Rev. 02/14

For Office Use Only
Updated by
Date 4/16/2019

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CHANGE IN ADDRESS

RECEIVED
APR 16 2019
Department of Water Resources
Eastern Region

This form can be used to notify the Department of a change in address of the owners of record for the listed water rights.
(Please print or type)

Water Right Number(s): 29-4309

Name(s): Marsh Creek Water Co

Old Mailing Address: C/O Calvin Criddle
23274 S 8th E
Downey, ID 83234

New Mailing Address: C/O Steven Criddle
21709 S Cambridge Rd
Downey, ID 83234

Telephone Number: 208-251-5556

Email: keedoc@hotmail.com

Signature(s) of Owner(s) Steven Criddle
President
(Include your title if on behalf of company or organization.)

Date: 4/16/2019

Send a signed original to your closest regional office:

IDWR Northern Region
7600 N. Mineral Dr., Suite 100
Coeur d'Alene, ID 83815-7763
(208) 762-2800

IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190

IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161

IDWR Southern Region
650 Addison Ave W, Suite 500
Twin Falls, ID 83301-5858
(208) 736-3033

State of Idaho
DEPARTMENT OF WATER RESOURCES
Eastern Region • 900 N Skyline Drive, Suite A • Idaho Falls ID 83402-1718
Phone: (208) 525-7161 • Fax: (208) 525-7177
Website: idwr.idaho.gov • Email: easterninfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

April 17, 2019

C/O STEVEN CRIDDLE
MARSH CREEK WATER CO
21709 S CAMBRIDGE RD
DOWNEY ID 83234

RE: CHANGE OF ADDRESS FOR 29-4309

Dear Sir/Madam:

The department acknowledges receipt of correspondence changing the address of the above referenced water right(s). The department has modified its records to reflect the change in address and has enclosed computer-generated reports for your records.

If you have any questions feel free to contact this office at (208) 525-7161.

Respectfully submitted,

Cher Ramos
Technical Records Specialist

Enclosure(s)

IDAHO DEPARTMENT OF WATER RESOURCES 4/17/2019

Proof Report

Water Right 29-4309

Owner Type	Name and Address
Current Owner	MARSH CREEK WATER CO C/O STEVEN CRIDDLE 21709 S CAMBRIDGE RD DOWNEY, ID 83234-4700 (208) 251-5556

Priority Date: 6/16/1897
Basis: Decreed
Status: Active

Source	Tributary
LEFT HAND FORK MARSH CREEK	MARSH CREEK

Beneficial Use	From	To	Diversion Rate	Volume
IRRIGATION	04/01	10/31	2.400 CFS	
	Total Diversion		2.400 CFS	

Source and Point(s) of Diversion

LEFT HAND FORK MARSH CREEK	SENESW	Sec. 28, Twp 11S, Rge 38E, BANNOCK County

Place Of Use

IRRIGATION within BANNOCK County

T11S R37E S26	SWSW	20.0
T11S R37E S26	SESW	20.0
T11S R37E S27	NESE	10.0
T11S R37E S35	NENW	30.0
T11S R37E S35	NWNW	10.0
T12S R38E S6	SWSE	10.0
T12S R38E S6	SESE	20.0
	POU Total Acres:	120.0

Conditions of Approval:

1. C18 THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

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(3) AND §39-274, IDAHO CODE

STATE FILE NO.
Local Reg. No. 6-118

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)			2. SEX	3. SOCIAL SECURITY NUMBER
Calvin	Odell	Criddle	Male	[redacted]

4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months / Days	4c. UNDER 1 DAY Hours / Minutes	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
73			July 7, 1929	Downey, Idaho

7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN			
Idaho	Bannock	Downey City			
7d. STREET AND NUMBER		**7e. APT. NO.**	**7f. ZIP CODE**	**7g. INSIDE CITY LIMITS?**	
23274 8th East			83234	☒ Yes	☐ No

8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	Margene Stuart

PARENTS

10. EVER IN U.S. ARMED FORCES?	11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)
☐ Yes ☒ No	John Edwin Criddle	Utah
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	**12b. BIRTHPLACE (State, Territory, or Foreign Country)**
	Cloah Gunter	Idaho

INFORMANT

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Margene S. Criddle	Wife	23274 8th East Downey, Id. 83252

DISPOSITION

★ 14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	★ 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	Downey Cemetery Downey, Idaho	Horsley Funeral Homes 132 W. 300 N. Malad City, Idaho 83252

★ 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	★ 17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED?
► [signature]	M-607	☐ Yes ☒ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

★ 19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

★ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:

★ 20. FACILITY NAME (If not facility, give street and number)	★ 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	★ 22. COUNTY OF DEATH
Portneuf Medical Center	Pocatello	Bannock

DATE OF DEATH

★ 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)
Janaury 25, 2003	2230	January 25, 2003	2230

CAUSE 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 Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Sudden Cardiac Death	4 hours
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)	DUE TO (or as a consequence of): b. Myocardial Infarction	4 hours
	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?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	31. MANNER OF DEATH
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined

CERTIFIER: Complete Within 72 Hours of Death

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, forest, etc.)	35. INJURY AT WORK?
			☐ Yes ☐ No

36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____
Street and Number or Location _____ 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

TRANSPORTATION INJURY ONLY	38a. WAS DECEDENT:	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	☐ 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 - 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.

Signature and Title of Certifier ► [signature]

39b. LICENSE NUMBER	39c. DATE SIGNED (MM DD YYYY)
m-6833	2 25 2003

★ 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)
Dr. James Christon 500 S. 11th Pocatello, IDaho 83201

40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.

I have reviewed and if necessary amended the medical section ►

40b. DATE SIGNED (MM DD YYYY)

REGISTRAR

41a. REGISTRAR'S SIGNATURE	41b. DATE SIGNED (MM DD YYYY)
[signature]	Feb 25 2003

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

DATE ISSUED: Feb. 25, 2003

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

[signature]
JANE S. SMITH
STATE REGISTRAR

MIDWEST BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Water Right 29-4309

Owner Type	Name and Address
Current Owner	MARSH CREEK WATER CO C/O CALVIN CRIDDLE 23274 8TH E DOWNEY, ID 83234 (208) 897-5753

Priority Date: 6/16/1897
Basis: Decreed
Status: Active

Source	Tributary
LEFT HAND FORK MARSH CREEK	MARSH CREEK

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	Total Diversion		2.400 CFS	

Source and Point(s) of Diversion

LEFT HAND FORK MARSH CREEK	SENESW	Sec. 28, Twp 11S, Rge 38E, BANNOCK County

Place Of Use

IRRIGATION within BANNOCK County

			NE				NW				SW				SE				
Twp	Rng	Sec	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	Totals
11S	37E	26											20.0	20.0					40.0
11S	37E	27													10.0				10.0
11S	37E	35					30.0	10.0											40.0
12S	38E	6															10.0	20.0	30.0

POU Total Acres: 120.0

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State of Idaho
Department of Water Resources

Water Right License

29-4309