

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
JUL 30 2018
OFFICE OF WATER RESOURCES
SALT LAKE REGION

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?
A72-00012H	Yes ☐	Yes ☐		Yes ☐	Yes ☐
A72-00012J	Yes ☐	Yes ☐		Yes ☐	Yes ☐
A72-10199	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Raymond Cullinane Falma Moye Cullinane
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Falma Moye
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- 940 Stephens Rd Challis ID 83226
Mailing address City State ZIP
- 208 879-4588 falma1607@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: 1992

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed IRS Form W-9 for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed Lessor Designation form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☒ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
- ☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
- ☐ Filing fee (see instructions for further explanation):
- o \$25 per *undivided* water right.
 - o \$100 per *split* water right.
 - o No fee is required for pending adjudication claims.
- ☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
- ☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

SUPPORT DATA

IN FILE # 72-12H

8. Signature: Falma Moye 7/22/18
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 _____ Date _____ Receipt No. _____ Receipt Amt. _____

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 _____ Date _____

DISTRICT COURT
CUSTER COUNTY
IDAHO
CRYSTAL KESTLER
2018 JUL 16 AM 8:00

FALMA JEAN Moye Cullinane
Full Name of Party Filing Document

940 Stephens Rd
Mailing Address (Street or Post Office Box)

Challis Idaho 83226
City, State and Zip Code

208-841-8937
Telephone

falma1607@gmail.com
Email Address (if any)

IN THE DISTRICT COURT FOR THE 7th JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF Custer

IN RE: FALMA JEAN Moye Cullinane
Legal Name

Case No. CV-2018-50
JUDGMENT FOR NAME CHANGE

JUDGMENT IS ENTERED AS FOLLOWS:

The name of FALMA JEAN Moye Cullinane, born on
(date) June 3, 1950, is changed to FALMA JEAN Moye

Date: 7-16-18

[Signature]
JUDGE **JAMES H. BARRETT, JR.**

JUDGMENT FOR NAME CHANGE
CAO NCA 8-1 07/01/2016

STATE OF IDAHO
COUNTY OF CUSTER
SEVENTH JUDICIAL DISTRICT
I hereby certify that the foregoing is a full
true and correct copy of the original on file
in this office.
Date 7-16-18
[Signature]
County Clerk

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2018-007478

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)		3. DATE OF DEATH	
RAYMOND, JOHN, CULLINANE				02/12/2018	
4. SEX	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE		
MALE		09/12/1941	76 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
TUCSON, PIMA, 85712					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
HOSPICE FACILITY - PEPPI'S HOUSE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
PITTSBURGH, PENNSYLVANIA		MARRIED		FALMA, JEAN, MOYE	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
940 STEPHENS ROAD, CHALLIS, CUSTER, ID, 83226					
14. DECEDENT'S HISPANIC ORIGIN(S)		15. DECEDENT'S RACE(S)		16. EVER IN ARMED FORCES	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE		YES	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)		17. OCCUPATION	
WILLIAM, FRANCIS, CULLINANE		WILLIAMINA, , BRODIE		FORESTER	
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				21. RELATIONSHIP	
FALMA, JEAN, MOYE CULLINANE				SPOUSE	
22. INFORMANT'S MAILING ADDRESS					
940 STEPHENS ROAD, CHALLIS, ID, 83226					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25. LICENSE NUMBER	
OASIS CREMATION & FUNERAL CARE 1687 W PRINCE ROAD #101, TUCSON, AZ, 85705		CHRISTOPHER, MCDERMOTT		F0840	
26. METHOD(S) OF DISPOSITION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
CREMATION		OASIS CREMATION & FUNERAL CARE, TUCSON, AZ, US			
IMMEDIATE CAUSE OF DEATH		29. A		30. APPROXIMATE INTERVAL	
		RESPIRATORY FAILURE		DAYS	
DUE TO OR AS A CONSEQUENCE OF:		31. B		32. APPROXIMATE INTERVAL	
		PNEUMONIA		DAYS	
DUE TO OR AS A CONSEQUENCE OF:		33. C		34. APPROXIMATE INTERVAL	
		LUNG METASTASIS		YEARS	
DUE TO OR AS A CONSEQUENCE OF:		35. D		36. APPROXIMATE INTERVAL	
		RENAL CELL CARCINOMA UNKNOWN LATERALITY		YEARS	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY?		39. INJURY AT WORK?	
		NO			
		42. WAS AN AUTOPSY PERFORMED?		40. MANNER OF DEATH	
		NO		NATURAL DEATH	
				41. TIME OF DEATH	
				00:12	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH		45. DATE CERTIFIED	
		NICOLE, , RALSTON		02/12/2018	
46. CERTIFIER'S ADDRESS					
5301 E GRANT ROAD, TUCSON, AZ, 85712					

Date Registered: 02/13/2018

Date Issued: 02/15/2018

VS-48 Rev. 08/2017



J0954076

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

C.L. "Butch" Otter
Governor

Gary Spackman
Director

July 31, 2018

FALMA MOYE
940 STEPHENS RD
CHALLIS ID 83226-4720

Re: Change in Ownership for Water Right No(s): 72-12H, 72-12J and 72-10199

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) 736-3033.

Sincerely,

Trish Fawcett
Technical Records Specialist I

Enclosure(s)