

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 15 2019

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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 37-11942              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| * 37-21581            | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| * 37-21584            | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| * 37-21587            | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| * 37-21590            | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: EARNEST PATRICK BARKER  
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): IRENE FAKE BARKER  
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

P.O. Box 284 Belleuve ID 83313  
Mailing address City State ZIP  
208-720-8878 fbarker@aol.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):  
     \* \$25 per undivided water right.      \* = no fee  
     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 # 37-11942

8. Signature: Irene Fake Barker 4-10-19  
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 DM Date 4-15-2019 Receipt No. 5037268 Receipt Amt. \$25-  
 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 DM Date 4-16-2019

## BARKER, EARNEST PATRICK; BARKER, IRENE FAYE

3/5/2019

| Type                  | Basin | Sequence | Basis   | Status | Priority Date | Div. Rate<br>(cfs) | Source         | Water Use               | Owner                                          |
|-----------------------|-------|----------|---------|--------|---------------|--------------------|----------------|-------------------------|------------------------------------------------|
| <del>\$25</del><br>WR | 37    | 11942    | Decreed | Active | 11/25/1978    | 0.06               | GROUND WATER   | DOMESTIC,<br>STOCKWATER | BARKER, EARNEST PATRICK                        |
| <del>\$0</del> WR     | 37    | 21581    | Decreed | Active | 8/1/1882      | 0.10               | BIG WOOD RIVER | IRRIGATION              | BARKER, EARNEST PATRICK;<br>BARKER, IRENE FAYE |
| <del>\$0</del> WR     | 37    | 21584    | Decreed | Active | 8/1/1884      | 0.10               | BIG WOOD RIVER | IRRIGATION              | BARKER, EARNEST PATRICK;<br>BARKER, IRENE FAYE |
| <del>\$0</del> WR     | 37    | 21587    | Decreed | Active | 8/1/1902      | 0.47               | BIG WOOD RIVER | IRRIGATION              | BARKER, EARNEST PATRICK;<br>BARKER, IRENE FAYE |
| <del>\$0</del> WR     | 37    | 21590    | Decreed | Active | 3/24/1883     | 0.06               | BIG WOOD RIVER | IRRIGATION              | BARKER, EARNEST PATRICK;<br>BARKER, IRENE FAYE |

**Name removal due to death = no fees required by IDWR (if both names are listed on the water rights)**

# STATE OF IDAHO

## CERTIFICATION OF VITAL RECORD

### STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

#3 AMENDED 10-25-2018 KMS

| DATE FILED BY STATE REGISTRAR:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State of Idaho<br><b>CERTIFICATE OF DEATH</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                            | STATE FILE NO. <b>2018-10481</b> |                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/03/2018                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <small>ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER §19-2411 AND §19-274, IDAHO CODE</small> |                                                                                                                                                                                                                                                                                                                                                                            | Local Reg. No.                   |                                                                                                                                                                                                                                                                         |
| <b>DECEDENT</b><br><br><small>TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN</small><br><br><small>FOR INSTRUCTIONS SEE HANDBOOKS</small> | 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)<br><b>EARNEST PATRICK BARKER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              | 2. SEX<br><b>MALE</b>                                                                                                                                                                                                                                                                                                                                                      |                                  | 3. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>                                                                                                                                                                                                                          |
|                                                                                                                                                         | 4a. AGE-Last Birthday<br><b>75</b> (Years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | 4b. UNDER 1 YEAR<br>Months <b>04</b> Days <b>16</b>                                                                                                                                                                                                                                                                                                                        |                                  | 5. DATE OF BIRTH (Mo/Day/Yr)<br><b>04/16/1943</b>                                                                                                                                                                                                                       |
|                                                                                                                                                         | 6. BIRTHPLACE (City and State, Territory, or Foreign Country)<br><b>WENDELL, IDAHO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY<br><b>IDAHO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              | 7b. COUNTY<br><b>BLAINE</b>                                                                                                                                                                                                                                                                                                                                                |                                  | 7c. CITY OR TOWN<br><b>BELLEVUE</b>                                                                                                                                                                                                                                     |
|                                                                                                                                                         | 7d. STREET AND NUMBER<br><b>124 GANNETT ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | 7e. APT. NO.                                                                                                                                                                                                                                                                                                                                                               | 7f. ZIP CODE<br><b>83313</b>     | 7g. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                          |
| <b>PARENTS</b><br><br><small>Complete/Verify and File Within 5 Days of Death</small>                                                                    | 8. MARITAL STATUS AT TIME OF DEATH<br><input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                              | 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)<br><b>IRENE FAYE HATCH</b>                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 10. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 11a. FATHER'S NAME (First, Middle, Last, Suffix)<br><b>CURTIS JOHN BARKER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                              | 11b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>IDAHO</b>                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><b>EVALYN VIOLET SHOEMAKER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              | 12b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>NEBRASKA</b>                                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 13a. INFORMANT'S NAME (Type or print)<br><b>IRENE FAYE BARKER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | 13b. RELATIONSHIP TO DECEDENT<br><b>WIFE</b>                                                                                                                                                                                                                                                                                                                               |                                  | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>P. O. BOX 284 BELLEVUE, ID 83313</b>                                                                                                                                                              |
| <b>DISPOSITION</b><br><br><small>Complete/Verify and File Within 5 Days of Death</small>                                                                | 14. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>FARNSWORTH CREMATORY<br/>1343 SOUTH LINCOLN<br/>JEROME, IDAHO 83338</b>                                                                                                                                                                                                              |                                  | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>WOOD RIVER CHAPEL<br/>403 NORTH MAIN STREET<br/>HAILEY, IDAHO 83333</b>                                                                                                                                         |
|                                                                                                                                                         | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>ELECTRONICALLY FILED: RUSSELL D. MIKEL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | 17b. LICENSE NUMBER (Of licensee)<br><b>M0520</b>                                                                                                                                                                                                                                                                                                                          |                                  | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                 |
|                                                                                                                                                         | PLACE OF DEATH (19-22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 19. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 20. FACILITY NAME (If not facility, give street and number)<br><b>124 GANNETT ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
| <b>DATE OF DEATH</b><br><br><small>Complete/Verify and File Within 72 Hours of Death</small>                                                            | 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE<br><b>BELLEVUE, ID 83313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              | 22. COUNTY OF DEATH<br><b>BLAINE</b>                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><b>September 14, 2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              | 24. TIME OF DEATH (24hr)<br><b>Estimated 05:00 - 06:00</b>                                                                                                                                                                                                                                                                                                                 |                                  | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><b>September 14, 2018</b>                                                                                                                                                                                         |
|                                                                                                                                                         | 26. TIME PRONOUNCED DEAD (24hr)<br><b>12:40</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 27. CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. SMOKE INHALATION AND THERMAL TRAUMA</b><br>DUE TO (or as a consequence of):<br><b>b. STRUCTURE FIRE</b><br>DUE TO (or as a consequence of):<br><b>c. DUE TO (or as a consequence of)</b><br><b>d. DUE TO (or as a consequence of)</b> |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
| <b>CERTIFIER</b><br><br><small>Complete Within 72 Hours of Death</small>                                                                                | 28a. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                              | 28b. IF FEMALE (Aged 10-54):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year |                                  | 28c. WAS AN AUTOPSY PERFORMED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |
|                                                                                                                                                         | 29. DATE OF INJURY (Mo/Day/Yr) (Spell month)<br><b>September 14, 2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              | 30. TIME OF INJURY (24hr)<br><b>Estimated 05:00 - 06:00</b>                                                                                                                                                                                                                                                                                                                |                                  | 31. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined |
|                                                                                                                                                         | 32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.)<br><b>DECEDENT'S HOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              | 33. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 34. LOCATION OF INJURY: State <b>IDAHO</b> City/Town or County <b>BELLEVUE, BLAINE</b> Zip Code <b>83313</b><br>Street and Number or Location <b>124 GANNETT ROAD</b> Apartment Number                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 35. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable.<br><b>DECEDENT WAS OVERCOME BY SMOKE INHALATION IN A HOUSE FIRE.</b>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
| <b>REGISTRAR</b><br><br><small>IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE</small>                | 36. TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                              | 37. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?<br><input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown                                                                                                       |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 38a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input checked="" type="checkbox"/> CORONER                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                              | 38b. LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 38c. DATE SIGNED<br><b>10 / 3 / 2018</b><br>MM DD YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 39. SIGNATURE AND Title of Certifier <b>ELECTRONICALLY SIGNED: RUSSELL D. MIKEL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                              | 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)<br><b>RUSSELL D. MIKEL, 403 NORTH MAIN STREET HAILEY, ID 83333</b>                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                         |
|                                                                                                                                                         | 40a. REGISTRAR'S SIGNATURE<br><b>James B. Gaydelotte</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              | 40b. DATE SIGNED<br><b>10 / 3 / 2018</b><br>MM DD YYYY                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                         |

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: **OCT 15 2018**

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

**JAMES B. AYDELOTTE**  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

## LAST WILL AND TESTAMENT

BE IT KNOWN, that I, E. Patrick Barker of  
Bellevue, County of Blaine  
in the State of Idaho being of sound mind, do make and declare this  
to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. **PERSONAL REPRESENTATIVE:**

I appoint CPB Irene Faye Barker of Bellevue, Idaho  
, as Personal Representative of this my Last Will and Testament and provide if this Personal  
Representative is unable or unwilling to serve then I appoint Cindy Faye Karst of  
Bellevue, Idaho, as alternate Personal Representative. My Personal Representative shall  
be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I fur-  
ther provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction,  
and direct that no expert appraisal be made of my estate unless required by law.

II. **GUARDIAN:** N/A

In the event I shall die as the sole parent of minor children, then I appoint [Signature]  
, as Guardian of said minor children. If this named Guardian is  
unable or unwilling to serve, then I appoint  
as alternate Guardian.

III. **BEQUESTS:**

I direct that after payment of all my just debts, my property be bequeathed in the manner following:  
I leave all the rest and residue of my Estate, including Real  
Estate, personal Property and the balance owing at the date of my  
death on a Promissory Note from A.W. Molyneux and Maxine Molyneux,  
husband and wife; William L. Molyneux, a single man; and John I.  
Molyneux and Kristy Molyneux, husband and wife, to my wife Irene  
Faye Barker, but if she shall not survive me, I leave said property  
and Promissory Note to my children Curtis Patrick Barker, Crystal  
Dawn Helder and Cindy Faye Karst to share and share alike. If any  
of my children predecease me, I leave that child's share to his  
(or her) children equally



0 53926 20028 3

CPB  
Testator Initials

Execute and attest before a notary. Caution: Louisiana residents should  
consult an attorney before preparing a will.

IN WITNESS WHEREOF, I have hereunto set my hand this  
11-8-08, to this my Last Will and Testament.

day of

E Patrick Barker  
Testator Signature

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this 8th day of November, 2004

Vicki Theris  
Witness Signature

315 1/2 270 N Carroll Rd.  
Address

Jeanne T. LaBrie  
Witness Signature

3231 Glenbrook Dr.  
Address

Sidne Lamb  
Witness Signature

190 Labrador Ln. Bellevue  
Address

State of Idaho

County of Blaine

We, E Patrick Barker

Vicki Theris

Jeanne LaBrie

and Sidne Lamb

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the will as a witness.

Testator: E Patrick Barker

Witness: Vicki Theris

Witness: Jeanne T. LaBrie

Witness: Sidne Lamb

On November 8th 2004 before me, Sandra P. Ehrmantraut  
appeared E. Patrick Barker

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

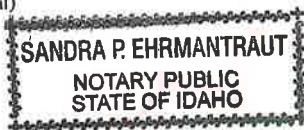
WITNESS my hand and official seal.

Signature

Sandra P. Ehrmantraut  
Signature of Notary

Affiant Known Produced ID  
Type of ID                     

(Seal)





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](http://www.idwr.idaho.gov)

Brad Little  
Governor

Gary Spackman  
Director

April 16, 2019

IRENE FAYE BARKER  
PO BOX 284  
BELLEVUE ID 83313-0284

Re: Change in Ownership for Water Right No(s): 37-11942, 37-21581, 37-21584, 37-21587, 37-21590

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence updating the 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) 736-3033.

Sincerely,

Denise Maline  
Administrative Assistant 1

Enclosure(s)

c: Water District 37