

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

FEB 11 2021

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?
73-10004	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: Louanne Hess
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Tara Kurtzbein
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 1211 Custer Rd. Ellis ID 83235
Mailing address City State ZIP
- 208-220-6316 tara.kurtzbein@live.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: 7/27/2020
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: Tara Kurtzbein Title, if applicable _____ Date 2/11/2021
Signature of new owner/claimant

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

For IDWR Office Use Only:

Received by KM Date 2.11.21 Receipt No. C109913 Receipt Amt. \$ 25.00

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing di W-9 received? Yes ☐ No ☒

Name on W-9 _____ Approved by _____ Processed by di Date 2/23/2021

WARRANTY DEED

For Value Received, I, LOUANNE HESS, do hereby grant, bargain, sell and convey unto TARA L. KURTZBEIN, an individual, whose address is: 1245 Custer Road, Ellis, Idaho 83235

the following described premises in CUSTER County, Idaho, to-wit:

Township 16 North, Range 20 East, Boise Meridian, Custer County, Idaho.

Section 36: A fraction of the NE4SW4 described as:

Commencing at the NE Corner of said NE4SW4; thence South 47°45' West, 760.8 feet to the POINT OF BEGINNING.
thence South 66°16' East, 109.2 feet;
thence South 35°19' East, 245.6 feet;
thence South 76°29' West, 238.0 feet;
thence North 09°10' West along the Easterly side of the County Road 273.1 feet;
thence North 46°26' East, 45 feet to the POINT OF BEGINNING.

SUBJECT TO an easement for ingress, egress and all utilities, more particularly described as follows:

Beginning at a point which is South 08°35'55" West 161.50 feet, thence South 55°53'46" West 642.34 feet, thence South 46°26' West 45 feet from the center quarter corner of Section 36 Township 16 North, Range 20 East, Boise Meridian, Custer County Idaho to the northwesterly corner of said parcel, run thence South 09°10' East 38 feet, said point being the beginning of this easement, said easement being 10 feet on either side of the following described centerline, running thence North 42°32' 53" East more or less to a point on the northerly line of said parcel boundary.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantees, that they are the owners of said premises; and that they are free from all encumbrances

and that they will warrant and defend the same from all lawful claims whatsoever.

Dated: 7/27/20

Louanne Hess
LOUANNE HESS

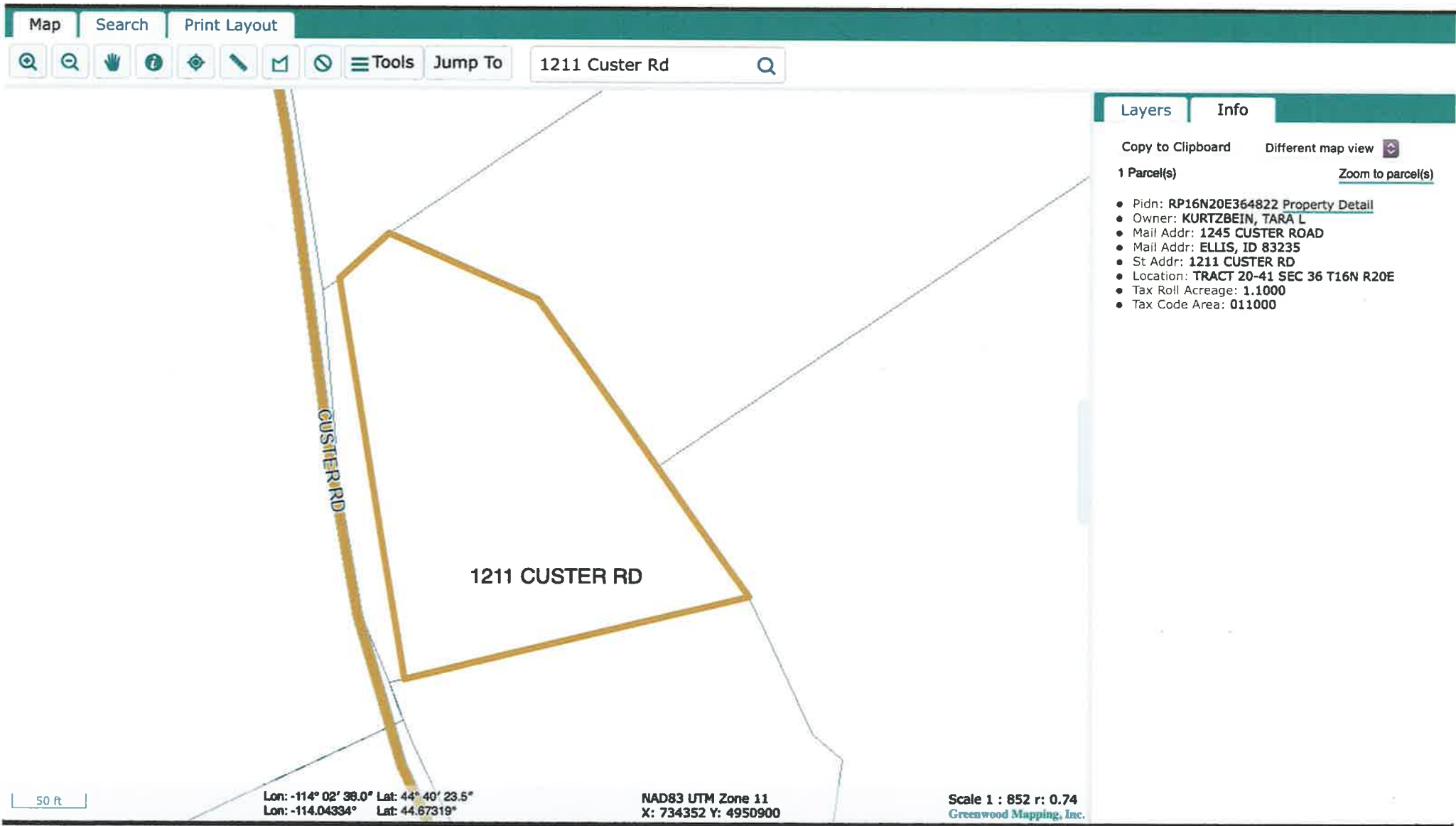
STATE OF IDAHO)ss:
COUNTY OF)

On this 27 day of July, in the year of 2020, before me, a Notary Public, in and for the said State, personally appeared LOUANNE HESS, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

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

Ryan E Millick
Notary Public for the State of IDAHO
Residing at: CHALLIS
Commission Expires: 9-21-23





State of Idaho
Department of Water Resources
Water Right License
73-10004



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.035 0.07 0.14 Miles



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. 2014-08288

09/08/2014

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHOULD BE USED AS PROOF OF THE DEATH UNDER PENALTY OF PERJURY AND EM-27A, IDOW CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix) JAMES LEE HESS		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE Last Birthday 61 (Years)		4b. UNDER 1 YEAR Months: 06 Days: 30 Hours: 18 Minutes: 03	
FOR INSTRUCTIONS SEE HANDBOOK	5. DATE OF BIRTH (Mo/Day/Yr) 06/30/1953		6. BIRTHPLACE (City and State, Territory, or Foreign Country) POCATELLO, IDAHO	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. CITY OR TOWN ELLIS	
PARENTS	7c. STREET AND NUMBER 1211 CUSTER ROAD		7d. APT. NO. 83235	7e. 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) LOUANNE GALE ROUF	
INFORMANT	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (Print, Middle, Last, Suffix) HAROLD EDWIN HESS	
	12a. MOTHER'S MAIDEN NAME (Print, Middle, Last, Suffix) VICTORIA RICHARDSON		11b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS	
DISPOSITION	13a. INFORMANT'S NAME (Type or print) LOUANNE HESS		13b. RELATIONSHIP TO DECEDENT WIFE	
	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) DAILY LEACH CREMATORY 1010 WEST MAIN STREET HAMILTON, MONTANA 59840	
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY JONES AND CASEY FUNERAL HOME - CHALLIS 801 LENA STREET SALMON, IDAHO 83467		17a. LICENSE NUMBER (Of licensee) M0883	
	17b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: TAMMY J. BOWERMAN		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ JCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) ☐ SPORTSMAN ACCESS		20. FACILITY NAME (If not facility, give street and number) W 44 41MINS 12.9 SECS W 114.3MINS 23.9 SEC	
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ELLIS, ID 83235		22. COUNTY OF DEATH CUSTER	
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 2, 2014		24. TIME OF DEATH (24hr) Estimated 08:00 - 11:00	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 3, 2014		26. TIME PRONOUNCED DEAD (24hr) 13:23	
CERTIFIER	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) → SELF INFLICTED GUNSHOT WOUND TO THE FOREHEAD DUE TO (or as a consequence of): a. _____ b. _____ c. _____ d. _____ UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death): a. _____ b. _____ c. _____ d. _____			
	PART II. Enter some statistically conditions contributing to death, but not resulting in the underlying cause given in Part I: 28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 29. IF FEMALE (Aged 12-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year 30. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 31. MANNER OF DEATH ☐ Homicide ☐ Accident ☒ Suicide ☐ Pending investigation ☐ Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) September 2, 2014 33. TIME OF INJURY (24hr) Estimated 08:00 - 11:00 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) SPORTSMAN'S ACCESS AT ELLIS 35. INJURY AT WORK? ☐ Yes ☒ No 36. LOCATION OF INJURY: State IDAHO City/Town or County ELLIS, CUSTER Zip Code 83235 Street and Number or Location ACROSS FROM CUSTER ROAD Apartment Number _____ 37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) HE SHOT HIMSELF IN THE FOREHEAD WITH A 22 CALIBER PISTOL 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 cause(s) 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) stated. Signature and Title of Certifier → ELECTRONICALLY SIGNED: VICKI ARMBRUSTER 39b. LICENSE NUMBER _____ 39c. DATE SIGNED 9 / 7 / 2014 MM DD YYYY 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) VICKI ARMBRUSTER, PO BOX 1127 CHALLIS, ID 83228 40a. REGISTRAR'S SIGNATURE James B. Galt 40b. DATE SIGNED 9 / 8 / 2014 MM DD YYYY			

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:

SEP 08 2014

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

FANCO (01/1) 8072

JAMES B. AYDELOTTE
STATE REGISTRAR





State of Idaho

DEPARTMENT OF WATER RESOURCES

322 E FRONT ST STE 648 PO BOX 83720 • BOISE, ID 83720-0098

Phone: (208)287-4800 • Fax: (208)287-6700 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

February 24, 2021

TARA KURTZBEIN
1211 CUSTER RD
ELLIS ID 83235-5001

Re: Change in Ownership for Water Right No: 73-10004

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) 287-4920.

Sincerely,

Debbi Judd
Technical Records Specialist

Enclosures