

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
JUN 15 2018
WATER RESOURCES
WESTERN 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?
PD 61-4121	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name:

John W. Caldwell

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

Deborah G. Caldwell

New owner(s) as listed on the conveyance document (Elmer Name connector ☐ and ☐ or ☐ and/or

P.O. Box 51

Mailing address

Mountain Home

City

ID

State

83647-0051

ZIP

208 587 3476

Telephone

debbie.caldwell@gmail.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: 01-30-01 DOD

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: Deborah G. Caldwell

Signature of new owner/claimant

Title, if applicable

May 12, 2018

Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by CS Date 6/15/18

Receipt No. W046440

Receipt Amt. \$25⁰⁰

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 X

Approved by CS

Processed by CS

Date 6/15/18

*Attached Copy of
Death Certificate and
Elmer Co. Parcel Map (enclosed)*

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY
CERTIFICATE OF DEATH

Date Filed **FEBRUARY 06, 2001**

State File No. **2001 - 00724**

DECEDENT - NAME JOHN W. CALDWELL				AGE 74 YEARS	
DATE OF DEATH JAN. 30, 2001		SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH NOV. 19, 1926	BIRTHPLACE OREGON
WAS DECEDENT EVER IN U.S. ARMED FORCES? YES	MARITAL STATUS MARRIED	SURVIVING SPOUSE (if wife, maiden name) DEBBIE GROSSHOLZ		CITY, TOWN OR LOCATION OF DEATH MOUNTAIN HOME, IDAHO	
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION MOUNTAIN HOME			
FATHER - NAME WINSTON CALDWELL				BIRTHPLACE NORTH DAKOTA	
MOTHER - FULL MAIDEN NAME BETTY SKAGGS				BIRTHPLACE MISSOURI	
NAME AND ADDRESS OF MORTUARY SUMMERS FUNERAL HOMES, MCMURTREY CHAPEL , MOUNTAIN HOME, IDAHO					
FUNERAL SERVICE LICENSEE JERRY L. ROST					
METHOD OF DISPOSITION CREMATION		TIME OF DEATH 6:15 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. PROBABLE MYOCARDIAL INFARCTION					Approximate Interval Between Onset and Death 1 HOUR
DUE TO (or as a consequence of): b. CORONARY ARTERY DISEASE					YEARS
DUE TO (or as a consequence of): c. ATHEROSCLEROSIS					YEARS
DUE TO (or as a consequence of): d. _____					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above ABDOMINAL AORTIC ANEURYSM					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER TIMOTHY BRININGER, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION			NAME		
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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

DATE ISSUED: **FEBRUARY 07, 2001**

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



DETAIL INFO ASSESS INFO HOUSE PHOTO

Parcel Number: RPA3S06E363110

Site Address: 495 W 6TH S

Site Zipcode: 83647

Homeowner Name: CALDWELL, DEBORAH G

Homeowner Address: P O BOX 51

Homeowner City: MTN HOME

Homeowner State: ID

Parcel Number: RPA3S06E363110

Land Value: 31675

Improvement Value: 19888

Total Value: 54831 Land Information

Total Acres: 1.55

Categories: | 18 | 20 | 30 | 41 |

Residential Information

Floors: 1

Year Built: 1905

1st Floor SqFt: 1000

2nd Floor SqFt: 0

Attic SqFt: 0

Basement SqFt: 0

Total SqFt: 1000

Bedroom Count: 2

Bathroom Count: 1

Fireplace Count: 0

(<http://photos-parcels.rhcloud.com/Elmore/RPA3S06E363110A.JPG>)



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

June 15, 2018

DEBORAH G CALDWELL
PO BOX 51
MOUNTAIN HOME ID 83647-0051

Re: Change in Ownership for Water Right No(s): 61-4121

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,

Chad Jones
Office Specialist II

Enclosure(s)