

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

FEB 26 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?
41-7084	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: Mr. Richard Miller Kenneth L. Zimmer
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Judy Miller
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 3706 Register Road Am Fall Id 83211
Mailing address City State ZIP
- 208-221-0221
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: June 12 2017

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: Judy m. Miller owner 2-21-18
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 TK Date 2-26-18 Receipt No. C104692 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 gph Date 2-27-18

Commission Expires: 3-16-2023

EXHIBIT A

A PORTION OF THE NE $\frac{1}{4}$ NW $\frac{1}{4}$ OF SECTION 7, TOWNSHIP 9 SOUTH, RANGE 30, E.B.M., POWER COUNTY, IDAHO, DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE NORTH LINE OF SAID SECTION 7 FROM WHICH THE NORTH QUARTER CORNER OF SAID SECTION BEARS NORTH 86°01' EAST, 375.50 FEET; THENCE SOUTH 24°08' EAST, 685.68 FEET TO THE NORTHERLY SIDE OF LOWER ROCK CREEK ROAD; THENCE SOUTH 65°52' WEST ALONG THE SIDE OF SAID ROAD 295.00 FEET; THENCE NORTH 24°08' WEST 793.93 FEET TO THE NORTH LINE OF SAID SECTION 7, THENCE NORTH 86°01' EAST, 314.23 FEET TO THE POINT OF BEGINNING.

EXCEPTING THEREFROM: A PARCEL OF LAND BEING ON THE NORTHWESTERLY SIDE OF THE CENTERLINE OF THE FRONTAGE ROAD NO. 1. SURVEY AS SHOWN AS THE PLANS OF INTERSTATE 15W PROJECT NO. 1-15W-4(21) 97 HIGHWAY SURVEY NOW ON FILE IN THE OFFICE OF THE IDAHO TRANSPORTATION DEPARTMENT, DIVISION OF HIGHWAYS AND BEING A PORTION OF THE NE $\frac{1}{4}$ NW $\frac{1}{4}$ OF SAID SECTION 7, DESCRIBED AS - COMMENCING AT THE NORTH QUARTER CORNER OF SAID SECTION 7; THENCE SOUTH 86°51'18" WEST, (SHOWN OF RECORD TO BE SOUTH 86°01' WEST) ALONG THE NORTH LINE OF SAID SECTION 7, A DISTANCE OF 689.23 FEET TO THE MOST NORTHERLY CORNER OF THE TRACT OF LAND AS DESCRIBED IN THAT CERTAIN WARRANTY DEED, DATED APRIL 16, 1975, RECORDED AS INSTRUMENT NO. 111455, RECORDS OF POWER COUNTY, IDAHO; THENCE SOUTH 23°24'59" EAST (SHOWN OF RECORDS TO BE SOUTH 24°08' EAST) ALONG THE SOUTHWESTERLY LINE OF SAID TRACT OF LAND 760.0 FEET, MORE OR LESS, TO A POINT IN A LINE PARALLEL WITH AND 60.0 FEET NORTHWESTERLY FROM THE CENTERLINE AND BEARS NORTH 23°29'24" WEST FROM STATION 388+56.30 OF THE FRONTAGE ROAD NO. 1 SURVEY AS SHOWN ON THE PLANS OF SAID INTERSTATE 15W PROJECT NO. 1-15W-4(21) 97 HIGHWAY SURVEY AND BEING THE REAL POINT OF BEGINNING; THENCE ALONG SAID PARALLEL LINE AS FOLLOWS: NORTH 66°30'36" EAST 62.54 FEET TO A POINT OPPOSITE STATION 389+18.84 OF SAID FRONTAGE ROAD NO. 1 SURVEY, THENCE NORTHEASTERLY ALONG A 1,085.92 FEET RADIUS CURVE LEFT 234.32 FEET TO A POINT IN THE SOUTHWESTERLY LINE OF THE TRACT OF LAND AS DESCRIBED IN THAT CERTAIN REAL ESTATE AGREEMENT DATED JULY 13, 1977, RECORDED JULY 14, 1977, INSTRUMENT NO. 111410, RECORDS OF POWER COUNTY, IDAHO, AND OPPOSITE STATION 391+66.11 OF SAID FRONTAGE ROAD NO. 1 SURVEY; THENCE SOUTH 23°24'59" EAST (SHOWN OF RECORD TO BE SOUTH 24°08' EAST) ALONG SAID LAST SOUTHWESTERLY LINE 58.0 FEET, MORE OR LESS TO A POINT IN THE NORTHWESTERLY RIGHT OF WAY LINE OF EXISTING LOWER ROCK CREEK ROAD; THENCE SOUTHWESTERLY ALONG SAID EXISTING NORTHWESTERLY RIGHT OF WAY LINE 295.0 FEET MORE OR LESS, TO THE MOST SOUTHERLY CORNER OF THE FIRST ABOVE MENTIONED TRACT OF LAND THENCE NORTH 23°24'58" WEST (SHOWN OF RECORD TO BE NORTH 24°08' WEST) ALONG THE SOUTHWESTERLY LINE OF SAID FIRST ABOVE MENTIONED TRACT OF LAND 34.0 FEET, MORE OR LESS TO THE REAL POINT OF BEGINNING.

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2016-12541

12/19/2016

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, IS VALID FOR ALL PURPOSES OUTSIDE OF THE STATE OF IDAHO. (IDAHO CODE 33-1011 AND 33-1012, 33-1013)

Local Reg. No.

DECEDENT: 1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) RICHARD FLOYD MILLER 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE Last Birthday 65 (Years) 4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0 4c. UNDER 1 DAY Hours: 0 Minutes: 0 Seconds: 0 4d. DATE OF BIRTH (Mo/Day/Yr) 11/10/1951 5. BIRTHPLACE (City and State, Territory, or Foreign Country) POCATELLO, IDAHO 6a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 6b. CITY OR TOWN AMERICAN FALLS 6c. STREET AND NUMBER 3706 REGISTER RD. 6d. APT. NO. 83211 6e. ZIP CODE 83211 6f. INSIDE CITY LIMITS? ☐ Yes ☒ No 7. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown 8. SURVIVING SPOUSE'S NAME (If wife, give maiden name) JUDY MELODY JONES 9. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No 10a. FATHER'S NAME (First, Middle, Last, Suffix) FLOYD JOHN MILLER 10b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 11a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) RENEE FERGUSON 11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 12a. INFORMANT'S NAME (Type or print) JUDY MILLER 12b. RELATIONSHIP TO DECEDENT WIFE 12c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3706 REGISTER RD. AMERICAN FALLS, ID 83211 13. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) 14. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) NEELEY CEMETERY AMERICAN FALLS, IDAHO 83211 15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY DAVIS-ROSE MORTUARY 170 IDAHO ST. P.O. BOX 413 AMERICAN FALLS, IDAHO 83211-0413 16a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MATTHEW J. ROSE 16b. LICENSE NUMBER (Of licensee) M1026 16c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No 17. IF DEATH OCCURRED IN A HOSPITAL: 17a. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DQA ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify) 18. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE 3706 REGISTER RD. AMERICAN FALLS, ID 83211 19. COUNTY OF DEATH POWER 20. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 10, 2016 21. TIME OF DEATH (24hr) Estimated 18:00 - 19:17 22. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 10, 2016 23. TIME PRONOUNCED DEAD (24hr) 19:17 24. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PROBABLE BROKEN NECK DUE TO (or as a consequence of): b. FALLING DOWN STAIRS DUE TO (or as a consequence of): c. UNDERLYING CAUSE DUE TO (or as a consequence of): d. LAST DISEASE OR INJURY THAT INITIATED THE EVENTS RESULTING IN DEATH PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 26. IF FEMALE (Aged 10-64): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 27. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No 29. MANNER OF DEATH ☐ Natural ☐ Homicide ☒ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined 30. DATE OF INJURY (Mo/Day/Yr) (Spell month) December 10, 2016 31. TIME OF INJURY (24hr) Estimated 18:00 - 19:17 32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) OWN HOME 33. INJURY AT WORK? ☐ Yes ☒ No 34. LOCATION OF INJURY: State IDAHO City/Town or County AMERICAN FALLS, POWER Zip Code 83211 Street and Number or Location 3706 REGISTER RD Apartment Number 35. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) FELL DOWN STAIRS 36. TRANSPORTATION INJURY ONLY 37a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 37b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 38a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. 38b. CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier ELECTRONICALLY SIGNED: MATTHEW J. ROSE 39a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MATTHEW J. ROSE, 170 IDAHO ST - PO BOX 413 AMERICAN FALLS, ID 83211 39b. LICENSE NUMBER 39c. DATE SIGNED 12 / 19 / 2016 MM DD YYYY 40a. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE 40b. DATE SIGNED 12 / 19 / 2016 MM DD YYYY	TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS. MORTICIAN: Complete/Verify and File Within 5 Days of Death PLACEMENT OF DEATH: DATE OF DEATH: CAUSE OF DEATH: CERTIFIER: Complete Within 72 Hours of Death ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER: IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR
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This is a true and correct reproduction of this document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED:

DEC 19 2016

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

JAMES B. AYDELOTTE
STATE REGISTRAR

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Additional Information Request Letter Map for Permit 41-7084

The 2015 aerial photo below shows the tax parcel associated with permit 41-7084.



The last known place Kenneth L Zimmer was known to live was Lewiston Idaho, I asked some of his friends (people who knew him) if they had any idea's of where I might find him and no one has heard from him for years. So have ^{NO} ~~the~~ way to contact Mr Zimmer.

Judy Miller

2-21-2018

ATTN Jenn Hersley