

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 11 2019

DEPARTMENT OF
WATER RESOURCES

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?
29-7622	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: Donna England and George England
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Lynn E England
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 2496 Simons Lane American Falls ID 83211
Mailing address City State ZIP
- (208) 226-5668 lynnigo2@yahoo.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: _____
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.

8. Signature: Lynn England Owner 10-3-19
 Signature of new owner/claimant Title, if applicable Date

Signature: _____
 Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. _____ Receipt Amt. NA

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 gmh Date 10-15-19

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY
State of Idaho

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 20-2401 & 20-207.

State File No. _____

Local Reg. No. 6-558

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

NAME OF DECEDENT
For use by physician or institution

DECEDENT - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Month, Day, Year)
Donna Evelyn England		Female		November 28, 1999					
SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yr.)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Month, Day, Year)	
[REDACTED]		60		MONTHS DAYS		HOURS MIN		April 24, 1939	
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		HOSPITAL		OTHER		BIRTHPLACE (City and State or Foreign Country)	
☐ Yes ☒ No		(1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		(4) ☒ Long-Term Care Facility (5) ☐ Own Residence		(6) ☐ Other Private Residence (7) ☐ Other (Specify)		Hammond, Missouri	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)								CITY, TOWN OR LOCATION OF DEATH	COUNTY OF DEATH
Bannock Regional Long Term Care Center								Pocatello	Bannock
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS / INDUSTRY			
Married		Lynn Edward England		Operator		Telephone			
RESIDENCE STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		ZIP CODE	
Idaho		Power		American Falls		2496 Simons Road		83211	
INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE - American Indian, Black, Japanese, White, etc. (Specify)		18. DECEDENT'S EDUCATION (Specify only highest grade completed)			
☐ Yes ☒ No		☐ Yes ☒ No		White		Elementary/Secondary (0-12) College (1-4 or 5+)		12	

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

TO BE USED FOR EXTERNAL CAUSES ONLY

CORONER'S REVIEW AREA

REGISTRAR

FATHER - NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME		BIRTHPLACE	
Walter L. Wilson		Missouri		Gladys Wilson		Missouri	
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
Lynn Edward England		2496 Simons Road, American Falls, Idaho 83211					
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - City or Town, State			
☒ Burial ☐ Cremation ☐ Removal from Idaho		Fallsvie Cemetery		American Falls, Idaho			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY			
Mark Dunn Rose		M-738		Davis Mortuary 170 Idaho St., American Falls, ID 83211			
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)	
5:25 P.M.		November 28, 1999		☐ Yes ☒ No		☒ 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		Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. DUE TO (or as a consequence of):		Ventricular Fibrillation 5 min			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. DUE TO (or as a consequence of):		End Stage COPD 10 yrs			
c. DUE TO (or as a consequence of):							
d. DUE TO (or as a consequence of):							
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		Cor pulmonale		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
				☐ Yes ☒ No		☐ 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.							
SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)			
Cary V. Jackson, M.D.		M5647		12-7-99			
NAME AND ADDRESS OF CERTIFIER (Type/Print)							
Cary V. Jackson, M.D., 1777 E. Clark, Suite 210, Pocatello, Idaho 83201							
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Route Number, City/Town, or County, and State)	
☐ Yes ☐ No		☐ Driver ☐ Passenger ☐ Pedestrian					
CORONER'S ACTION		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)			
I have reviewed and/or amended, and certified.							
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)					
[Signature]		Dec 8, 1999					

VITAL STATISTIC COPY

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.

DATE ISSUED: Dec 8, 1999

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

JANE S. SMITH
STATE REGISTRAR



COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS

450 W. STATE ST.
BOISE, IDAHO 83720

CERTIFICATE OF DEATH

DATE FILED: JUNE 29, 1992

STATE FILE NUMBER: 92-03576

DECEDENT: GEORGE LEE ENGLAND

DATE OF DEATH: JUNE 23, 1992

PLACE OF DEATH: AMERICAN FALLS, IDAHO

DATE OF BIRTH: AUG. 14, 1911

PLACE OF BIRTH: WASHINGTON

AGE: 80 YEARS

SEX: MALE

VETERAN? NO

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN) : FERN VANHORN

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE: AMERICAN FALLS, IDAHO

FATHER: EDWARD C. ENGLAND

FATHER'S BIRTHPLACE: ILLINOIS

MOTHER (MAIDEN): LILLIE HATLEY

MOTHER'S BIRTHPLACE: WASHINGTON

MORTUARY: DAVIS MORTUARY

MORTICIAN: MARK GUNN ROSE

AMERICAN FALLS, IDAHO
DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: DEAN L. WILLIAMS, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

PNEUMONIA

BRONCHOALVEOLAR CA OF THE LUNG

1 WEEKS

3 MONTHS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:
RECENT STROKE

DATE ISSUED: JUNE 30, 1992

*This is to certify that this is a true and correct reproduction or abstract of the official record
filed with the Idaho Department of Health & Welfare, Boise, Idaho.*

Richard W. Blair

RICHARD W. BLAIR, State Registrar

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.
Section 39-273, Idaho Code



State of Idaho
Department of Water Resources

Water Right
29-7622

IRRIGATION

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.035 0.07 0.14 Miles





State of Idaho

DEPARTMENT OF WATER RESOURCES

322 E FRONT ST STE 648 PO BOX 83720 • BOISE, ID 83720-0098

Phone: (208)287-4800 • Fax: (208)287-6700 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

October 15, 2019

LYNN E ENGLAND
2496 SIMONS RD
AMERICAN FALLS ID 83211

Re: Change in Ownership for Water Right No(s): 29-7622

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) 287-4942.

Sincerely,

Jean Hersley

Technical Records Specialist 2

Enclosure(s)