



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 13, 2018

SANDRA SHAW WEISS
CODY MAY
4630 MISTY WAY
OVIEDO FL 32765

RE: Water Right No(s): 75-7435, 75-4345 B, 75-4144 B

Dear Interested Parties:

The Idaho Department of Water Resources (Department) received a Notice of Change in Water Right Ownership (Notice) from you on November 13, 2017 for the above referenced water rights. The Notice could not be processed because a conveyance document was not provided.

On November 15, 2017 and February 27, 2018, the Department requested the required information from you. As of the date of this letter, the Department has not received the the required information.

The Department is returning your Notice of Change in Water Right Ownership and the attachments. A refund of \$25 has been requested and will be mailed to you under separate cover from the Idaho State Controller's Office. You may re-submit your request with the appropriate documents and fees.

If you have any questions regarding this matter, please contact me at (208) 287-4942.

Sincerely,

Jean Hersley
Technical Records Specialist II

Enclosure(s)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED DE

NOV 13 2017

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?
75- 4144 B	Yes ☐	Yes ☐		Yes ☐	Yes ☐
75- 4345 B	Yes ☐	Yes ☐		Yes ☐	Yes ☐
75- 7435	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Clifford D Shaw (Father)
3. New Owner(s)/Claimant(s): Sandra Shaw-Weiss and Cody May
 Name of current water right holder/claimant
 New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
4630 Misty Way OVIEDO FL 32765
 Mailing address City State ZIP
407 627 8433 gotwood202@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: 11-13-2015
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: Sandra Shaw-Weiss 11-6-17
 Signature of new owner/claimant Title, if applicable Date
 Signature: Cody May 11-6-17
 Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by TP Date 11/13/2017 Receipt No. C104317 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 _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3 1998 09 000528

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
KARREN		DAWN		SHAW	
4. DATE OF BIRTH M/M/D/CCT Y		5. AGE YRS.		6. SEX	
09/05/1941		56		F	
7. DATE OF DEATH M/M/D/CCT Y		8. HOUR		9. MINUTE	
07/10/1998		0511			
10. STATE OF BIRTH		11. SOCIAL SECURITY NO.		12. MARITAL STATUS	
CA				Married	
13. RACE		14. HISPANIC—SPECIFY		15. USUAL EMPLOYER	
Caucasian		YES ☐ NO ☒		Self-Employed	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
Homemaker		Own Home		35	
20. RESIDENCE—STREET AND NUMBER OR LOCATION					
2600 Hastings Dr.					
21. CITY		22. COUNTY		23. ZIP CODE	
Rescue		El Dorado		95672	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
20		CA			
26. NAME, RELATIONSHIP					
Clifford Shaw - Husband					
27. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
2600 Hastings Dr., Rescue, CA 95672					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
Clifford		Dale		Shaw	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
Stanley		C		Gayer	
34. NAME OF MOTHER—FIRST		35. MIDDLE		36. LAST (MAIDEN)	
Joan		E		Vergnes	
37. BIRTH STATE		38. BIRTH STATE			
SD		CA			
39. DATE M/M/D/CCT Y					
07/15/1998					
40. PLACE OF FINAL DISPOSITION					
RES: Clifford Shaw(Husband) 2600 Hastings Dr., Rescue, CA 95672					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
CR/RES		Not Embalmed			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
Sierra View Funeral Chapel		FD-924		Stephen G. Drogan	
47. DATE M/M/D/CCT Y		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE M/M/D/CCT Y	
07/15/1998		Stephen G. Drogan		07/15/1998	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL	
Residence - Own		☐ IP ☐ ER/OP ☐ DOA ☐ CONV. HOOP ☐ RES. CARE ☐ Other		El Dorado	
104. COUNTY		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY	
El Dorado		2600 Hastings Dr.		Rescue	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER		109. DEATH REPORTED TO CORONER	
(A) Metastatic Bronchogenic Carcinoma		2 Mths		☒ YES ☐ NO	
(B)				110. REFERRAL NUMBER	
(C)				98-7160	
(D)				111. USUAL EMPLOYER	
				☐ YES ☒ NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. USUAL EMPLOYER		114. AUTOPSY PERFORMED	
None				☐ YES ☒ NO	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE		116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NO.	
No		Pamela Oster, M.D.		C32878	
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		120. DATE M/M/D/CCT Y	
06/01/1998		Pamela Oster, M.D., 1600 Eureka Rd, Roseville, CA 95661		07/05/1998	
121. MANNER OF DEATH		122. INJURY AT WORK		123. INJURY DATE M/M/D/CCT Y	
☐ NATURAL ☐ SUICIDE ☐ HOMICIDE		☐ YES ☐ NO		124. HOUR	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/CCT Y	
				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 06/21/1999

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed NOVEMBER 17, 2015

State File No. 2015-11194

DECEDENT - LEGAL NAME CLIFFORD D SHAW			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 74 YEARS	DATE OF BIRTH MARCH 23, 1941
BIRTHPLACE SACRAMENTO, CALIFORNIA		PLACE OF RESIDENCE CARMEN, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) DOROTHY MARIE WALKER	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME EARL HENRY SHAW			BIRTHPLACE MISSOURI
MOTHER - MAIDEN NAME ALICE VIOLA HUBBARD			BIRTHPLACE CALIFORNIA
METHOD OF DISPOSITION REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE TAMMY J. BOWERMAN	
NAME AND ADDRESS OF FUNERAL FACILITY JONES & CASEY FUNERAL HOME, SALMON, IDAHO			
DATE OF DEATH NOV. 13, 2015	TIME OF DEATH 3:20 P.M.	CITY, TOWN OR LOCATION OF DEATH CARMEN, IDAHO	COUNTY OF DEATH LEMHI
CAUSE OF DEATH (underlying cause last) RENAL CANCER			Approximate Interval Between Onset and Death 2 YEARS
DUE TO (or as a consequence of) b			
DUE TO (or as a consequence of) c			
DUE TO (or as a consequence of) d			
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 SAMUEL D. GARDNER, D.O.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES 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 VITAL RECORDS AND HEALTH STATISTICS.

NOVEMBER 17, 2015

DATE ISSUED: _____

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



MEMORANDUM

TO: Sascha Marston
FROM: Jean Hersley
DATE: March 13, 2018
RE: **Refund: Ownership change not processed**

Please refund \$25.

NAME: SANDRA WEISS
4630 MISTY WAY
OVIEDO FL 32765

RECEIPT #: C104317

Thank you.

Jean

Hersley, Jean

From: Hersley, Jean
Sent: Tuesday, March 13, 2018 9:44 AM
To: Marston, Sascha; Pline, Treva
Subject: Refund for Weiss
Attachments: Refunds.doc

Please process the attached refund request. Thank you.

Jean



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

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

GARY SPACKMAN
Director

C.L. "BUTCH" OTTER
Governor

February 27, 2018

2ND NOTICE

SANDRA SHAW WEISS
CODY MAY
4630 MISTY WAY
OVIEDO FL 32765

RE: Notice of Change in Water Right Ownership No(s). 75-4144B, 75-4345B and 75-7435

Dear Interested Party(s):

The Department of Water Resources received a request for a Notice of Change in Water Right Ownership from you on November 13, 2017. Correspondence was sent on November 15, 2017, requesting a copy of the conveyance documents. In a phone call on November 30, 2017, you stated you were getting the documents needed. As of the date of this letter, no documents have been received by the Department.

The conveyance document conveys the land and/or water right for one person to another. The document must include the legal description of the property or description of the water rights if no land was conveyed.

You can mail the document to IDWR, PO Box 83720, Boise, Idaho, 83720-0098, or email to: jean.hersley@idwr.idaho.gov or fax to: 208-287-6700, Attn: Jean.

Because the Department cannot process the ownership change without proper documentation, we will hold any action on your notice pending receipt of the necessary information. If we do not receive the necessary information within **10 days** we will return your notice and all attachments and your notice will not be processed.

Please contact me at (208) 287-4942 if you have any questions regarding this matter.

Sincerely,

Jean Hersley
Technical Records Specialist II



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

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

GARY SPACKMAN
Director

C.L. "BUTCH" OTTER
Governor

November 15, 2017

SANDRA SHAW WEISS
CODY MAY
4630 MISTY WAY
OVIEDO FL 32765

RE: Notice of Change in Water Right Ownership No(s). 75-4144B, 75-4345B and 75-7435

Dear Interested Party(s):

The Department of Water Resources (Department) acknowledges receipt of your request to update the ownership of water right 75-4144B, 75-4345B and 75-7435. The Department will need a copy of a conveyance document. A conveyance document conveys the land and/or water right from one person to another. The document must include the legal description of the property or description of the water right(s) if no land was conveyed.

Because the Department cannot process the ownership change without proper documentation, we will hold any action on your notice pending receipt of the necessary information. If we do not receive the necessary information within 30 days we will return your request unprocessed. You may provide the requested document by emailing to jean.hersley@idwr.idaho.gov, faxing to (208) 287-6700, attn: Jean or mail to the address above.

Please contact me at (208) 287-4942 if you have any questions regarding this matter.

Sincerely,

Jean Hersley
Technical Records Specialist II

Enclosure