

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
APR 06 2018
DEPARTMENT OF
WATER RESOURCES

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?
74-1782	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: LEE H WITTE, MARGARET ANN WITTE
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): MARGARET ANN WITTE
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☒ and/or
- PO BOX 14 SALMON ID 83467
Mailing address City State ZIP
- 208.756.8015 _____
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: _____.
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.

8. Signature: Margaret A Witte _____ 4/3/2018
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. N/A

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 [Signature] Date 4-11-18

ORIGINAL
STATE COPY

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

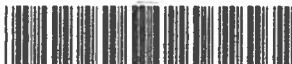
State File Number
102-2018-008977

1 DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2 AKA'S (IF ANY)		3 DATE OF DEATH	
LEE, HARRY, WITTE				02/13/2018	
4 SEX	5 SOCIAL SECURITY NUMBER	6 DATE OF BIRTH	7 AGE		
MALE		01/12/1927	91 YEARS		
8 CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
LAKE HAVASU CITY, MOHAVE, 86406					
9 PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
RESIDENCE - 632 ALOHA DRIVE					
10 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11 MARITAL STATUS		12 NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
WHEATLAND, IOWA		MARRIED		MARGARET, ANN, KNIPEKAMP	
13 DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
632 ALOHA DRIVE, LAKE HAVASU CITY, MOHAVE, AZ, 86406					
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	
HARRY, ORLANDO, WITTE		MARIE, W., DAMMEIER		RANCHER FARMER	
20 INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				21 RELATIONSHIP	
WADE, ANTHONY, WITTE				SON	
22 INFORMANT'S MAILING ADDRESS					
4335 PLEASANT COURT, HUNTINGTOWN, MD, 20639					
23 NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24 FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25 LICENSE NUMBER	
MOHAVE MEMORIAL FUNERAL & CREMATION SERVICES 4764 STOCKTON HILL ROAD, KINGMAN, AZ, 86401		STACY, STEWART		F1617	
26 METHOD(S) OF DISPOSITION		27 NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28 NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
CREMATION		MOHAVE MEMORIAL FUNERAL & CREMATORY SERVICES, KINGMAN, AZ, US			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29 A IMMEDIATE CAUSE OF DEATH				30 APPROXIMATE INTERVAL	
CARDIOPULMONARY FAILURE				1 HOUR	
31 B DUE TO OR AS A CONSEQUENCE OF				32 APPROXIMATE INTERVAL	
CONGESTIVE HEART FAILURE				2 YEARS	
33 C DUE TO OR AS A CONSEQUENCE OF				34 APPROXIMATE INTERVAL	
CHRONIC ATRIAL FIBRILLATION				3 YEARS	
35 D DUE TO OR AS A CONSEQUENCE OF				36 APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
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?	40 MANNER OF DEATH	
		NO		NATURAL DEATH	
		41 TIME OF DEATH	42 WAS AN AUTOPSY PERFORMED?	43 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		12:38 PM	NO		
CAUSE AND MANNER CERTIFICATION					
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
		PAUL, O'NEILL			02/19/2018
46 CERTIFIER'S ADDRESS					
500 N LAKE HAVASU AVENUE #D102, LAKE HAVASU CITY, AZ, 86403					

Date Registered: 02/21/2018

Date Issued: 02/22/2018

VS-49 Rev. 12/2017



J1009570

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

322 E FRONT ST STE 648 PO BOX 83720 • BOISE, ID 83720-0098

Phone: (208)287-4800 • Fax: (208)287-6700 • Website: www.idwr.idaho.gov

C.L. "Butch" Otter
Governor

Gary Spackman
Director

April 11, 2018

MARGARET ANN WITTE
PO BOX 14
SALMON ID 83467-0014

Re: Change in Ownership for Water Right No(s): 74-1782

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) 287-4942.

Sincerely,

A handwritten signature in black ink that reads "Jean Hersley". The signature is written in a cursive, flowing style.

Jean Hersley
Technical Records Specialist II

Enclosure(s)