

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 13 2020

DEPT OF WATER RESOURCES  
SOUTHERN REGION

## 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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 43-4239               | 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"/> |
|                       | 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: Alvin Neddo  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Roseella M. Neddo  
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- Mailing address 2252 E. 1500 S. City MAITA State ID ZIP 83342
- Telephone 208-645-2270 Email trudy@rrelectric.com

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: June 30, 1967
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: Roseella M. Neddo Title, if applicable: Owner Date: 10-8-2020  
Signature of new owner/claimant
- Signature: \_\_\_\_\_ Title, if applicable: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of new owner/claimant

### For IDWR Office Use Only:

Received by SC Date 10/13/20 Receipt No. 5038193 Receipt Amt. \$25.00

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 ML Date 10/26/20

LAND TITLE AND ESCROW, INC.

Revenue Stamps

INDEXED

116972

WARRANTY DEED

FOR VALUE RECEIVED, to-wit: \$10.00 and other valuable consideration

ALICE O. NEDDO, a Widow

the grantor does hereby grant, bargain, sell and convey unto

CHARLES ALVIN NEDDO and ROSELLA M. NEDDO, husband and wife,  
the grantee s ,the following described premises, in .....Cassia..... County, Idaho, to-wit:

All that part of Section Twenty-three (23) except the South-west Quarter of the Northwest Quarter (SW $\frac{1}{4}$ NW $\frac{1}{4}$ ) lying North and East of the Sublett, Meadow Creek, Juniper Road. That part of the East Half (E $\frac{1}{2}$ ) of Section Twenty-two (22), that part of the North Half (N $\frac{1}{2}$ ) of Section Twenty-six (26) lying North and East of the Sublett, Meadow Creek, Juniper Road, all of Section Twenty-eight (28), the East Half of the Southeast Quarter (E $\frac{1}{2}$ SE $\frac{1}{4}$ ) and the Northeast Quarter (NE $\frac{1}{4}$ ) of Section Twenty-nine (29), all in Township Thirteen (13) South, Range Twenty-eight (28), East of the Boise Meridian.

TOGETHER WITH an easement for a water pipeline across a portion of Section 26 and Section 32, Township 13 South, Range 28 East of the Boise Meridian, and the right to maintain said pipeline.

ALSO TOGETHER WITH a 1/4 interest in a well located in Section 26, Township 13 South, Range 28 East of the Boise Meridian and the pump and pumping equipment located there-in.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee s  
their heirs and assigns forever. And the said Grantor do es hereby covenant to and with the  
said Grantee s ,that she is the owner in fee simple of said premises; that they are free from all incumbrances, excepting as set out above, and that she will warrant and defend the same from all lawful claims whatsoever.

Witness our hands this 30<sup>th</sup> of June 19 67

Alice O. Neddo

STATE OF IDAHO, COUNTY OF Cassia) ss

On this 30<sup>th</sup> day of June 19 67 ,

filed for  
ck m.  
19

y.

INS

LAND TITLE & ESCROW

RECORDER DEPUTY

CASSIA COUNTY, IDAHO  
FRANK B. KEARNS

MAY 18 1 12 PM '79

FILM 126

RECORDED AT THE REQUEST OF  
LAND TITLE & ESCROW

Presented to and attested by me  
this day of June 19 67  
CALVIN G. HEWLER  
Cassia County

wa Bower

LAND TITLE AND ESCROW, INC.

Revenue Stamps

INDEXED

116972

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FOR VALUE RECEIVED, to-wit: \$10.00 and other valuable consideration

ALICE O. NEDDO, a Widow

the grantor do es hereby grant, bargain, sell and convey unto

CHARLES ALVIN NEDDO and ROSELLA M. NEDDO, husband and wife,

the grantee s, the following described premises, in Cassia County, Idaho, to-wit:

All that part of Section Twenty-three (23) except the Southwest Quarter of the Northwest Quarter (SW $\frac{1}{4}$ NW $\frac{1}{4}$ ) lying North and East of the Sublett, Meadow Creek, Juniper Road. That part of the East Half (E $\frac{1}{2}$ ) of Section Twenty-two (22), that part of the North Half (N $\frac{1}{2}$ ) of Section Twenty-six (26) lying North and East of the Sublett, Meadow Creek, Juniper Road, all of Section Twenty-eight (28), the East Half of the Southeast Quarter (E $\frac{1}{2}$ SE $\frac{1}{4}$ ) and the Northeast Quarter (NE $\frac{1}{4}$ ) of Section Twenty-nine (29), all in Township Thirteen (13) South, Range Twenty-eight (28), East of the Boise Meridian.

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TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee s their heirs and assigns forever. And the said Grantor do es hereby covenant to and with the said Grantee s, that she is the owner in fee simple of said premises; that they are free from all incumbrances, excepting as set out above, and that she will warrant and defend the same from all lawful claims whatsoever.

Witness our hands this 30<sup>th</sup> of June, 1967

*Alice O. Neddo*

STATE OF IDAHO, COUNTY OF Cassia ss

On this 30<sup>th</sup> day of June, 1967, before me, a notary public in and for said State, personally appeared ALICE O. NEDDO, a widow

known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

*Gene B. Baxter*  
Notary Public

Residing at Malta, Idaho  
Comm. Expires May 3, 1971

STATE OF IDAHO, COUNTY OF

I hereby certify that this instrument was filed for

record at the request of

at minutes past o'clock m.,

this day of 19

In my office, and duly recorded in Book

of Deeds at page

Ex-Officio Recorder

By Deputy.

Fees \$

Mail to:

INSTRUMENT No.

LAND TITLE & ESCROW

RECORDED

CASSIA COUNTY, IDAHO

FRANK A. ALLEN

MAY 18 1 12 PM '79

FILED

LAND TITLE & ESCROW

RECORDED AT THE REQUEST OF

LAND TITLE & ESCROW

116972

*June 1967*

*wa down*

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

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

Date Filed **NOVEMBER 26, 2010**

State File No. **2010-09942**

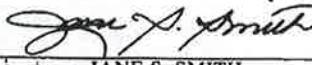
|                                                                                                                                                   |                                                            |                                                                                         |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>DECEDENT - LEGAL NAME</b><br><b>CHARLES ALVIN NEDDO</b><br><b>AKA: LINDY NEDDO</b>                                                             |                                                            |                                                                                         |                                                                       |
| <b>SEX</b><br><b>MALE</b>                                                                                                                         | <b>SOCIAL SECURITY NUMBER</b>                              | <b>AGE</b><br><b>83 YEARS</b>                                                           | <b>DATE OF BIRTH</b><br><b>JULY 22, 1927</b>                          |
| <b>BIRTHPLACE</b><br><b>MALTA, IDAHO</b>                                                                                                          |                                                            | <b>PLACE OF RESIDENCE</b><br><b>MALTA, IDAHO</b>                                        |                                                                       |
| <b>MARITAL STATUS AT TIME OF DEATH</b><br><b>MARRIED</b>                                                                                          |                                                            | <b>NAME OF SURVIVING SPOUSE (if wife, maiden name)</b><br><b>ROSELLA MARGARET TILCH</b> | <b>WAS DECEDENT EVER IN U.S. ARMED FORCES?</b><br><b>NO</b>           |
| <b>FATHER - NAME</b><br><b>ISAAC JAMES NEDDO, JR</b>                                                                                              |                                                            |                                                                                         | <b>BIRTHPLACE</b><br><b>UTAH</b>                                      |
| <b>MOTHER - MAIDEN NAME</b><br><b>ALICE OSTERHOUT</b>                                                                                             |                                                            |                                                                                         | <b>BIRTHPLACE</b><br><b>IDAHO</b>                                     |
| <b>METHOD OF DISPOSITION</b><br><b>BURIAL</b>                                                                                                     |                                                            | <b>FUNERAL SERVICE LICENSEE</b><br><b>JEFFREY H. RASMUSSEN</b>                          |                                                                       |
| <b>NAME AND ADDRESS OF FUNERAL FACILITY</b><br><b>RASMUSSEN FUNERAL HOME, BURLEY, IDAHO</b>                                                       |                                                            |                                                                                         |                                                                       |
| <b>DATE OF DEATH</b><br><b>NOV. 23, 2010</b>                                                                                                      | <b>TIME OF DEATH</b><br><b>1:00 A.M.</b>                   | <b>CITY, TOWN OR LOCATION OF DEATH</b><br><b>TWIN FALLS, IDAHO</b>                      | <b>COUNTY OF DEATH</b><br><b>TWIN FALLS</b>                           |
| <b>CAUSE OF DEATH (underlying cause last)</b><br><b>a. END STAGE RENAL DISEASE</b>                                                                |                                                            |                                                                                         | <b>Approximate Interval Between Onset and Death</b><br><b>1 MONTH</b> |
| <b>b. DUE TO (or as a consequence of):</b><br><b>ARTERIOLAR VASCULAR DISEASE</b>                                                                  |                                                            |                                                                                         | <b>YEARS</b>                                                          |
| <b>c. DUE TO (or as a consequence of):</b>                                                                                                        |                                                            |                                                                                         |                                                                       |
| <b>d. DUE TO (or as a consequence of):</b>                                                                                                        |                                                            |                                                                                         |                                                                       |
| <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above</b><br><b>CORONARY ARTERY DISEASE</b> |                                                            |                                                                                         | <b>WAS AN AUTOPSY PERFORMED?</b><br><b>NO</b>                         |
| <b>MANNER OF DEATH</b><br><b>NATURAL</b>                                                                                                          | <b>NAME OF CERTIFIER</b><br><b>NAGRAJ NARASIMHAN, M.D.</b> |                                                                                         | <b>TITLE</b><br><b>PHYSICIAN</b>                                      |
| <b>CORONER SUBSEQUENT CERTIFICATION IF NECESSARY</b>                                                                                              |                                                            |                                                                                         |                                                                       |
| <b>EXTERNAL CAUSES ONLY</b>                                                                                                                       |                                                            |                                                                                         |                                                                       |
| <b>DATE OF INJURY</b>                                                                                                                             | <b>TIME OF INJURY</b>                                      | <b>PLACE OF INJURY</b>                                                                  | <b>INJURY AT WORK?</b>                                                |
| <b>LOCATION WHERE INJURY OCCURRED</b>                                                                                                             |                                                            |                                                                                         |                                                                       |
| <b>DESCRIPTION OF HOW INJURY OCCURRED</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.

**NOVEMBER 26, 2010**

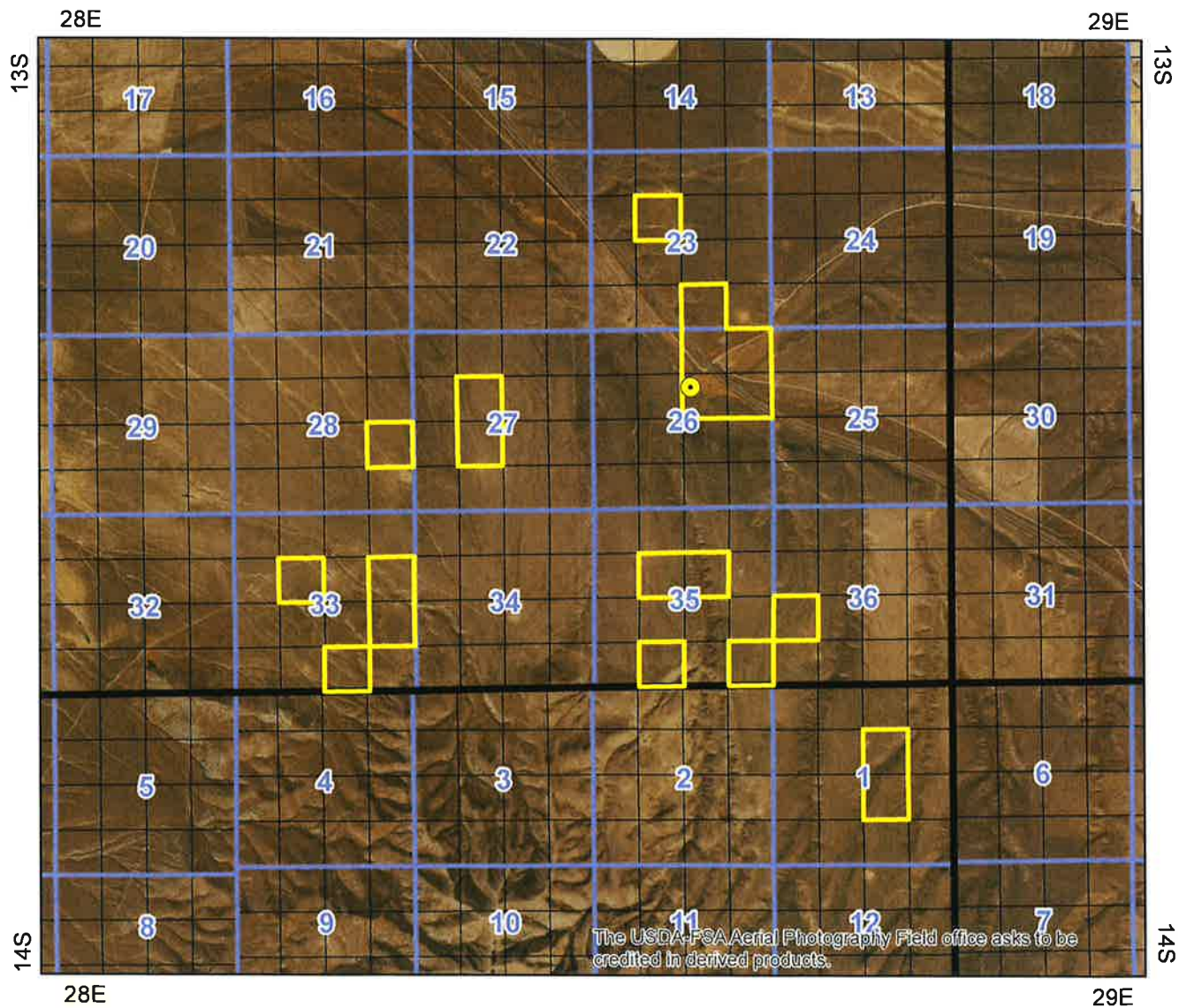
**DATE ISSUED:**

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

  
**JANE S. SMITH**  
STATE REGISTRAR



State of Idaho  
Department of Water Resources  
**Water Right License**  
43-4239



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

0 0.5 1 2 Miles





**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

October 26, 2020

ROSELLA M NEDDO  
2252 E 1500 S  
MALTA ID 83342-8628

Re: Change in Ownership for Water Right No(s): 43-4239

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 (208) 736-3033.

Sincerely,

Michelle Richman  
Engineer

Enclosure(s)

cc: C Bar Cattle Co  
Roger D Ling, Attorney  
Water District 143