

AUG 03 2020

WATER RESOURCES
WESTERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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 #6](#) of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
65-12465	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: Howard D. Frost and/or Sharon Bruno
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Sharon Bruno
New owner(s) as listed on the conveyance document
- Mailing address: 1078 Juniper St. N City: Keizer Name connector: ☐ and ☐ or ☐ and/or
503-393-4621 Telephone: 503-393-4621 State: OR ZIP: 97303
Email: Sherie.bruno@gmail.com

4. If the water rights and/or adjudication claims were split, how did the division occur? N/A
☐ 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: 5/20/20

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: Sharon Bruno Title, if applicable: _____ Date: 7/27/20
Signature of new owner/claimant
- Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant

For IDWR Office Use Only: No fee to remove deceased

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: LE Processed by: LE Date: 11/1/2021

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. 2020-05883

06/02/2020

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
EMMETT SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §30-2105 AND §30-2106, IDAHO CODE. Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOK. PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSE, THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE. REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) HOWARD DWIGHT FROST 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE-Last Birthday 89 (Years) 4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____ 5. DATE OF BIRTH (Mo/Day/Yr) [REDACTED] 6. BIRTHPLACE (City and State, Territory, or Foreign Country) HUNTINGTON PARK, CALIFORNIA 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY GEM 7c. CITY OR TOWN EMMETT 7d. STREET AND NUMBER 9845 HIGHWAY 52 7e. APT. NO. [REDACTED] 7f. ZIP CODE 83617 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) [REDACTED] 10. EVER IN U.S. ☐ Yes ☐ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) CLYDE ELMER FROST 11b. BIRTHPLACE (State, Territory, or Foreign Country) MISSOURI 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) CLARA ELIZABETH MARQUIS 12b. BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA 13a. INFORMANT'S NAME (Type or print) SHERIE BRUNO 13b. RELATIONSHIP TO DECEDENT DAUGHTER 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1078 JUNIPER ST. N. KEIZER, OR 97303 14. METHOD OF DISPOSITION ☐ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____ 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) POTTER CREMATORY 228 E. MAIN ST. EMMETT, IDAHO 83617 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY POTTER FUNERAL CHAPEL P.O. BOX 687 EMMETT, IDAHO 83617 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JOHN L. BUCK 17b. LICENSE NUMBER (Of licensee) M0645 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ D.O.A. ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [REDACTED] 20. FACILITY NAME (If not facility, give street and number) 9845 HIGHWAY 52 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE EMMETT, ID 83617 22. COUNTY OF DEATH GEM 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) [REDACTED] 24. TIME OF DEATH (24hr) [REDACTED] 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 21, 2020 26. TIME PRONOUNCED DEAD (24hr) [REDACTED] 27. CAUSE OF DEATH PART I. Enter the chain of events—disease, 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. [REDACTED] b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. [REDACTED] PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. Did any condition contribute to death? 30. IF FEMALE (Aged 15-54): ☐ 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 ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY (24hr) 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/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 REGISTERED NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural 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: ELECTRONICALLY SIGNED: JOHN L. BUCK 39b. LICENSE NUMBER 39c. DATE SIGNED 6 / 1 / 2020 MM DO YYYY 40a. REGISTRAR'S SIGNATURE James B. Galtte 40b. DATE SIGNED 6 / 2 / 2020 MM DO 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: JUNE 02, 2020

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

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region • 2735 W AIRPORT WAY • BOISE, ID 83705-5082

Phone: (208)334-2190 • Fax: (208)334-2348 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

January 11, 2021

SHARON BRUNO
1078 JUNIPER ST N
KEIZER OR 97303-6267

Re: Change in Ownership for Water Right No: 65-12465

Dear Water Right Holder:

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right 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) 334-2190.

Sincerely,

for Lynne Evans
Office Specialist II

Enclosure