

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 01 2018

WATER RESOURCES
WESTERN 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?
67-11191	Yes ☐	Yes ☐		Yes ☐	Yes ☐
67-11190	Yes ☐	Yes ☐		Yes ☐	Yes ☐
67-11189	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: John W Holmes
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Dawn M. Holmes
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 948 Grays Creek Rd Indian Valley Id 83632
Mailing address City State ZIP
- 208-256-4457 joedawnholmes@gmail.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: Nov 15, 1990
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.
 ☐ \$100 per split water right.
 ☐ No fee is required for pending adjudication claims.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.
8. Signature: Dawn M. Holmes member 09-28-18
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 AK Date 10/11/2018 Receipt No. W046809 Receipt Amt. \$75.00

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 N/A Approved by AK Processed by AK Date 10/21/2018

WARRANTY DEED

For Value Received, JOSEPH F. HOLMES, a married man as his sole and separate property the grantor, does hereby grant, bargain, sell and convey unto JOSEPH F. HOLMES and DAWN M. HOLMES, husband and wife

the grantees, whose current address is 948 Grays Creek Rd., Indian Valley, ID 83632

the following described premises, in Adams County, Idaho, to-wit:

SEE ATTACHED EXHIBIT 'A' MADE A PART HEREOF

TO HAVE AND TO HOLD THE said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; that they are free from all encumbrances excepting for all easements of record, rights of way, matters visible, and all matters of record and title and that they will warrant and defend the same from all lawful claims whatsoever.

Date: March 3, 2006

Joseph F. Holmes

JOSEPH F. HOLMES

Instrument # 111208

COUNCIL, ADAMS, IDAHO

2006-03-03

10:01:44 No. of Pages: 2

Recorded for: TIMBERLINE TITLE & ESCROW

MICHAEL FISK

Fee: 6.00

Ex-Officio Recorder Deputy

Index to: DEED

Sarah J. Wilson

STATE OF *Idaho*)

COUNTY OF *Adams*) : ss

On this *3* day of March, in the year of 2006, before me, a Notary Public in and for said State, personally appeared JOSEPH F. HOLMES

known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me he/she/they executed the same.



Christy A. Ward

Notary Public

Residing at:

Commission expires:

Indian Valley, Idaho

9-17-10

EXHIBIT A

Township 14 North, Range 1 West, Boise Meridian

The Southeast quarter of the Southwest quarter of Section 2; a tract of land in the Southwest Quarter of the Southeast quarter of Section 2 (hereinafter referred to as "said subdivision"), described as beginning at a point 60 feet West of the Southeast corner of said subdivision, running thence in a northwesterly direction to a point on the North line of said subdivision 620 feet West of the Northeast corner thereof, thence West to the Northwest corner of said subdivision, thence South along the West line of said subdivision to the Southwest corner thereof, thence East along the South line of said subdivision to the place of beginning; the North half of the Northeast Quarter of the Northwest quarter of Section 11, excepting the tract of land described as follows: Commencing at the Southeast corner of said North Half of the Northeast Quarter of the Northwest Quarter of said Section 11, running thence North along the North and South center line of said Section 11, 165.25 feet, thence West 565 feet, thence South 165.25 feet to the South line of said North Half of the Northeast Quarter of the Northwest Quarter, thence East along said South line 565 feet to beginning; the North Half of the Northeast Quarter of Section 11; and a tract of land in the Southwest Quarter of the Northeast Quarter of Section 11 described as follows: Commencing at a point which is 318.5 feet East of the Northwest Quarter of Section 11, thence East along the Northline of said Southwest Quarter of the Northeast Quarter a distance of 369 feet to a point, thence South 253 feet to a point, thence West and parallel to the North line of said Southwest Quarter of the Northeast Quarter 369 feet, thence North 253 feet to the point of beginning; all in Township 14 North, Range 1 West of the Boise Meridian.

AND

Township 14 North, Range 1 West, Boise Meridian, Adams County,
Idaho
Section 12: W1/2NW1/4

STATE OF IDAHO

County File No. 76645

County of Adams

Marriage License

KNOW ALL PERSONS BY THIS CERTIFICATE: That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church or denomination of Christians, Hebrews, or religious body of which said minister is a member, or any judge or magistrate, or competent officer to whom this may come, not knowing of any lawful impediments thereto, is hereby authorized and empowered to solemnize the rites of Matrimony between:

GROOM
1. Full Name Joseph Franklin Holmes
2. Address: Indian Valley Adams ID
City County State
3. Age 28 Race W 5. Single ☒ 6. Widowed 7. Divorced
8. Birthplace: City Council State ID

AND
BRIDE
9. Full Name Dawn Municha Blattner
10. Address: Council Adams ID
City County State
11. Age 24 Race W 13. Single ☒ 14. Widowed 15. Divorced
16. Maiden Name if previously married
17. Birthplace: City Munich State Germany

And to certify the same to said parties, or either of them under the signature and seal, of said minister or official capacity, and thereupon is required to deliver the original to the parties so married.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal,
at Council Adams County, Idaho,
this 25 day of Jan, A.D. 19 89

Michael Fisk

Sonda Lawrence
Recorder
Deputy

Marriage Certificate

I, Eugene McDonald, a Minister in the Meridian Friends Church
residing at Meridian, in the County of Ada, in the State of Idaho do certify
that, in accordance with the authority on me conferred by the above license, I did on this eleventh day of February
in the year A.D. 19 89 at Meridian in the County of Ada, in the State of Idaho,
solemnize the rites of matrimony between Joseph Franklin Holmes of Indian valley
in the County of Adams of the State of Idaho
and Dawn Municha Blatter of Council, in the County of Adams
of the State of Idaho, in the presence of Shelley Jo Prouty and T. J. Toomey
WITNESS My Hand at the County aforesaid, this eleventh day of February, A.D. 19 89.

In the presence of:

Shelley Jo Prouty
and T. J. Toomey

X Eugene McDonald
Signature of person officiating

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO. 2017-03710

04/07/2017

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 §29-241(4) AND §29-274, IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT		1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JOSEPH F HOLMES		2. SEX MALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday 56 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes		4c. UNDER 1 DAY Hours Minutes		5. DATE OF BIRTH (Mo/Day/Yr) 11/02/1960	
	6. BIRTHPLACE (City, State, or Foreign Country) COUNCIL, IDAHO		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY ADAMS		7c. CITY OR TOWN INDIAN VALLEY	
	7d. STREET AND NUMBER 948 GRAYS CREEK ROAD		7e. APT. NO. 63632		7f. ZIP CODE 83632		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
Complete/Verify and File Within 5 Days of Death	PARENTS		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) DAWN BLATTNER			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JOHN W HOLMES		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
			12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) JOAN H RAYMER		12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON			
	INFORMANT		13a. INFORMANT'S NAME (Type or print) DAWN HOLMES		13b. RELATIONSHIP TO DECEDENT SPOUSE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 948 GRAYS CREEK ROAD INDIAN VALLEY, ID 83632	
Complete/Verify and File Within 72 Hours of Death	DISPOSITION		14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) INDIAN VALLEY CEMETERY INDIAN VALLEY, IDAHO 83632		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME 221 EAST COURT STREET WEISER, IDAHO 83672	
	PLACE OF DEATH		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GARY M. TRICK		17b. LICENSE NUMBER (Of licensee) M0643		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
	DATE OF DEATH		19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DCA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DCA 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) 948 GRAYS CREEK ROAD INDIAN VALLEY, ID 83632	
	CAUSE OF DEATH		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ADAMS		22. COUNTY OF DEATH ADAMS		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 5, 2017	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ACUTE MYOCARDIAL INFARCTION DUE TO (or as a consequence of): b. HYPERTENSION 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.		24. TIME OF DEATH (24hr) Estimated 01:00 - 01:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 5, 2017		26. TIME PRONOUNCED DEAD (24hr) 05:10		
		27. CAUSE OF DEATH 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 10-64): ☐ 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		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 5, 2017		
		33. TIME OF INJURY (24hr) Estimated 01:00 - 01:30		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) INDIAN VALLEY, ID 83632		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: ☐ 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		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 4 / 7 / 2017 MM DD YYYY		39c. DATE SIGNED 4 / 7 / 2017 MM DD YYYY		
		Signature and Title of Certifier ELECTRONICALLY SIGNED: SUSAN WARNER * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SUSAN WARNER, 4256 LANDORE ROAD COUNCIL, ID 83612		40a. REGISTRAR'S SIGNATURE James B. Galt		40b. DATE SIGNED 4 / 7 / 2017 MM DD YYYY		
		41. REGISTRAR'S SIGNATURE James B. Galt		42. DATE SIGNED 4 / 7 / 2017 MM DD YYYY		43. REGISTRAR'S SIGNATURE James B. Galt		
		44. REGISTRAR'S SIGNATURE James B. Galt		45. DATE SIGNED 4 / 7 / 2017 MM DD YYYY		46. REGISTRAR'S SIGNATURE James B. Galt		

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:

APR 07 2017

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



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region • 2735 W AIRPORT WAY • BOISE, ID 83705-5082

Phone: (208)334-2190 • Fax: (208)334-2348 • Website: www.idwr.idaho.gov

C.L. "Butch" Otter
Governor

Gary Spackman
Director

October 02, 2018

DAWN M HOLMES
948 GRAYS CREEK RD
INDIAN VALLEY ID 83632-5010

Re: Change in Ownership for Water Right No(s): 67-111989, 67-11190, and 67-11191

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 334-2190.

Sincerely,

Anna Kaiser
Office Specialist II

Enclosure(s)