

RECEIVED

SEP 04 2020

WATER RESOURCES
WESTERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

Receipted by LE

Receipt amt. \$ 25.00

Receipt no. W048678

Date 09/04/2020

I, ROBERT HANSON, hereby assign to JUSTIN + JULIA BUTLER
 Current owner(s) New owner(s)
 of, 7124 W. GOODALE TRAIL LN. EAGLE, ID 83616 (801) 913-5565
 New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 63-34111 to
 appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

_____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of
 diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion?

☒ Yes☐ No

Place of use?

☒ Yes☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

Dated this 10th day of August, 20 20.

Permit holder

Title (if applicable)

Permit holder

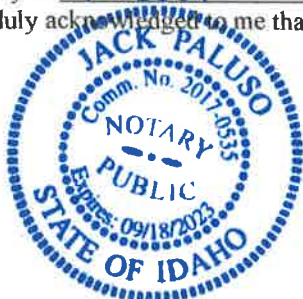
Title (if applicable)

State of Idaho)

County of Ada)ss

On this 10th day of August, 20 20, personally appeared before me the signer(s) of the above
 instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL



Notary Public

My commission expires: 9/18/2023

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 24, 2017

State File No. 2017-00715

DECEDENT - LEGAL NAME ELSIE VIOLA HANSON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 78 YEARS	DATE OF BIRTH AUGUST 19, 1938
BIRTHPLACE BOISE, IDAHO		PLACE OF RESIDENCE EAGLE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) ROBERT JAMES HANSON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME WILBUR WESLEY MCPHERSON		BIRTHPLACE IDAHO	
MOTHER - MAIDEN NAME VIOLET EDNA ELAM		BIRTHPLACE IDAHO	
METHOD OF DISPOSITION CREMATION	FUNERAL SERVICE LICENSEE CHARLES J. GRUNIG		
NAME AND ADDRESS OF FUNERAL FACILITY CREMATION SOCIETY OF IDAHO, BOISE, IDAHO			
DATE OF DEATH JAN. 11, 2017	TIME OF DEATH 7:28 A.M.	CITY, TOWN OR LOCATION OF DEATH EAGLE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) POORLY DIFFERENTIATED NEUROENDOCRINE CARCINOMA METS LIVER			Approximate Interval Between Onset and Death MONTHS
DUE TO (or as a consequence of): a. b. c. d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above CROHN'S DISEASE, CKD STAGE III, FACTOR V LEIDEN			
MANNER OF DEATH NATURAL		NAME OF CERTIFIER JUDITH M. PERRY, N.P.	TITLE A.P.R.N.
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.

DATE ISSUED: JANUARY 24, 2017

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

James B. Aydelotte
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

October 16, 2020

JUSTIN & JULIA BUTLER
7124 W GOODALE TRAIL LN
EAGLE ID 83616-4411

RE: Assignment of Permit No: 63-34111

Dear Permit Holders:

The Department of Water Resources (Western) has received notice that you are the new owner of the above referenced Permit. The Department has modified its records and has enclosed a computer-generated report for you.

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 our office at (208) 334-2190.

Sincerely,

Lynne Evans
Office Specialist II

Enclosure