Form 42-248/42-1409(6) Rev. 1/15

RECEIVED
APR 15 2019
DEPT OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
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?
	37-11942	Yes ☐	Yes ☐		Yes ☐	Yes ☐
*	37-21581	Yes ☐	Yes ☐		Yes ☐	Yes ☐
*	37-21584	Yes ☐	Yes ☐		Yes ☐	Yes ☐
*	37-21587	Yes ☐	Yes ☐		Yes ☐	Yes ☐
*	37-21590	Yes ☐	Yes ☐		Yes ☐	Yes ☐

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

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

P.O. Box 284 — Mailing address
Bellevue — City
Id — State
83313 — ZIP
208-720-8878 — Telephone
fpbarker@aol.com — 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.
     - o $100 per *split* water right.
     - o No fee is required for pending adjudication claims.

     * = no fee

     SUPPORT DATA
     IN FILE # 37-11942
   - ☐ 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: Irene Faye Barker — Signature of new owner/claimant; Title, if applicable; Date 4-10-19

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

For IDWR Office Use Only:

Receipted 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 (cfs)	Source	Water Use	Owner
$25 -	WR	37	11942	Decreed	Active	11/25/1978	0.06	GROUND WATER	DOMESTIC, STOCKWATER	BARKER, EARNEST PATRICK
$0 -	WR	37	21581	Decreed	Active	8/1/1882	0.10	BIG WOOD RIVER	IRRIGATION	BARKER, EARNEST PATRICK; BARKER, IRENE FAYE
$0 -	WR	37	21584	Decreed	Active	8/1/1884	0.10	BIG WOOD RIVER	IRRIGATION	BARKER, EARNEST PATRICK; BARKER, IRENE FAYE
$0 -	WR	37	21587	Decreed	Active	8/1/1902	0.47	BIG WOOD RIVER	IRRIGATION	BARKER, EARNEST PATRICK; BARKER, IRENE FAYE
$0 -	WR	37	21590	Decreed	Active	3/24/1883	0.06	BIG WOOD RIVER	IRRIGATION	BARKER, EARNEST PATRICK; 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: 10/03/2018

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2018--10481

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241(4) AND §39-274, IDAHO CODE

Local Reg. No.

DECEDENT — TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN — FOR INSTRUCTIONS SEE HANDBOOKS

MORTICIAN: Complete/Verify and File Within 5 Days of Death

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): EARNEST PATRICK BARKER
2. SEX: MALE
3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday (Years): 75
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 04/16/1943
6. BIRTHPLACE (City and State, Territory, or Foreign Country): WENDELL, IDAHO
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: IDAHO
7b. COUNTY: BLAINE
7c. CITY OR TOWN: BELLEVUE
7d. STREET AND NUMBER: 124 GANNETT ROAD
7e. APT. NO.:
7f. ZIP CODE: 83313
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (if wife, give maiden name): IRENE FAYE HATCH

PARENTS

10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): CURTIS JOHN BARKER
11b. BIRTHPLACE (State, Territory, or Foreign Country): IDAHO
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): EVALYN VIOLET SHOEMAKER
12b. BIRTHPLACE (State, Territory, or Foreign Country): NEBRASKA

INFORMANT

13a. INFORMANT'S NAME (Type or print): IRENE FAYE BARKER
13b. RELATIONSHIP TO DECEDENT: WIFE
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): P. O. BOX 284 BELLEVUE, ID 83313

DISPOSITION

* 14. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): FARNSWORTH CREMATORY, 1343 SOUTH LINCOLN, JEROME, IDAHO 83338
* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: WOOD RIVER CHAPEL, 403 NORTH MAIN STREET, HAILEY, IDAHO 83333
* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: RUSSELL D. MIKEL
* 17b. LICENSE NUMBER (Of licensee): M0520
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

* 19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA
* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☒ Decedent's home 7 ☐ Other (Specify)
* 20. FACILITY NAME (If not facility, give street and number): 124 GANNETT ROAD
* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: BELLEVUE, ID 83313
* 22. COUNTY OF DEATH: BLAINE

DATE OF DEATH

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month): September 14, 2018
24. TIME OF DEATH (24hr): Estimated 05:00 - 06:00
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): September 14, 2018
26. TIME PRONOUNCED DEAD (24hr): 12:40

CAUSE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

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.

		Approximate Time Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	SMOKE INHALATION AND THERMAL TRAUMA	BRIEF
	DUE TO (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) b.	STRUCTURE FIRE	
	DUE TO (or as a consequence of):	
c.		
	DUE TO (or as a consequence of):	
d.		

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒ Yes ☐ No
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: ☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month): September 14, 2018
33. TIME OF INJURY (24hr): Estimated 05:00 - 06:00
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.): DECEDENT'S HOME
35. INJURY AT WORK? ☐ Yes ☒ No
36. LOCATION OF INJURY: State IDAHO; City/Town or County BELLEVUE, BLAINE; Zip Code 83313
Street and Number or Location: 124 GANNETT ROAD; Apartment Number
37. 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:
DECEDENT WAS OVERCOME BY SMOKE INHALATION IN A HOUSE FIRE.

TRANSPORTATION INJURY ONLY
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate)
☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE
- To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner 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 stated.
39b. LICENSE NUMBER
39c. DATE SIGNED: 10 / 2 / 2018 (MM DD YYYY)
Signature and Title of Certifier: ELECTRONICALLY SIGNED: RUSSELL D. MIKEL
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): RUSSELL D. MIKEL, 403 NORTH MAIN STREET HAILEY, ID 83333

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Aydelotte
40b. DATE SIGNED: 10 / 3 / 2018 (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
JAMES B. AYDELOTTE
STATE REGISTRAR

GREAT SEAL OF THE STATE OF IDAHO — ESTO PERPETUA

THE STATE OF IDAHO — VALID

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Form A235-10
R235-04

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 EPB 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 further 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 , 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 childs share to his (or her) children equally

EPB
Testator Initials

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

0 53926 20028 3

ZBHQ

(Revised 1/95)

IN WITNESS WHEREOF, I have hereunto set my hand this day of 11-8-04, to this my Last Will and Testament.

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 testatment, and in the presence of the testator and each other we have hereunto subscribed our names this 8th day of November, 2004

Vicki A Theis — 315 1/2 W 270 N Carroll Rd.
Witness Signature — Address

Jeneane T. LaBrel — 3231 Glenbrook Dr.
Witness Signature — Address

Sidne Lamb — 190 Labrador Ln. Bellevue
Witness Signature — Address

State of Idaho)
County of Blaine
We, E Patrick Barker, Vicki Theis, Jeneane LaBrel, 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 A Theis
Witness Jeneane T. LaBrel
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 [signature]
Signature of Notary

Affiant ____ Known X Produced ID
Type of ID ____

(Seal)

SANDRA P. EHRMANTRAUT
NOTARY PUBLIC
STATE OF IDAHO

4.7.06

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State of Idaho
DEPARTMENT OF WATER RESOURCES
Southern Region • 650 ADDISON AVE W STE 500 • TWIN FALLS, ID 83301-5858
Phone: (208)736-3033 • Fax: (208)736-3037 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

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

Denise Maline
Administrative Assistant 1

Enclosure(s)

c: Water District 37