



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N MINERAL DR STE 100 • COEUR D ALENE, ID 83815-7763

Phone: (208)762-2800 • Fax: (208)769-2819 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

December 14, 2020

JACOB SIMLER
602 S PEACH ST
KAMIAH ID 83536-6054

RE: Water Right Change in Ownership No(s): 84-10123

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:

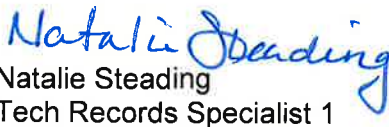
- Filing Fee of \$25 per water right

Because the Department cannot process the Notice without proper fees, we will hold any action on your notice pending receipt of the necessary fees. If we do not receive the necessary fees 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. Failure to report these changes could result in a \$100 late filing fee. 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 (208) 762-2813.

Sincerely,


Natalie Steading
Tech Records Specialist 1

Enclosure(s)

NOV 02 2020

IDWR / NORTH

STATE 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?
84-10123	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: JAMES L. SIMLER
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Jacob Simler
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

6025 Peach St. Kamiah Id 83536
Mailing address City State ZIP

208-935-5066 j.simler1968@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: 12-31-2012

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.

8. Signature: Jacob Simler 10-26-2020
Signature of new owner/claimant Title, if applicable Date

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

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 Processed by Date

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed JANUARY 03, 2013

State File No. 2012-11743

DECEDENT - LEGAL NAME JAMES LYLE SIMLER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 74 YEARS	DATE OF BIRTH APRIL 18, 1938
BIRTHPLACE KAMIAH, IDAHO		PLACE OF RESIDENCE KAMIAH, IDAHO	
MARITAL STATUS AT TIME OF DEATH DIVORCED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME FREDRICK JACOB SIMLER			BIRTHPLACE SOUTH DAKOTA
MOTHER - MAIDEN NAME ANNA C. MOON			BIRTHPLACE KANSAS
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DENNIS W. HASTINGS	
NAME AND ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH DEC. 31, 2012	TIME OF DEATH 7:30 A.M.	CITY, TOWN OR LOCATION OF DEATH GRANGEVILLE, IDAHO	COUNTY OF DEATH IDAHO
CAUSE OF DEATH (underlying cause last) a. SYSTEMIC SHUTDOWN OF BODILY FUNCTIONS			Approximate Interval Between Onset and Death MONTHS
b. SECONDARY TO WIDELY METASTATIC PROSTATE CA			
c.			
d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER GUERIN M. WALSH, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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.

JANUARY 03, 2013

DATE ISSUED:

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

PRNCO 00914211

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



FEBRUARY 16, 2011

I, JAMES LYLE SIMLER, LEAVE THE ENTIRETY OF MY PERSONAL POSSESSIONS AND ALL PROPERTY ALONG WITH MY BUSINESS, DBA/ SIMLER'S TIRE SHOP, TO BE SHARED EQUALLY BETWEEN MY DAUGHTER, OLIVIA GAYE SIMLER AND MY SON, JACOB W.L. SIMLER AT MY DEATH.

I ALSO REQUEST THAT AT MY DEATH A SUM OF \$1,000⁰⁰ BE DONATED TO KAMIAH CONGREGATION OF JEHOVAH'S WITNESSES

IT IS MY REQUEST THAT I BE CREMATED AFTER A RESPECTFUL AMOUNT OF VIEWING TIME HAS PASSED.

I REQUEST THAT MY SON, JACOB W.L. SIMLER BE APPOINTED AS PERSONAL REPRESENTATIVE.

James Lyle Simler

Ara D. Lycan
Kamiah, ID - Lewis Co
08-22-2011

