

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 19 2017

Department of Water Resources
Eastern Region

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?
34-7528 <i>OK</i>	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: Angelines Ancho, Jacqueline Babcock, Joseph Ancho
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Candice Ancho, Michael Ancho, Angelines Ancho
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 1275 Creekside Court Idaho Falls ID 83404
Mailing address City State ZIP
- 208-522-9132 bancho@centurylink.net
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: 8/25/2017
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):
 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: Candice Lou Ancho 9/19/2017
 Signature of new owner/claimant Title, if applicable Date

Signature: Michael Ancho 9/19/2017
 Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by JB Date 9/19/2017 Receipt No. E043407 Receipt Amt. \$25-

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 JB Processed by JB Date 9/26/2017



First American Title Company
168 West Pacific Street/PO Box 868, Blackfoot, Idaho 83221
Phone (208)785-0320 Fax (208)785-6276

Transmittal

Mike Ancho and Candice Ancho
1275 Creekside Ct.
Idaho Falls ID 83404

September 13, 2017
File No.: 643681-B

Attn: Mike and Candice

PROPERTY: 4891 North Trail Creek Road, Mackay, ID 83251

ENCLOSED please find the following for your records:

- Policy of Title Insurance (to follow)
- Warranty Deed

Should you have any questions or need further assistance, please contact the undersigned. We appreciate the opportunity to serve you.

Sincerely,



Michelle Reay

enc.

RECORDING REQUESTED BY
First American Title Company

AND WHEN RECORDED MAIL TO:
First American Title Company
168 West Pacific Street/PO Box 868
Blackfoot, ID 83221

Instrument # 253710
CHALLIS, CUSTER, IDAHO
08-25-2017 09:12:43 No. of Pages: 2
Recorded for: FIRST AMERICAN TITLE - BLACKFOOT
Lura H. Baker Fee: \$15.00
Ex-Officio Recorder Deputy: CAC

Space Above This Line for Recorder's Use Only

WARRANTY DEED

File No.: **643681-B (vb)**

Date: **August 04, 2017**

For Value Received, **Jacqueline Kaye Babcock** as her sole and separate property, hereinafter called the Grantor, hereby grants, bargains, sells and conveys unto **Michael J Ancho and Candice Lou Ancho, husband and wife as community property with right of survivorship**, hereinafter called the Grantee, whose current address is **1275 Creekside Ct, Idaho Falls, ID 83404**, the following described premises, situated in **Custer County, Idaho**, to-wit:

A portion of the NW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 36, Township 8 North, Range 20 E.B.M, Custer County, Idaho, described as:

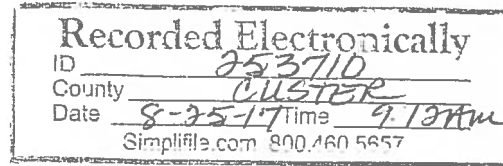
Beginning at the intersection of the North line of said Section 36 with the center line of the main channel (also referred to as the left channel or dry channel) of the Big Lost River and running thence West along said North line 35 feet, more or less, to a point on the Southeasterly right-of-way of Trail Creek Road; running thence Southwesterly along said right-of-way 275 feet; thence Southeasterly at right angles to said right-of-way 208.8 feet; thence Northeasterly in a straight line to the point of beginning.

SUBJECT TO all easements, right of ways, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments as agreed to by parties above.

TO HAVE AND TO HOLD the said premises, with its appurtenances, unto the said Grantee, and to the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances except current years taxes, levies, and assessments, and except U.S. Patent reservations, restrictions, easements of record and easements visible upon the premises, and that Grantor will warrant and defend the same from all claims whatsoever.

RECORDING REQUESTED BY
First American Title Company

AND WHEN RECORDED MAIL TO:
First American Title Company
168 West Pacific Street/PO Box 868
Blackfoot, ID 83221



Space Above This Line for Recorder's Use Only

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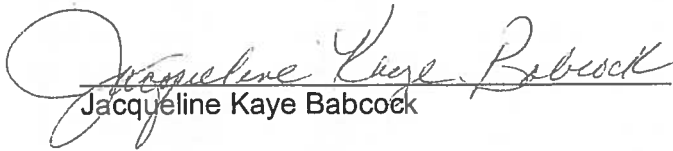
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Date: 08/04/2017

Warranty Deed
- continued

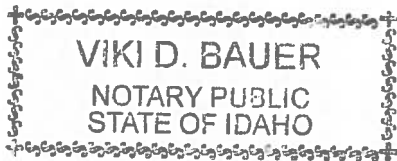
File No.: 643681-B (vb)


Jacqueline Kaye Babcock

STATE OF Idaho)
SS.
COUNTY OF Bingham)

On this 7 day of August, 2017, before me, a Notary Public in and for said State, personally appeared **Jacqueline Kaye Babcock**, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.


Notary Public for the State of Idaho
Residing at: Blackfoot, ID
My Commission Expires: 3/29/20



STATE OF IDAHO

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. 2016-05210

05/25/2016

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §30-2-11(4) AND §30-2-12, IDAHO CODE.

Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) JOSEPH GEORGE ANCHO		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 90 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
MORTUARY	5. DATE OF BIRTH (Mo/Day/Yr) 09/05/1925		6. BIRTHPLACE (City and State, Territory, or Foreign Country) BATTLE MOUNTAIN, NEVADA	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BINGHAM	
INFORMANT	7c. CITY OR TOWN BLACKFOOT		7d. STREET AND NUMBER 759 S UNIVERSITY	
	7e. APT. NO. 83221		7f. ZIP CODE 83221	
DISPOSITION	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) ANGELINES ECHEVARRIA	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JOSE ANCHO	
PLACE OF DEATH	11b. BIRTHPLACE (State, Territory, or Foreign Country) SPAIN		12a. BIRTHPLACE (State, Territory, or Foreign Country) SPAIN	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) SPAIN		13a. INFORMANT'S NAME (Type or print) ANGELINES ANCHO	
DATE OF DEATH	13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 759 S UNIVERSITY BLACKFOOT, ID 83221	
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) GROVE CITY CEMETERY 1 WILLOW DRIVE BLACKFOOT, IDAHO 83221	
CAUSE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221		17a. LICENSE NUMBER (Of licensee) M0748	
	17b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KEVIN T. DIETRICH		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)	
	20. FACILITY NAME (If not facility, give street and number) EASTERN IDAHO REGIONAL MEDICAL CENTER		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE IDAHO FALLS, ID 83404	
CAUSE OF DEATH	22. COUNTY OF DEATH BONNEVILLE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 23, 2016	
	24. TIME OF DEATH (24hr) 06:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 23, 2016	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 06:30		27. 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 ventilator disconnection without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. RESPIRATORY FAILURE	
	28. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		29. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
CAUSE OF DEATH	30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		31. MANNER OF DEATH ☒ Natural ☐ Accidental ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	
CAUSE OF DEATH	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State: City/Town or County: Zip Code:		37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE	
CAUSE OF DEATH	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE ☐ CORONER		39b. LICENSE NUMBER 0-00655	
CAUSE OF DEATH	39c. DATE SIGNED 5 / 25 / 2016 MM DD YYYY		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JERRY B. SMEDLEY, 3100 CHANNING WAY IDAHO FALLS, ID 83404	
	40a. REGISTRAR'S SIGNATURE James B. Galt		40b. DATE SIGNED 5 / 25 / 2016 MM DD YYYY	

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.

DATE ISSUED:

MAR 14 2017

This copy not valid unless prepared on engraved border

JAMES B. AYDELOTTE





State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

September 29, 2017

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

Michael Ancho
Candice Ancho
1275 Creekside Ct
Idaho Falls ID 83404

Angelines Ancho
759 S University
Blackfoot ID 83221

RE: Change of Ownership for Water Right No(s). 34-7528

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s) to you. The department has modified its records to reflect the change in ownership and has enclosed computer-generated reports for your records.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing an ownership change notice, the department does not review the history of water use to determine if the right has been deliberately abandoned or forfeited 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 Sections 42-222 and 42-223, Idaho Code.

Also, please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

Jonie Barg
Technical Records Specialist

Enclosure(s)

cc: Big Lost River Ground Water District