



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 E Front Street, Suite 648 • PO Box 83720 • Boise ID 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700

Website: idwr.idaho.gov • Email: idwrinfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

October 17, 2019

JANICE LONG WILLIAMS
JACOB A LONG
PO BOX 981
CHALLIS ID 83226

RE: Ownership of Water Rights 72-4S & 72-10209

Dear Mrs. Williams,

The Department of Water Resources (Department) received your request to add your son, Jacob Long, as a current owner to water rights appurtenant to your property. The Department requires a Notice of Change in Water Right Ownership form, conveyance documents and a filing fee to update ownership of water rights.

The Department is returning your request and also enclosing a Notice of Change in Water Right Ownership form with instructions for your benefit. Forms are also available on our website, www.idwr.idaho.gov. Please follow the instructions, fill out the form and return to the Department along with the required filing fees.

Please contact me at (208) 287-4942 if you have any questions. Thank you.

Sincerely,

Jean Hersley
Technical Records Specialist II

Enclosures

RECEIVED
OCT 17 2019
DEPARTMENT OF
WATER RESOURCES

State of Idaho
Department of Water Resources
P.O. Box 83720
Boise, Idaho 83720-0098

October 10, 2019

RE: Water District 170, Upper Salmon River, Water Right #72-00004S

Please be advised that Steven G. Long, water rights owner of 72-00004S died August 27, 2001 in Basin, Montana. Our records identify that myself, Janice Long, is also a holder of the above stated water rights. I am requesting that Steven G. Long share of the water rights be transferred to our son Jacob A. Long.

I remarried in 2007 and have legally changed my last name and continue to reside at the property identified in this water agreement. I am respectfully requesting that all Water Rights documentation and correspondence be addressed to:

Janice Long Williams
Jacob A. Long
PO Box 981
Challis, ID 83226

It's my request that Jacob Long be the recipient of all the water rights attached to this property upon my death. If there is other documentation needed to complete this transaction please advise of such. Thank you for any assistance in this matter.

Regards,

Janice L Williams 10/11/19

Janice Long Williams
(208) 940-2730

Cc://Steven G. Long Death Certificate

MONTANA CERTIFICATE OF DEATH

347

Local File Number

State File Number

DECEDENT'S NAME (First)		(Middle)	(Last)	SEX	DATE OF DEATH (Month, Day, Year)
1. Steven		Grant	LONG	2. Male	3. August 27, 2001
RACE—American Indian, Black White, etc. (Specify)		AGE—Last Birthday (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)
4. White		5a. 49	5b. Months	5c. Days	6. October 26, 1951
7b. PLACE OF DEATH (Check only one)		7a. Lewis & Clark			
HOSPITAL ☐ Inpatient ☐ ERI/Outpatient ☐ DOA		In pick up truck on road:			
FACILITY NAME (If not institution, give street and number)		OTHER: ☐ Nursing Home ☐ Residence ☒ Other (Specify)			
7c. Lower Banner Creek Road: of Rimini Road.		7d. Helena: (Aprox. 15 mi. South West)			
BIRTHPLACE (City and State or Foreign Country)		MARITAL STATUS		SURVIVING SPOUSE (If wife, give maiden surname)	
8. Ashton, Idaho		9. ☐ Never Married ☐ Widowed ☒ Married ☐ Divorced		10. Janice Andrews	
SOCIAL SECURITY NUMBER		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS/INDUSTRY	
11. [REDACTED]		12a. Mechanic		12b. Construction	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
14a. Idaho		14b. Custer		14c. Challis	
INSIDE CITY LIMITS? (Yes or no)		ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
14e. Yes		14f. 83226		15. Irish/English	
14d. PO Box 981		16. DECEDENT'S EDUCATION (Specify only highest grade completed)		Elementary/Secondary (0-12) College (14 or 5+)	
14d. PO Box 981		16. DECEDENT'S EDUCATION (Specify only highest grade completed)		12 1	
FATHER'S NAME (First, Middle, Last)			MOTHER'S NAME (First, Middle, Maiden Surname)		
17. Clifford V. Long			18. Evadean Forsgren		
INFORMANT'S NAME (Type/Print)			MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
19a. Janice Long			19b. PO Box 981 Challis, ID 83226		
METHOD OF DISPOSITION			PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION—City or Town, State
20a. ☒ Burial ☐ Cremation ☒ Removal from State ☐ Other (Specify)			20b. Iona Cemetery		20c. Idaho Falls, ID
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION			MONTANA LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY
21a. Jason B. Thorne			21b. #706		22. Linden Herrmann & Co. 314 N Rodney St. Helena, MT 59601
23. 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 (See Instructions on other side)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)			a. Probable cardiac dysrhythmia: with CPR		45 mins.
Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last.			b. Syncopal episode while driving		45 mins.
			c. DUE TO (OR AS A CONSEQUENCE OF):		
			d. DUE TO (OR AS A CONSEQUENCE OF):		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			WAS AN AUTOPSY PERFORMED? (Yes or no)		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
			24a. No		
			WAS CASE REFERRED TO CORONER? (Yes or no)		
			25. Yes		
26. MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)	TIME OF INJURY	INJURY AT WORK? (Yes or no)	DESCRIBE HOW INJURY OCCURRED
26a. ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Could not be Determined ☐ Suicide ☐ Homicide		27a.	27b. M	27c.	27d.
		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street and Number or Rural Route Number, City or Town, State)	
		27e.		27f.	
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			29a. TO BE COMPLETED BY CORONER ONLY. 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.		
(Signature and Title)			(Signature and Title)		
DATE SIGNED (Month, Day, Year)			HOUR OF DEATH		
28b.			28c. M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			DATE PRONOUNCED DEAD (Month, Day, Year)		
28d.			29d. August 27, 2001		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)			PRONOUNCED DEAD (Hour)		
30. Ray Vonada, Chief Deputy Coroner			29e. 05:12 P.M.		
LOCAL REGISTRAR'S SIGNATURE			DATE FILED (Month, Day, Year)		
31a. M.E. "Mickey" Nelson			31b. August 30, 2001		

STATE COPY

STATE OF MONTANA } ss
County of Lewis and Clark

I hereby certify that the instrument to which this certificate is affixed is a true and correct copy of the original on file in my office.

Witness my hand and seal of Lewis and Clark County

this 4 day of Sept 2001

By Shirley M. Stoski Treas. Clk. & Rec.
Deputy

\$ 300