

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
NOV 04 2019
Department of Water Resources
Eastern Region

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?
<u>A29-10107</u>	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: Daniel R. Wagner and/or LaRae Wagner
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): LaRae Wagner
New owner(s) as listed on the conveyance document
- Mailing address: 10955 N. Nada Lane City: Pocatello State: ID ZIP: 83202
- Telephone: 208-2371848 H 208 241 0714 C Email: larae10955@msn.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: 12-14-1992
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: LaRae Wagner Title, if applicable: _____ Date: 10-30-2019

Signature: _____ Title, if applicable: _____ Date: _____

Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only: No fee required

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: _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

MAY 30 1997

State of Idaho CERTIFICATE OF DEATH

State File No. **3409**

Local Reg. No. **772**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE ARMED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODES 26-24(a) & 26-27

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. NAME OF DECEDENT FOR USE BY DIVISION OF HEALTH	DECEDENT		DECEASED — NAME FIRST MIDDLE LAST DANIEL ROBERT WAGNER		SEX MALE	DATE OF DEATH (Month, Day, Year) May 22, 1997
	SOCIAL SECURITY NUMBER [REDACTED]		AGE: Last Birthday (Yrs) MONTHS DAYS 45		DATE OF BIRTH (Month, Day, Year) June 20, 1951	
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA (4) ☐ Long-Term Care Facility (5) ☐ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)			
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) Middle Fork Of The Salmon River				CITY, TOWN OR LOCATION OF DEATH (Indian Creek Airport) Challis	
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) LaRae Panting		DECEDENT'S USUAL OCCUPATION (Give kind of work done) Maintenance Mechanic		
RESIDENCE STATE Idaho		COUNTY Bannock		CITY, TOWN OR LOCATION Pocatello		
INSIDE CITY LIMITS? ☐ Yes ☒ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) White		
FATHER — NAME Robert Emil Wagner		BIRTHPLACE Idaho		MOTHER — FULL MAIDEN NAME Joslyn Joy McLaughlin		
INFORMANT La Rae Wagner		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10955 N. Nada Lane, Pocatello, Idaho 83202				
METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southeast Idaho Crematory				
SIGNATURE OF FUNERAL SERVICE LICENSED OR PERSON ACTING AS SUCH Marvin R. Heikkila		LICENSE NUMBER OF LICENSEE (NAME AND ADDRESS OF FACILITY) M-515 Davis Mortuary, 170 Idaho St., American Falls, Idaho 83211				
TIME OF DEATH 5/22/97		DATE PRONOUNCED DEAD (Month, Day, Year) APP 5:00 PM		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☒ Accident ☐ Pending Investigation ☐ Could Not Be Determined		
27. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Exposure / Drowning						
CAUSE OF DEATH Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. a. 8320 b. Min. c. Min. d. Min.						
27. PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.				WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		
CERTIFIER (Check only one) ☐ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒ 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 as stated.				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No		
SIGNATURE AND TITLE OF CERTIFIER Marvin R. Heikkila		LICENSE NUMBER 94201		DATE SIGNED (Month, Day, Year) 5/28/97		
NAME AND ADDRESS OF CERTIFIER (Type/print) Marvin R. Heikkila, Valley Co. Coroner, McCall, Id.		DATE OF INJURY (Mo., Day, Yr.) 5/20/97				
INJURY AT WORK? ☐ Yes ☒ No		TRANSPORTATION ACCIDENT? ☐ Driver ☐ Passenger ☐ Pedestrian ☒ Other rafter		PLACE OF INJURY (If home, farm, street, factory, office building, etc. (Specify)) Middle Fork Salmon River		
CORONER'S ACTION (Check One) ☐ (1) Reviewed Only ☐ (2) Reviewed and/or Amended, and Certified		CORONER'S SIGNATURE [Signature]		DATE SIGNED (Month, Day, Year) May 29, 1997		
REGISTRAR [Signature]		DATE FILED (Month, Day, Year) May 29, 1997				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

JUN 13 1997

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

COPY

Ident. Number: A29-10107
Date Received: 11/20/1989
Receipt No: E011173
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: DANIEL R WAGNER 208-232-8234
Address: 10955 NADA LANE
POCATELLO ID 83201
AND/OR
Name: LA RAE WAGNER 208-232-8234
Address: 10955 NADA LANE
POCATELLO ID 83201
2. Date of Priority: AUG 1, 1967
3. Source: GROUNDWATER Trib. to:
4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County
06S 34E 8 NE NW BANNOCK
5. Description of diverting works:
127'X6" WELL WITH SUBMERSIBLE PUMP. PIPED TO HOME/HYDRANTS
6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		
STOCKWATER	01/01	12/31	0.020		
7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
ONE HOME / ONE HORSE



State of Idaho

DEPARTMENT OF WATER RESOURCES

Eastern Region • 900 N SKYLINE DR STE A • IDAHO FALLS, ID 83402-1718

Phone: (208)525-7161 • Fax: (208)525-7177 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

November 05, 2019

LA RAE WAGNER
10955 N NADA LN
POCATELLO ID 83202-5339

Re: Change in Ownership for Water Right No(s): 29-10107

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) 497-3779.

Sincerely,

Cher Ramos
Technical Records Specialist 1

Enclosure(s)

cc: Water District 29A
Water District 120

October 30, 2019

IDWR Eastern Region
900 N Skyline Dr., Ste A
Idaho Falls, ID 83402-1718

Dear IDWR,

RE: Water Right A29-10107

In reviewing my records and speaking to your office, I am requesting my water rights be changed to LaRae Wagner due to the death of my husband (copy of "Certificate of Death" and IDWR form 42-248-1409(6) attached). I was informed that there would be no fee and I would receive an update copy of the water rights.

Thank you for your kind and helpful assistance.

Sincerely,



LaRae Wagner