

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

COPY

RECEIVED

JUN 24 2020

WATER RESOURCES  
WESTERN 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?
<del>67-11478</del>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<i>cancelled 10/01/2020</i>	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: Betty C Roberts and J Douglas Roberts  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Gregory Hurst and Laura Hurst  
New owner(s) as listed on the conveyance document Name connector ☒ and ☐ or ☐ and/or
- PO Box 601 Donnelly ID 83615  
Mailing address City State ZIP
- 808-264-3275 laura.hurst530@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: June 22, 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: *Greg Hurst* Title, if applicable \_\_\_\_\_ Date 6/15/20  
Signature of new owner/claimant

Signature: *Laura Hurst* Title, if applicable \_\_\_\_\_ Date 6/15/2020  
Signature of new owner/claimant

## For IDWR Office Use Only:

Received by LE Date 06/24/2020 Receipt No. W046425 Receipt Amt. \$25  
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 \_\_\_\_\_  
Refund Requested 10/01/2020

COPY

Instrument # 135434

COUNCIL, ADAMS, IDAHO

6-22-2020 10:05:16 AM No. of Pages: 2

Recorded for: TIMBERLINE TITLE & ESCROW

SHERRY WARD

Fee: 15.00

Ex-Officio Recorder Deputy

Index to: DEED

*Bellows*

WARRANTY DEED

For Value Received, BETTY C. ROBERTS, as her sole and separate property

the grantor, does hereby grant, bargain, sell and convey unto  
GREGORY HURST and LAURA HURST, husband and wife

the grantees, whose current address is PO Box 601, Donnelly, ID 83615

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

SEE ATTACHED EXHIBIT 'A' MADE A PART HEREOF

TO HAVE AND TO HOLD THE said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantor hereby covenants to and with the said Grantees, that she is the owner in fee simple of said premises; that they are free from all encumbrances excepting for all easements of record, rights of way, matters visible, and all matters of record and title and that she will warrant and defend the same from all lawful claims whatsoever.

Date: June 15, 2020

*Betty C. Roberts*  
BETTY C. ROBERTS

STATE OF *Idaho*

COUNTY OF *Adams* : ss

On this *19th* day of June, in the year of 2020, before me, a Notary Public in and for said State, personally appeared BETTY C. ROBERTS

known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she executed the same.



*Karen L. Amidon*  
Notary Public  
Residing at: *Cambridge ID*  
Commission expires: *6-26-2021*

#20-1263

EXHIBIT 'A'

Township 17 North, Range 1 West, Boise Meridian, Adams County, Idaho  
Section 25: N1/2NW1/4NW1/4

EXCEPTING THEREFROM the following described parcel:

A parcel of land situated within the NW1/4NW1/4 of Section 25, Township 17 North, Range 1 West, Boise Meridian, Washington County, Idaho, which parcel of land is more particularly described as follows:

Beginning at the northwest corner of the NW1/4NW1/4 of Section 25, T.17N., R.1W., B.M.;

Thence S 0°29'11"E, a distance of 245.78 feet along the west line of said NW1/4NW1/4;

Thence S 19°26'45"E, a distance of 293.74 feet;

S 89°59'57"E, a distance of 1215 feet, more or less, to a point on the east line of said NW1/4NW1/4;

Thence north a distance of 525 feet, more or less, along the east line of said NW1/4NW1/4 to the northeast corner of said NW1/4NW1/4;

Thence West, a distance of 1312 feet, more or less, along the north line of said NW1/4NW1/4 to the point of beginning.

TOGETHER WITH AND SUBJECT TO a 60.00 foot wide ingress-egress and utility easement within said NW1/4NW1/4, which easement is more particularly described as follows:

Beginning at the northwest corner of said NW1/4NW1/4;

Thence S 0°29'11"E, a distance of 245.78 feet along the west line of said NW1/4NW1/4 to the TRUE POINT OF BEGINNING;

Thence S 19°26'45"E, a distance of 293.74 feet;

N 89°59'57"W, a distance of 63.63 feet;

Thence N 19°26'45"W, a distance of 97.91 feet to a point on the west line of said NW1/4NW1/4;

Thence N 0°29'11"W, a distance of 184.67 feet along the west line of said NW1/4NW1/4 to the TRUE POINT OF BEGINNING.



## WARRANTY DEED

COPY

For Value Received, BETTY C. ROBERTS, as the surviving spouse of JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS, and BETTY C. ROBERTS, individually

the grantors, do hereby grant, bargain, sell and convey unto  
BETTY C. ROBERTS, an unmarried woman

the grantee, whose current address is 2468 Highway 95, Council, ID 83612

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

Township 17 North, Range 1 West, Boise Meridian, Adams County, Idaho  
Section 25: S1/2NW1/4NW1/4

TO HAVE AND TO HOLD THE said premises, with their appurtenances unto the said Grantee, her heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantee, that they are the owners in fee simple of said premises; that they are free from all encumbrances excepting for all easements of record, rights of way, matters visible, and all matters of record and title and that they will warrant and defend the same from all lawful claims whatsoever.

Date: November 13, 2013

*Betty C. Roberts*  
BETTY C. ROBERTS, as the surviving spouse of JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS

*Betty C. Roberts*  
BETTY C. ROBERTS, individually

STATE OF *Idaho* )  
COUNTY OF *Adams* ) ss

Instrument # 126063

COUNCIL, ADAMS, IDAHO

11-13-2013 02:50:57 No. of Pages: 1

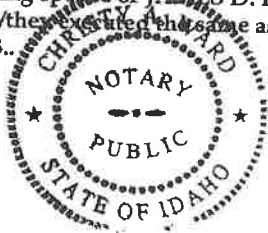
Recorded for: TIMBERLINE TITLE & ESCROW

SHERRY WARD

Ex-Officio Recorder Deputy *Sherry Ward* Fee: 10.00

Index to: DEED

On this *13* day of *Nov*, in the year of 2013, before me, a Notary Public in and for said State, personally appeared BETTY C. ROBERTS known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument as the surviving spouse of JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS, and acknowledged to me he/she/they executed the same as the surviving spouse of JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS.

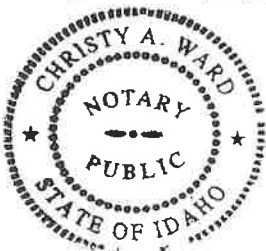


*Christy A. Ward*  
Notary Public

Residing at: *Indian Valley, Idaho*  
Commission expires: *9-17-16*

STATE OF *Idaho* )  
COUNTY OF *Adams* ) ss

On this *13* day of *Nov*, in the year of 2013, before me, a Notary Public in and for said State, personally appeared BETTY C. ROBERTS known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me he/she/they executed the same.



*Christy A. Ward*  
Notary Public

Residing at: *Indian Valley, Idaho*  
Commission expires: *9-17-16*

AFFIDAVIT IN LIEU OF ADMINISTRATION

STATE OF IDAHO     )  
                               ) ss  
 COUNTY OF ADAMS    )

Instrument # 126062

COUNCIL, ADAMS, IDAHO

11-13-2013 02:49:36 No. of Pages: 4

Recorded for : TIMBERLINE TITLE & ESCROW

SHERRY WARD

Ex-Officio Recorder Deputy *Sherry Ward* Fee: 19.00

Index to: AFFIDAVIT

**COPY**

BETTY C. ROBERTS, being first duly sworn upon oath, says that:

- a. She is now and has been a resident of Council, Adams County, Idaho, for 21 years.
- b. She makes this Affidavit with personal knowledge of the facts herein stated and for the purpose of inducing the First American Title Insurance Company to issue title insurance on the following described premises: SEE ATTACHED EXHIBIT "A"
- c. She was personally acquainted with JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS during his lifetime.
- d. JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS, died in Adams County, State of Idaho, City of Council, on the 18<sup>th</sup> day of July, 2010. (A copy of the death certificate is attached)
- e. At the time of his death, JAMES D. ROBERTS aka JAMES DOUGLAS ROBERTS, was a resident of the City of Council, County of Adams, State of Idaho.
- f. At the time of his death, JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS, was married to BETTY C. ROBERTS and had been continuously so married from the 28<sup>th</sup> day of April, 1990.
- g. At the time of his death, JAMES D. ROBERTS, aka JAMES DOUGLAS ROBERTS, in addition to his spouse, was survived by the following heirs:

Name of Heir	Relationship	Residence	Age
Mark Roberts	son	Tennessee	45
Lynette Harris	daughter	Tennessee	50
Karen Roberts	daughter	Tennessee	43

- h. At the time of his death, decedent's entire estate was of the approximate value of \$75,000.00 Known creditors at the time of his death: loan with Farm Bureau

AFFIDAVIT IN LIEU OF ADMINISTRATION

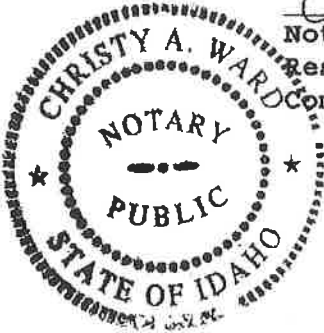
Page Two

- i. All the debts of the decedents and/or the marital community, including but not limited to, all expenses of decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows: None
- j. That all of the herein described real property was owned by the affiant was community property

*Betty C. Roberts*  
BETTY C. ROBERTS

STATE OF IDAHO )  
                              : ss  
COUNTY OF ADAMS )

On this 13 day of November, 2013, before me, a Notary Public in and for said State, personally appeared BETTY C. ROBERTS Known or identified to me to be the person whose name is subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me she executed the same.



*Christy A. Ward*  
Notary Public

Residing at: *Indian Valley, Idaho*

Commission expires: *9-17-16*

EXHIBIT 'A'

Township 17 North, Range 1 West, Boise Meridian, Adams  
County, Idaho  
Section 25: S1/2NW1/4NW1/4

# CERTIFICATION OF VITAL RECORD

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

DATE FILED BY STATE REGISTRAR:

**AUG 30 2010**

State of Idaho  
**CERTIFICATE OF DEATH**

DATE FILE NO. **2010- 07141**

Local Reg. No. **B-001**

TYPE OR FRONT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN  FOR INSTRUCTIONS SEE HANDBOOKS	<b>DECEASED</b>  TYPE OR FRONT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN  FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include aliases if any) (First, Middle, Last, Suffix) <b>James Douglas Roberts</b>		2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>7</b>
	4a. AGE, last birthday <b>71</b> (Years)		4b. UNDER 1 YEAR Days: _____ Hours: _____ Minutes: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____
	5. DATE OF BIRTH (Mo/Day/Yr) <b>05/28/1939</b>		6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>Clarksville, Tenn.</b>		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>Idaho</b>		7b. COUNTY <b>Adams</b>		7c. CITY OR TOWN <b>Council</b>
7d. STREET AND NUMBER <b>Adams</b>		7e. APT. NO. <b>83612</b>		7f. ZIP CODE <b>83612</b>	
8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>Betty Crouch</b>			
10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>Adis H. Roberts</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>Tennessee</b>	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>Zena Mai Evans</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>Tennessee</b>		12c. BIRTHPLACE (State, Territory, or Foreign Country) <b>Tennessee</b>	
13a. INFORMANT'S NAME (Print or print) <b>Betty C. Roberts wife</b>		13b. RELATIONSHIP TO DECEDENT <b>Wife</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2468 Highway 95 Council, Idaho 83612</b>	
14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of place) <b>Homing Heart 326 Spring Creek Lane 3460 Highway 95 Council, Idaho 83612</b>		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Council, Idaho 83612</b>	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Wade Lynn</b>		17b. LICENSE NUMBER (If licensee) <b>83612</b>		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18a. IF DEATH OCCURRED IN A HOSPITAL: ( ) Inpatient ( ) Outpatient ( ) D.O.A. ( ) Hospice facility ( ) Nursing home/Long term care facility ( ) Decedent's home ( ) Other (Specify) _____		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ( ) Inpatient ( ) Outpatient ( ) D.O.A. ( ) Hospice facility ( ) Nursing home/Long term care facility ( ) Decedent's home ( ) Other (Specify) _____			
19. FACILITY NAME (If applicable, give street and number) <b>2468 Highway 95</b>		20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>Council, Idaho 83612</b>		21. COUNTY OF DEATH <b>Adams</b>	
22. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>July 18, 2010</b>		23. TIME OF DEATH <b>17:20pm</b>		24. DATE PROCLAIMED DEAD (Mo/Day/Yr) (Spell month) <b>July 18, 2010</b>	
25. TIME PROCLAIMED DEAD <b>17:20pm</b>		26. TIME PROCLAIMED DEAD <b>17:20pm</b>			
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 circulatory arrest without showing the condition. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>4</b>					
PART II. Enter other conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
32. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b>July 18, 2010</b>		33. TIME OF INJURY <b>17:20pm</b>		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) <b>3460 Highway 95 Council, Idaho 83612</b>	
35. LOCATION OF INJURY State _____ City/Town or County _____ Zip Code _____		36. 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: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____			
37. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - to the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) manner stated.		38. LICENSE NUMBER <b>0-182</b>			
39. 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.		39a. DATE SIGNED <b>08.02.2010</b>			
40. REGISTRAR'S SIGNATURE <b>Cathy Stone</b>		40b. DATE SIGNED <b>08.27.2010</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.

DATE ISSUED: **OCT 14 2010**

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

**JANE S. SMITH**  
STATE REGISTRAR

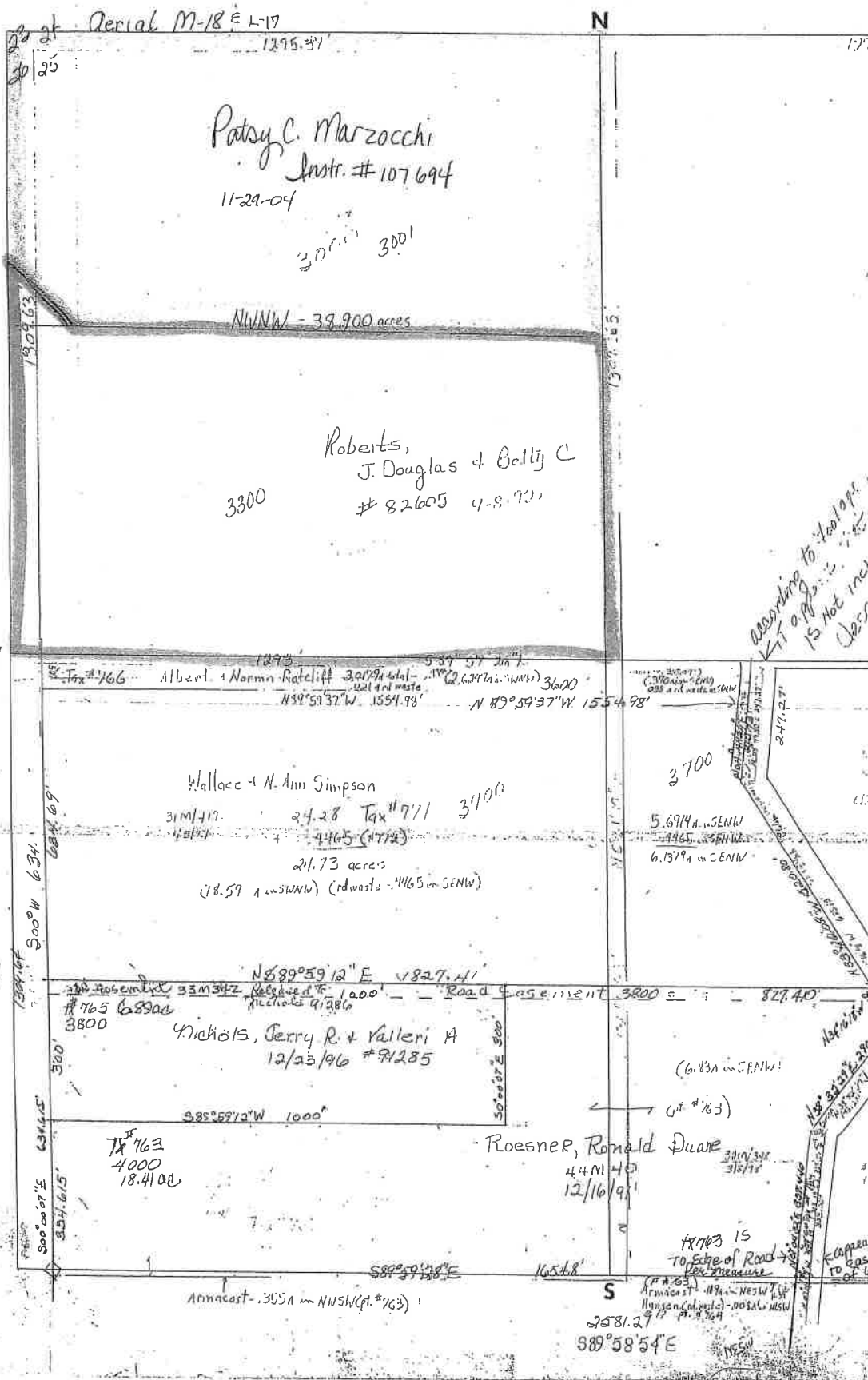


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Subdivision Survey Data furnished by Bob Nelson

527°55'58"E  
3590.75'





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](http://www.idwr.idaho.gov)

Brad Little  
Governor

Gary Spackman  
Director

October 01, 2020

GREGORY & LAURA HURST  
PO BOX 601  
DONNELLY ID 83615-0601

**RE: Change in Ownership for Water Right No: 67-11478**

Dear Interested Parties:

The Idaho Department of Water Resources (Western) received a Notice of Change in Water Right Ownership from you on June 24, 2020 for the above referenced water rights. The Notice could not be processed because water right does not relate to the property described in your deed.

On August 11, 2020, the Department requested additional documentation of ownership from you to support a change in ownership for the above-referenced water right. As of the date of this letter, the Department has not received the required information.

The Department is returning your Notice of Change in Water Right Ownership and the attachments. A refund of \$25 has been requested and will be mailed to Timberline Title & Escrow Inc under separate cover from the Idaho State Controller's Office. You may re-submit your request with the appropriate documents and fees.

If you have any questions regarding this matter, please contact our office at (208) 334-2190.

Sincerely,

Lynne Evans  
Office Specialist II

Enclosure

## Evans, Lynne

---

**From:** Evans, Lynne  
**Sent:** Thursday, October 1, 2020 10:16 AM  
**To:** IdwrPayable  
**Subject:** Refund Request - Hurst

TO: Sascha Marston, Treva Pline

FROM: Lynne Evans

DATE: October 1, 2020

**RE: Refund: Change in Ownership**

Please refund \$25. Gregory and Laura Hurst submitted a change in ownership, but the water right does not relate to their property.

**Please issue a refund of \$25 to:**

TIMBERLINE TITLE & ESCROW INC  
PO BOX 6  
COUNCIL ID 83612

RECEIPT #

W048425

**Lynne Evans** | Office Specialist II  
IDWR-Western Region  
2735 W Airport Way, Boise ID 83705  
(208) 334-2190 | [lynne.evans@idwr.idaho.gov](mailto:lynne.evans@idwr.idaho.gov)



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](http://www.idwr.idaho.gov)

Brad Little  
Governor

Gary Spackman  
Director

August 11, 2020

GREGORY & LAURA HURST  
PO BOX 601  
DONNELLY ID 83615-0601

**RE: Change in Ownership for Water Right No: 67-11478**

Dear Interested Parties:

The Department of Water Resources (Western) acknowledges receipt of your Notice of Change in Water Right Ownership. Our review of your Notice indicates that additional information is required before the Department can process the change. The information required is indicated below:

- Evidence of Water Right Ownership: copy of Deed, Title Policy, Contract of Sale, or other legal document indicating your ownership of the property and/or water rights in question

During our review of the documentation you submitted we found discrepancies between that documentation and the legal description of the place of use for the water right indicated in your notice. I have enclosed a copy of the water right for your reference.

It appears that the water right referenced in your Notice relates to the neighboring property to the south, 2468 HWY 95, Council ID. If you own the water right itself in addition to the property described in your provided deed, please submit documentation showing your ownership of that water right. If you do not own the water right, you may call our office or submit a letter to the Department to withdraw your Notice and receive a refund.

Because the Department cannot process the Notice without proper documentation, we will hold any action on your notice pending receipt of the necessary information. If we do not receive the necessary information 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 our office at (208) 334-2190.

Sincerely,

Lynne Evans  
Office Specialist II  
Enclosure