

RECEIVED

JAN 21 2021

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESWATER RESOURCES  
WESTERN REGION

JAN 25 2021

## Notice of Change in Water Right Ownership

DEP 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 of 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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 37-8099               | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 37-13335              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 37-13336              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Elizabeth M Powers  
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Sean, Andrea Powers  
New owner(s) as listed on the conveyance document Name connector ☒ and ☐ or ☐ and/or

7561 East 101 Ranch Loop Road King Hill Idaho 83633  
Mailing address City State ZIP

(208) 590-1325 Sap movies 1 @ GMail. 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: November 19 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):
- ☐ \$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: Sean Powers owner 01-20-21  
Signature of new owner/claimant Title, if applicable Date

Signature: Andrea Powers owner 01-20-21  
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by AS Date 01/21/2021 Receipt No. W049035 Receipt Amt. \$75<sup>00</sup>

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 AS Date 2-25-21

SUPPORT DATA

IN FILE # 37-8099

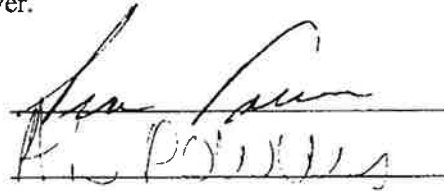
Instrument # 485406 # Pages: 2  
ELMORE COUNTY, Idaho  
Nov 09, 2020 1:32:54 pm Fee: \$ 15.00  
For: POWERS, SEAN  
SHELLEY ESSL, Recorder  
JULIE, Deputy

**QUITCLAIM DEED**

FOR VALUE RECEIVED, Made this **16th day of October, 2020**, between  
Sean Maloney Powers, a married man and Audra L Powers, his wife as Grantor(s)  
and Sean Maloney Powers and Audra L Powers, husband and wife, as community property with  
right of survivorship as Grantee(s)  
whose current address is: 7561 E 1010 Ranch Road, King Hill, Idaho 83633  
HEREINAFTER GRANTOR DOES RELEASE AND FOREVER QUITCLAIM UNTO  
GRANTEE, and to their heirs and assigns all right, title and interest in that certain lot, piece or  
parcel of land, situate, lying and being in, County of **Elmore**, State of Idaho, particularly  
described as follows, to wit:

**See Exhibit "A" attached hereto and made a part hereof.**

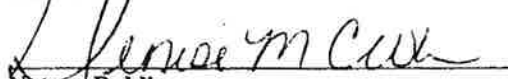
TO HAVE AND TO HOLD, All and singular the said premises, together with the appurtenances,  
unto the Grantee(s) and their heirs and assigns forever.

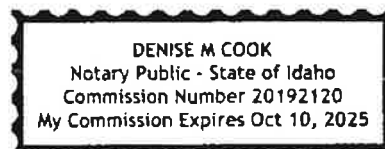


State of Idaho  
County of Elmore

On this \_\_\_\_\_ day of October, 2020, before me, the undersigned, a Notary Public, in and for  
said State, personally appeared, SEAN MALONEY POWERS AND AUDRA L POWERS,  
KNOWN to me, and/or identified to me on the basis of satisfactory evidence, to be the person(s)  
whose name(s) is/are subscribed to the within instrument and acknowledged to me that  
they/he/she executed the same.

WITNESS MY HAND AND OFFICIAL SEAL

  
Notary Public  
Residing at: Mountain Home, ID  
Commission Expires: 10/10/2025



## EXHIBIT A

Township 5 South, Range 11 East, Boise Meridian, Elmore County, Idaho

Section 9: E $\frac{1}{2}$ SE $\frac{1}{4}$

Section 10: SW $\frac{1}{4}$ SW $\frac{1}{4}$ , SE $\frac{1}{4}$ SW $\frac{1}{4}$

SW $\frac{1}{4}$ SE $\frac{1}{4}$  SAVE AND EXCEPT a portion of the SW $\frac{1}{4}$ SE $\frac{1}{4}$ , described as follows:

Commencing at the Southeast Corner, Section 10, Township 5 South, Range 11 East, B.M.; thence North 0°05'22" East 1318.68 feet along the east boundary of said Section 10; thence North 89°47'10" West 1319.36 feet to the Northeast corner of the SW $\frac{1}{4}$ SE $\frac{1}{4}$  of said Section 10, said point being the Real Point of Beginning; thence North 89°47'10" West 330.00 feet along the northerly boundary South 0°11'14" West 660.00 feet along a line parallel to the easterly boundary of the SW $\frac{1}{4}$ SE $\frac{1}{4}$  of said Section 10; thence South 89°47'10" East 330.00 feet along a line parallel to the northerly boundary of the SW $\frac{1}{4}$ SE $\frac{1}{4}$  of said Section 10; then North 0°11'14" East 660.00 feet along the easterly boundary of the SW $\frac{1}{4}$ SE $\frac{1}{4}$  of said Section 10 to the Real Point of Beginning.

Section 15: E $\frac{1}{2}$ NW $\frac{1}{4}$ , SW $\frac{1}{4}$ NW $\frac{1}{4}$ , SAVE AND EXCEPT a parcel of land located in the NW $\frac{1}{4}$  Section 15, T5S, R11E, B.M., Elmore County, Idaho more particularly described as follows:

Beginning at the Southwest Corner of said NW $\frac{1}{4}$ , also being the Real Point of Beginning; thence along the Westerly boundary of said NW $\frac{1}{4}$  N 00°18'00" W 683.12 feet; thence S 45°44'17" E 983.83 feet to a point on the southerly boundary of said NW $\frac{1}{4}$ ; thence along the southerly boundary of said NW $\frac{1}{4}$  N89°42'36" W 701.01 feet to the Real Point of Beginning.

Instrument # 0000482836  
ELMORE COUNTY, ID  
11:36:25 AM Aug 12, 2020  
For ALLIANCE TITLE - BOISE PRODUCE  
No. of Pages: 3 Fee: \$15.00  
SHELLEY ESSL, Recorder  
DE, Deputy  
Electronically Recorded by Simplifile

Recording Requested By and  
When Recorded Return to:

John McGown, Jr.  
Hawley Troxell Ennis & Hawley LLP  
877 Main Street, Suite 1000  
Boise, ID 83702

## ACCOMMODATION

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

### GRANT DEED

THIS GRANT DEED is made this 4 day of August, 2020, by Elizabeth M. Powers, a widow ("**Grantor**") and Sean Maloney Powers, a married man, as his sole and separate property ("**Grantee**"), whose address is 7561 E. 1010 Ranch Road, King Hill, Idaho 83633.

### WITNESSETH:

FOR VALUE RECEIVED, GRANTOR does hereby grant, sell and convey to GRANTEE and to his successors and assigns forever, all that certain real property located in Elmore County, State of Idaho, more particularly described as:

See Exhibit A attached hereto and incorporated herein by this reference.

TOGETHER WITH all and singular the buildings and improvements thereon, if any, water and water rights thereto, if any, and any rights of way, easements, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, and the remainder and remainders thereof and the rents, issues and profits thereof (collectively the "**Premises**").

TO HAVE AND TO HOLD all and singular the above-described Premises, together with the appurtenances unto GRANTEE, and to his successors and assigns forever.

Grantor makes no covenants or warranties with respect to title to the Premises, express or implied, other than (i) that previous to the date of this instrument, Grantor has not conveyed the same estate or any right, title or interest therein to any person other than Grantee and (ii) Grantor hereby covenants with Grantee that the Premises at the execution of this instrument are free from all encumbrances done, made or suffered by Grantor or any person claiming under Grantor, SUBJECT TO (a) reservations or restrictions in federal patents or state deeds or in laws providing for such patents or

deeds, and (b) to all easements, restrictions, agreements or other matters of record or appearing from a survey or inspection of the Premises.

IN WITNESS WHEREOF, GRANTOR has hereunto executed this Grant Deed as of the day and year first above written.

GRANTOR:

Elizabeth M. Powers  
Elizabeth M. Powers

STATE OF IDAHO           )  
                                      ) ss.  
County of Ada            )

On this 4<sup>th</sup> day of August, 2020, before me,  
Monica L. Vail, a Notary Public in and for said state,  
personally appeared Elizabeth M. Powers, known or identified to me to be the person  
whose name is subscribed to the foregoing instrument, and acknowledged to me that  
she 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.



Monica L. Vail  
Notary Public for Idaho  
Residing at Meridian, ID  
My commission expires April 9, 2025

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Township 5 South, Range 11 East, Boise Meridian, Elmore County, Idaho

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Section 10: SW $\frac{1}{4}$ SW $\frac{1}{4}$ , SE $\frac{1}{4}$ SW $\frac{1}{4}$

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Instrument # 0000482684  
ELMORE COUNTY, ID  
10:28:59 AM Aug 07, 2020  
For ALLIANCE TITLE - BOISE PRODUCE  
No. of Pages: 3 Fee: \$15.00  
SHELLEY ESSL, Recorder  
DE, Deputy  
Electronically Recorded by Simplifile

Recording Requested By and  
When Recorded Return to:

John McGown, Jr.  
Hawley Troxell Ennis & Hawley LLP  
877 Main Street, Suite 1000  
Boise, ID 83702

ELECTRONICALLY RECORDED - DO NOT  
REMOVE THE COUNTY STAMPED FIRST  
PAGE AS IT IS NOW INCORPORATED AS  
PART OF THE ORIGINAL DOCUMENT.

## ACCOMMODATION

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

### GRANT DEED

THIS GRANT DEED is made this 4 day of August, 2020, by Elizabeth M. Powers, as Trustee of The Jack Powers and Betty Powers Family Trust - Trust A, as established under agreement dated January 13, 1997 ("Grantor") and Elizabeth M. Powers, a widow ("Grantee"), whose address is 3154 S. Crabapple Lane, Boise, ID 83706.

### WITNESSETH:

FOR VALUE RECEIVED, GRANTOR does hereby grant, sell and convey to GRANTEE and to her successors and assigns forever, all that certain real property located in Elmore County, State of Idaho, more particularly described as:

See Exhibit A attached hereto and incorporated herein by this reference.

TOGETHER WITH all and singular the buildings and improvements thereon, if any, water and water rights thereto, if any, and any rights of way, easements, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, and the remainder and remainders thereof and the rents, issues and profits thereof (collectively the "Premises").

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[SIGNATURE ON FOLLOWING PAGE]



Recording Requested By and  
When Recorded Return to:

John McGown, Jr.  
Hawley Troxell Ennis & Hawley LLP  
877 Main Street, Suite 1000  
Boise, ID 83702

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[SIGNATURE ON FOLLOWING PAGE]

10127.0002.13045992.1

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

SEP 19 2002

State of Idaho  
**CERTIFICATE OF DEATH**

State File No. **6705**  
Local Reg. No. \_\_\_\_\_

PRINT A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS FINAL EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2401 & 39-274

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                          |                                                            |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN | <b>DECEDENT - NAME</b> FIRST <b>FRANKLIN</b> MIDDLE <b>JACK</b> LAST <b>POWERS</b>                                                                                                                                                                                                                                                                                                                      |                      | SEX <b>Male</b>                                                                                                                                                                                                                                                                                                                                                          | DATE OF DEATH (Month, Day, Year) <b>September 16, 2002</b> |
|                                                              | SOCIAL SECURITY NUMBER _____                                                                                                                                                                                                                                                                                                                                                                            |                      | AGE - Last Birthday (Yrs.) <b>73</b>                                                                                                                                                                                                                                                                                                                                     | DATE OF BIRTH (Month, Day, Year) <b>October 3, 1928</b>    |
|                                                              | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          |                      | PLACE OF DEATH (Check only one)<br>(1) <input type="checkbox"/> Inpatient (2) <input type="checkbox"/> ER/Outpatient (3) <input type="checkbox"/> DOA (4) <input checked="" type="checkbox"/> Long-Term Care Facility (5) <input type="checkbox"/> Own Residence (6) <input type="checkbox"/> Other Private Residence (7) <input type="checkbox"/> Other (Specify) _____ |                                                            |
|                                                              | FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)<br><b>* Idaho State Veterans Home</b><br><b>320 Collins Road</b>                                                                                                                                                                                                                                                  |                      | CITY, TOWN OR LOCATION OF DEATH<br><b>Boise</b>                                                                                                                                                                                                                                                                                                                          |                                                            |
| NAME OF DECEDENT: For use by physician or institution        | MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                                                                 |                      | SURVIVING SPOUSE (If wife, give maiden name)<br><b>Elizabeth Maloney</b>                                                                                                                                                                                                                                                                                                 |                                                            |
|                                                              | DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Rancher</b>                                                                                                                                                                                                                                                                                 |                      | KIND OF BUSINESS / INDUSTRY<br><b>Livestock</b>                                                                                                                                                                                                                                                                                                                          |                                                            |
|                                                              | RESIDENCE STATE<br><b>Idaho</b>                                                                                                                                                                                                                                                                                                                                                                         | COUNTY<br><b>Ada</b> | CITY, TOWN OR LOCATION<br><b>Boise</b>                                                                                                                                                                                                                                                                                                                                   | STREET AND NUMBER<br><b>3154 S. Crabapple Lane</b>         |
|                                                              | INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |                      | WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                         |                                                            |
| PARENTS                                                      | FATHER - NAME<br><b>Harold J. Powers</b>                                                                                                                                                                                                                                                                                                                                                                |                      | BIRTHPLACE<br><b>Eagleville, California</b>                                                                                                                                                                                                                                                                                                                              |                                                            |
|                                                              | MOTHER - FULL MAIDEN NAME<br><b>Marie Street</b>                                                                                                                                                                                                                                                                                                                                                        |                      | BIRTHPLACE<br><b>Lake City, California</b>                                                                                                                                                                                                                                                                                                                               |                                                            |
|                                                              | INFORMANT'S NAME (Type/print)<br><b>Elizabeth Powers</b>                                                                                                                                                                                                                                                                                                                                                |                      | MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>3154 S. Crabapple Lane, Boise, Idaho 83706</b>                                                                                                                                                                                                                            |                                                            |
|                                                              | METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Idaho                                                                                                                                                                                                                                                      |                      | PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Glenn Rest Cemetery</b>                                                                                                                                                                                                                                                                         |                                                            |
| DISPOSITION                                                  | SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                    |                      | LICENSE NUMBER (of Licensee)<br><b>M-887</b>                                                                                                                                                                                                                                                                                                                             |                                                            |
|                                                              | NAME AND ADDRESS OF FACILITY<br><b>Summers Funeral Homes, Boise Chapel</b><br><b>1205 W. Bannock, Boise, Idaho 83702</b>                                                                                                                                                                                                                                                                                |                      | MANNER OF DEATH (Check One)<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident-Determined <input type="checkbox"/> Pending Investigation                                                                                                                                |                                                            |
|                                                              | TIME OF DEATH<br><b>11:40 P.</b>                                                                                                                                                                                                                                                                                                                                                                        |                      | DATE PRONOUNCED DEAD (Month, Day, Year)<br><b>September 16, 2002</b>                                                                                                                                                                                                                                                                                                     |                                                            |
|                                                              | 27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.<br><b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b><br>a. <b>Pneumonia</b><br>DUE TO (or as a consequence of):<br>b. _____<br>c. _____<br>d. _____            |                      | Approximate Interval Between Onset and Death<br><b>10 days</b>                                                                                                                                                                                                                                                                                                           |                                                            |
| CAUSE OF DEATH                                               | 27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.<br><b>Parkinson's Disease, Coronary Artery Disease</b>                                                                                                                                                                                                                       |                      | WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                         |                                                            |
|                                                              | CERTIFIER (Check only one)<br><input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.<br><input type="checkbox"/> 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 as stated. |                      | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                       |                                                            |
|                                                              | SIGNATURE AND TITLE OF CERTIFIER<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                  |                      | LICENSE NUMBER<br><b>M5967</b>                                                                                                                                                                                                                                                                                                                                           |                                                            |
|                                                              | NAME AND ADDRESS OF CERTIFIER (Type/print)<br><b>Robert F. Smith, M.D., 320 Collins Road, Boise, Idaho 83702 phone #334-5000</b>                                                                                                                                                                                                                                                                        |                      | DATE SIGNED (Month, Day, Year)<br><b>9/18/02</b>                                                                                                                                                                                                                                                                                                                         |                                                            |
| TO BE USED FOR EXTERNAL CAUSES ONLY                          | DATE OF INJURY (Mo, Day, Yr)<br>_____                                                                                                                                                                                                                                                                                                                                                                   |                      | HOUR OF INJURY<br>_____                                                                                                                                                                                                                                                                                                                                                  |                                                            |
|                                                              | DESCRIBE HOW INJURY OCCURRED<br>_____                                                                                                                                                                                                                                                                                                                                                                   |                      | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)<br>_____                                                                                                                                                                                                                                                                               |                                                            |
|                                                              | INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                             |                      | IF TRANSPORTATION ACCIDENT, Specify<br><input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____                                                                                                                                                                                       |                                                            |
|                                                              | CORONER'S ACTION<br>I have reviewed and/or amended, and certified.                                                                                                                                                                                                                                                                                                                                      |                      | CORONER'S SIGNATURE<br>_____                                                                                                                                                                                                                                                                                                                                             |                                                            |
| CORONER'S REVIEW AREA                                        | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                             |                      | DATE FILED (Month, Day, Year)<br><b>SEP 19 2002</b>                                                                                                                                                                                                                                                                                                                      |                                                            |
|                                                              | REGISTRAR<br><b>Sue Clark</b>                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                          |                                                            |

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.

SEP 19 2002

DATE ISSUED: \_\_\_\_\_

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

JANE S. SMITH  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# Elmore County, Idaho

clover creek - upper 5M

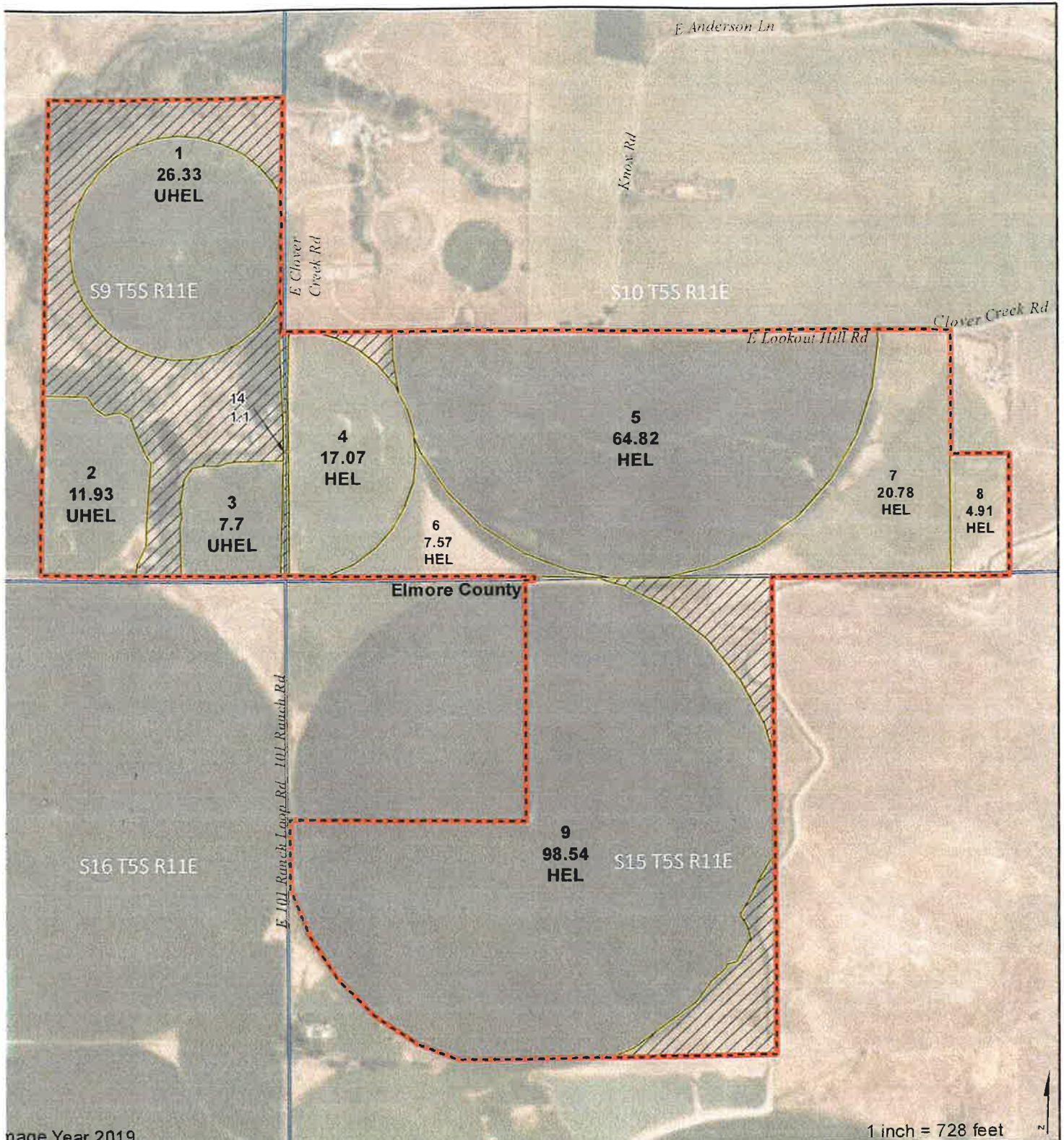


Image Year 2019

**Common Land Unit**

- Tract Boundary
- PLSS
- County Boundary
- Non-Cropland
- Cropland

## Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

Tract Cropland Total: 259.65 acres

2020 Program Year

Map Created April 13, 2020

**Farm 2051**  
**Tract 17**

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).



**State of Idaho**

**DEPARTMENT OF WATER RESOURCES**

Southern Region • 650 ADDISON AVE W STE 500 • TWIN FALLS, ID 83301-5858  
Phone: (208)736-3033 • Fax: (208)736-3037 • Website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

Brad Little  
Governor

Gary Spackman  
Director

February 25, 2021

SEAN MALONEY POWERS  
7561 E 101 RANCH LOOP RD  
KING HILL ID 83633-3390

AUDRA L POWERS  
7561 E 101 RANCH LOOP RD  
KING HILL ID 83633-3390

Re: Change in Ownership for Water Right Nos: 37-8099, 37-13335 & 37-13336

Dear Water Right Holders:

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water rights 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) 736-3033.

Sincerely,

Bill Mills  
Water Resource Agent, Senior

Enclosures