

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAR 10 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?
36-03 A	Yes ☐	Yes ☐	37-8371	Yes ☐	Yes ☐
36-33 E	Yes ☐	Yes ☐	37-10797	Yes ☐	Yes ☐
36-10334	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-7185	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-7587	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Ancie P Bell (deceased) and Verl C Bell
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Verl C Bell
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 853 E 2830 S Hagerman ID 83332
Mailing address City State ZIP
- 208 837-4405
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: _____
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.

SUPPORT DATA

IN FILE # 36-3A

8. Signature: Verl C. Bell Title, if applicable: _____ Date: March 10, 2020
Signature of new owner/claimant Title, if applicable Date
- Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. N/A 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 Am Date 3-10-2020

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 **AUGUST 15, 2018**

State File No. **2018-08685**

DECEDENT - LEGAL NAME ANCIE WANDA BELL			
SEX FEMALE	SOCIAL SECURITY NUMBER	AGE 82 YEARS	DATE OF BIRTH SEPTEMBER 05, 1935
BIRTHPLACE CAMBRIDGE, IDAHO		PLACE OF RESIDENCE HAGERMAN, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) VERL C. BELL	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ANSON ELIJAH POWELL			BIRTHPLACE OREGON
MOTHER - MAIDEN NAME OHLIA ANN PLUMMER			BIRTHPLACE KANSAS
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DWAIN M. DEMARAY	
NAME AND ADDRESS OF FUNERAL FACILITY DEMARAY FUNERAL SERVICE, GOODING, IDAHO			
DATE OF DEATH AUG. 12, 2018	TIME OF DEATH 3:40 P.M.	CITY, TOWN OR LOCATION OF DEATH TWIN FALLS, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a. MULTI-ORGAN SYSTEM FAILURE			Approximate Interval Between Onset and Death 24 HOURS
b. DUE TO (or as a consequence of): SURGICAL REPAIR OF RIGHT DISTAL FEMUR FRACTURE			2 DAYS
c. DUE TO (or as a consequence of): RIGHT DISTAL FEMUR FRACTURE			3 DAYS
d. DUE TO (or as a consequence of): STANDING HEIGHT FALL			3 DAYS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above HYPERTROPHIC CARDIOMYOPATHY			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH ACCIDENT		NAME OF CERTIFIER CHRISTINE HAWLEY	TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY AUGUST 08, 2018	TIME OF INJURY 3:45 P.M.	PLACE OF INJURY OWN RESIDENCE	INJURY AT WORK? NO
LOCATION WHERE INJURY OCCURRED 853 EAST 2830 SOUTH, HAGERMAN, IDAHO			
DESCRIPTION OF HOW INJURY OCCURRED FELL IN KITCHEN STRIKING HER KNEE ON THE FLOOR			

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: **AUGUST 16, 2018**

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

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

Brad Little
Governor

Gary Spackman
Director

March 11, 2020

VERL C BELL
853 E 2830 S
HAGERMAN ID 83332-5641

Re: Change in Ownership for Water Right No(s): 36-3A, 36-33E, 36-10334, 37-7185, 37-7587, 37-8371, 37-10797

Dear Mr. Bell:

The Department of Water Resources (Department) acknowledges the receipt of correspondence updating the name(s) your water right records. 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) 293-9908.

Sincerely,

Denise Maline
Administrative Assistant 1

Enclosure(s)

c: Water District 36A
Water District 130