



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

March 14, 2018

JOHN G G DANIELSON
3535 N STATION AVE
MERIDIAN ID 83646-8380

Re: Change in Ownership for Water Right No(s): 67-27B

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 of the owner of a water right, to the Department. Notice of the change must be provided to the Department within **120 days** of the change. Water right forms are available from any office of the Department, or at www.idwr.idaho.gov.

If you have any questions concerning the enclosed information, please contact me at (208) 287-4803.

Sincerely,

Rosemary DeMond
Administrative Assistant II

Enclosure(s)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

FEB 27 2018

DEPARTMENT OF
WATER RESOURCES

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?
67-27B	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: Lois DANIELSON (deceased)
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): John G.G. DANIELSON
New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or ☐ and/or

3535 N. Station Ave Meridian ID 83646
Mailing address City State ZIP

208-409-8950 HdLRRF@AdL.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: 04 20 2008

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: [Signature] Title, if applicable: _____ Date: 2/22/18
Signature of new owner/claimant

Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant

For IDWR Office Use Only:

Received by TR Date 2.27.2018 Receipt No. C104703 Receipt Amt. 25.00

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 _____ Approved by _____ Processed by _____ Date _____

RECEIVED

APR 26 2006

PERSONAL REPRESENTATIVE'S DEED

Department of Water Resources

THIS DEED, Made by JOHN GEORGE GREEN DANIELSON, as Personal Representative of the Estate of George Green Danielson and Lois Allison Danielson, Grantor, to the JOHN GEORGE GREEN DANIELSON, referred to as GRANTEE.

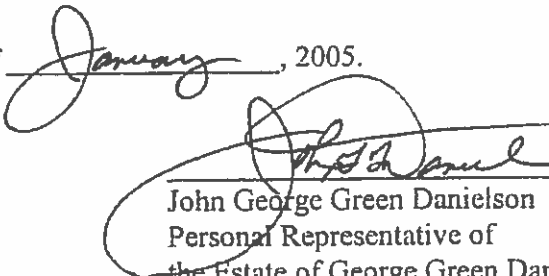
WHEREAS, Grantor is the Personal Representative of the estate of George Green Danielson and Lois Allison Danielson, filed as Probate No. SP 03-00477, Washington County, Idaho.

For good and valuable consideration, the receipt of which is hereby acknowledged, Grantor grants and conveys to Grantee the following described real property located in Washington County, Idaho:

The East Half of the Northwest Quarter of the Southwest Quarter of Section Eleven, Township Fourteen North, Range Three West of the Boise, Meridian.

Together with any and all tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining to the property, including all existing fixtures; SUBJECT TO any and all easements, rights-of-way, or restrictions of record, and the exceptions, provisions and reservations contained in patents or deeds from the United States of America, or the State of Idaho, or in other deeds of record.

EXECUTED this 10th day of January, 2005.

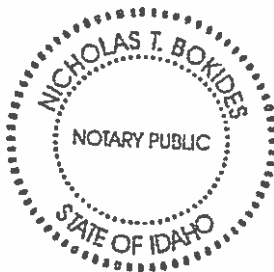


John George Green Danielson
Personal Representative of
the Estate of George Green Danielson and
Lois Allison Danielson

STATE OF IDAHO)
 : ss.
COUNTY OF WASHINGTON)

On the 10 day of January, 2005, before me, the undersigned a Notary Public in and for said State, personally appeared JOHN GEORGE GREEN DANIELSON, known to me to be the person whose name is subscribed to the within instrument, as Personal Representative of the Estate of George Green Danielson and Lois Allison Danielson, and acknowledged to me that he executed the same as such Personal Representative.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.



Notary Public
Residing at Wesley, IL
My Commission expires: April 1, 2010

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

CERTIFICATE OF DEATH

Date Filed DECEMBER 22, 2003

State File No. 2003-09672

DECEDENT - LEGAL NAME LOIS ALLISON DANIELSON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 86 YEARS	DATE OF BIRTH NOVEMBER 16, 1917
BIRTHPLACE CAMBRIDGE, IDAHO		PLACE OF RESIDENCE CAMBRIDGE, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	
FATHER - NAME ALEXANDER ALLISON			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME MARTHA ABERNATHEY			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE ROBERT E. THOMASON	
NAME AND ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME, INC., WEISER, IDAHO			
DATE OF DEATH DEC. 05, 2003	TIME OF DEATH 8:00 A.M.	CITY, TOWN OR LOCATION OF DEATH CAMBRIDGE, IDAHO	COUNTY OF DEATH WASHINGTON
CAUSE OF DEATH (underlying cause last) DEHYDRATION			Approximate Interval Between Onset and Death SEVERAL DAYS
DUE TO (or as a consequence of): INFLUENZA			SEVERAL DAYS
DUE TO (or as a consequence of): ALZHEIMER'S DISEASE, END-STAGE			YEARS
DUE TO (or as a consequence of): 			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER HELEN LUCE, D.O.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY EXTERNAL CAUSE ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: SEPTEMBER 10, 2004

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE