH 10:00 (24hr) 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 25, 2010 26. TIME PRONOUNCED DEAD 10:45 (24hr) 27. CAUSE OF DEATH PART I. Enter the <u>chain of events</u> - 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. OLD AGE NATURAL CAUSES DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ 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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? ☐ Yes ☒ No 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ 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 INJURY ONLY 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. 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 certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> cause(s)/manner stated. ☐ 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 BRANDON A. WEST, D.O. 39b. LICENSE NUMBER O-00287 39c. DATE SIGNED 4 / 1 / 2010 MM DD YYYY 40a. REGISTRAR'S SIGNATURE <i>[Signature]</i> 40b. DATE SIGNED 4 / 1 / 2010 MM DD YYYY
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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: **April 01, 2010**

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

[Signature]
JANE S. SMITH
STATE REGISTRAR





IDAHO DEPARTMENT OF
WATER RESOURCES

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Governor Brad Little

Director Gary Spackman

April 21, 2022

NOEL D ANDERSON
9943 W POCATELLO CREEK RD
POCATELLO ID 83201-9053

Re: Change in Ownership for Water Right No(s): 29-2391

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 497-3787.

Sincerely,

Jonie Barg
Technical Records Specialist 1

Enclosure(s)