

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESRECEIVED
JUL 02 2021
DEPARTMENT OF
WATER RESOURCES

RECEIVED

JUN 21 2021

Notice of Change in Water Right Ownership

Department of Water Resources
Eastern Region

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. DE✓

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
72-7290	Yes ☒	Yes ☐		Yes ☐	Yes ☐
72-117C	Yes ☒	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name:

Dennis Savage
Name of current water right holder/claimant

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

Dustin Savage
New owner(s) as listed on the conveyance documentName connector ☐ and ☐ or ☐ and/or520 South 7th St
Mailing addressChallis
CityId
State83224
ZIP208-993 9676
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:
- yes 11 June 2020

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.

SUPPORT DATA
IN FILE # 72-117C

8. Signature:

Dustin Savage
Signature of new owner/claimant

Title, if applicable

Jun-15-2021
Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by JB

Date

6/21/2021

Receipt No.

E047101

Receipt Amt.

\$50.-

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 JB

Date

9/20/21

State of Idaho
Department of Water Resources
Water Right License

72-117C

Water Service Area Boundary for Harold Leaton

February 26, 2020



● Point of Diversion

□ Place Of Use Boundary

□ Townships

□ PLS Sections

□ Quarter Quarters

□ Taxlots

0 0.15 0.3 0.6 Miles



State of Idaho
Department of Water Resources
Water Right License

72-7290

Water Service Area Boundary for Ruth Leaton

February 26, 2020

19E

14N



● Point of Diversion

□ Place Of Use Boundary

□ Townships

□ PLS Sections

□ Quarter Quarters

□ Taxlots

0 0.035 0.07 0.14 Miles



258174

Custer County Reg. of
Sawtooth Law
Time 2:17 P M Date 6/11, 2020
Lura H. Baker, Clerk
Tina Hawkins \$15.⁰⁰
Deputy

QUITCLAIM DEED

This quitclaim deed is made on the 11th day of June, 2020, by and between -

ROSEMARY SAVAGE, individually as a widow and further in her capacity as the surviving spouse of Dennis John Savage (see Instrument No. 258158, Official Records of Custer County, Idaho), with mailing address of P.O. Box 65, Challis, Idaho, 83226, referred to herein as Transferor; and

DUSTIN RAY SAVAGE, an individual as his sole and separate property, with mailing address of 520 South 7th Street, Challis, Idaho, 83226, collectively referred to herein as Transferee:

Transferor, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, by these presents remises, releases, and forever quitclaims to Transferee, as his sole and separate property, and to Transferee's heirs and assigns, all that parcel of land situate, lying, and being in Custer County, Idaho, more accurately and legally described at **Exhibit A** hereto;

Together with all and singular the tenements, hereditaments, and appurtenances belonging to or in any manner appertaining to the property, the reversion and reversions, remainder and remainders, rents, issues, and profits of the property;

Subject to, however, and reserving and retaining unto the said Transferor, a life estate in and to the said property for the natural life of Transferor;

To have and to hold, all and singular, the described property together with the appurtenances to Transferee and to Transferee's heirs and assigns forever.

In witness of the above, Transferor has set Transferor's hand on the date first written above.

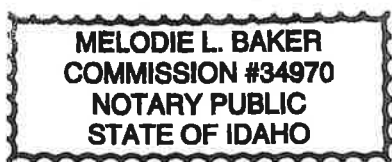
Rosemary Savage
ROSEMARY SAVAGE

258174

ACKNOWLEDGMENT

STATE OF IDAHO)
) ss.
COUNTY OF CUSTER)

On this 11th day of June, 2020, before me, a notary public for the State of Idaho, personally appeared before me the following: Rosemary Savage, who is (or are) personally known to me to be the person(s) named as Transferor(s), or proven to me on the basis of satisfactory evidence to be the person(s) named as Transferor(s), whose name(s) is (or are) subscribed to the within instrument, and acknowledged to me that he/she (or they) executed the same.



Melodie Baker
Notary Public for the State of IDAHO
Residing in Clayton, ID
My Commission Expires: 12-4-24

EXHIBIT A

LEGAL DESCRIPTION

Street Address: 501 South 7th Street, Challis, Idaho, 83226
520 South 7th Street, Challis, Idaho 83226

Parcel No.: RPA0001075002A (Custer County, Idaho)
RPA0001076002A (Custer County, Idaho)

Legal Description:

Lots 2, 4, 6 and 8 in Block 75. Lots 2, 3, 4, 5, 6, 7 and 8 in Block 76 of Challis Original, according to the plat thereof in the Official Records of Custer County, Idaho, together with the following described parcel.

Beginning at the NW corner of Lot 2, Block 75, thence East to the NE corner of Lot 8, Block 75, thence South to the SE corner of Lot 8, Block 75, thence East to the SW corner of Lot 2, Block 76, thence North to the SW corner of Block 64, thence West to the SW corner of Block 63, thence South the NW corner of Lot 2, Block 75, the point of beginning.

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. 2020-03529

04/02/2020

ONLY A COPY OF THIS DOCUMENT, CRAFTED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PROOF OF THIS DEATH. CHECKS AND PAYMENTS SHOULD BE MADE TO THE STATE REGISTRAR.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DENNIS JOHN SAVAGE		2. SEX MALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday 72 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5. DATE OF BIRTH (Mo/Day/Yr) 09/10/1947	
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.	6. BIRTHPLACE (City and State, Territory, or Foreign Country) AMERICAN FALLS, IDAHO		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO			
	7b. COUNTY CUSTER		7c. CITY OR TOWN CHALLIS			
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER 1211 S. 7TH ST.		7e. APT. NO.		7f. ZIP CODE 83226	
	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) ROSEMARY C. COX			
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) LESTER JOHN SAVAGE		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) IDA MILIDA MILLER		12b. BIRTHPLACE (State, Territory, or Foreign Country) SOUTH DAKOTA		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. BOX 65 CHALLIS, ID 83226	
INFORMANT	13a. INFORMANT'S NAME (Type or print) ROSEMARY SAVAGE		13b. RELATIONSHIP TO DECEDENT SPOUSE		14. METHOD OF DISPOSITION ☐ Burial ☐ Donation ☐ Reinterment ☐ Other (Specify):	
	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) CHALLIS CEMETERY		16. NAME AND COMPLETE ADDRESS OF FUNERAL HOME JONES AND CASEY FUNERAL HOME - CHALLIS 501 LENA STREET SALMON, IDAHO 83467			
DISPOSITION	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ROBERT J. WILLIAMS		17b. LICENSE NUMBER (Of licensee) M1497		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
	PLACE OF DEATH (19-22) 19. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DOK ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify): 20. FACILITY NAME (If not facility, give street and number) 1211 S. 7TH ST. 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE CHALLIS, ID 83226 22. COUNTY OF DEATH CUSTER					
PLACE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 30, 2020		24. TIME OF DEATH (24hr) Estimated 01:25 - 01:32		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 30, 2020	
	26. TIME PRONOUNCED DEAD (24hr) 01:32		27. CAUSE OF DEATH PART I. Enter the chain of events - 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. COMPLICATION OF RECENT DISSECTED AORTIC ANEURYSM REPAIR DUE TO (or as a consequence of) b. HISTORY OF SURGICAL ANEURYSM REPAIRS DUE TO (or as a consequence of) c. DUE TO (or as a consequence of):			
DATE OF DEATH	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 15-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of 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) March 30, 2020	
CAUSE OF DEATH	33. TIME OF INJURY (24hr) 01:25 - 01:32		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:		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.			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify):		38b. WHAT SAFETY DEVICES 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 REGISTERED NURSE ☒ CORONER	
	39b. LICENSE NUMBER		39c. DATE SIGNED 3 / 31 / 2020 MM DD YYYY			
CERTIFIER	40a. REGISTRAR'S SIGNATURE James B. Gaydelotte		40b. DATE SIGNED 4 / 2 / 2020 MM DD YYYY			
	41. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CHAD WORKMAN, PO BOX 365 CHALLIS, ID 83226					

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.

APRIL 02, 2020

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR

PHNCO 0001-0015



250005
Custer County Rec. of

Custer County Title

Time 2:21 PM Date 3/16/2015

Lara H. Baker, Clerk

Cathy Crisman \$ 13.00
Deputy

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by ALTON L. LEATON, as Personal Representative of the Estate of RUTH C. LEATON, deceased, Grantor, to DENNIS JOHN SAY AKA, a married person, Grantee, whose address is Box 65, Challis, Idaho 83226,

WHEREAS, Grantor is the qualified personal representative of said estate filed as Case No. CV-2014-223 in Custer County, Idaho,

THEREFORE, for valuable consideration received, Grantor quit claims, transfers and conveys to Grantee, as his sole and separate property, all of the Grantor's interest in the following described real property in Custer County, Idaho:

Lots 2, 4, 6 and 8 in Block 75; Lots 2, 4, 6, 8, 10, and 12 in Block 76 of Challis Original, together with the following described parcel:

Beginning at the NW corner of Lot 2, Block 75; thence East to the NE corner of Lot 8, Block 75; thence South to the SE corner of Lot 8, Block 75; thence East to the SW corner of Lot 2, Block 76; thence North to the SW corner of Block 64; thence West to the SW corner of Block 63; thence South to the NW corner of Lot 2, Block 75, the point of beginning.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining, and the reversions, remainder and remainders, and rents, issues and profits thereof.

SUBJECT TO all public easements, rights of way, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments.

TO HAVE AND TO HOLD all and singular the above mentioned and described premises, together with the appurtenances, unto Grantee, and to Grantee's successors and assigns forever together with all appurtenances.

The property described herein is transferred to the Grantee as the sole and separate property of the Grantee and the income, rents and profits therefrom shall remain the sole and separate property of the Grantee.

EXECUTED this 13 day of March, 2015



Alton L. Leaton, Personal Representative
of the Estate of Ruth C. Leaton, deceased.

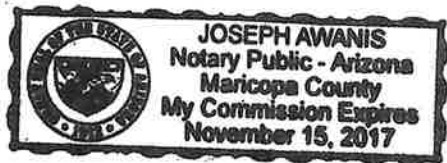
250095

STATE OF ARIZONA

County of *Maricopa*

ON THIS *13th* day of March, 2018, before me, the undersigned, a Notary Public in and for the State of Arizona, personally appeared *AFIONA TEATON*, who by me being duly sworn, did say that she is the Personal Representative of the ESTATE OF *RUTH C. TEATON*, deceased, and that the foregoing document was signed on behalf of the ESTATE OF *RUTH C. TEATON* by authority, and *AFIONA TEATON* acknowledged to me that she executed the same as such Personal Representative.

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



[Signature]
Notary Public for Arizona
Residing at *3502 W. Beard, Glendale, Az*
My commission expires *11-15-2017*



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

September 20, 2021

DUSTIN SAVAGE
520 S 7TH ST
CHALLIS ID 83226-4855

Re: Change in Ownership for Water Right No(s): 72-117C & 72-7290

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 Amanda.veibell@idwr.idaho.gov or (208) 287-4945.

Sincerely,

Amanda Johnson-Veibell
Technical Records Specialist 1

Enclosure(s)



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, 2021

DUSTIN SAVAGE
520 S 7TH ST
CHALLIS ID 83226-4855

RE: Change in Ownership: 72-117C & 72-7290

Dear Interested Parties:

The Department of Water Resources (Department) acknowledges receipt of your Notice of Change in Water Right Ownership (Notice).

Our review of your Notice indicates that additional information is required before the Department can process the change. The information required is indicated below:

_____ Evidence of Water Right Ownership: copy of Deed, Title Policy, Contract of Sale, or other legal document indicating your ownership of the property and/or water rights in question

Please provide documentation showing the conveyance of property from Dennis Savage to Rosemary Savage.

Because the Department cannot process the Notice without proper documentation, we will hold any action on your notice pending receipt of the necessary information. If we do not receive the necessary information within 30 days we will return your notice and all attachments and your notice will not be processed.

Also, please note that permit holders are required to report any change of ownership and/or mailing address to the Department within 120 days of the change. Forms to assign ownership or update your address are available from any office of the Department or on the Department's website.

If you have any questions regarding this matter, please contact me at Amanda.veibell@idwr.idaho.gov or (208) 287-4945.

Sincerely,

Amanda Johnson-Veibell
Technical Records Specialist 1

Enclosure(s)

Jun-16-2021

Jonie

Hi, Hopefully I
did this right
If you need
anything else
from my please

Call 1-208-993-9476

or write

Dustin Savage
5205 7th St.

Challis Id 83226

Thanks Dustin