

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

AUG 24 2017

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?
27-1096006	Yes ☐	Yes ☐		Yes ☐	Yes ☐
27-1096006	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name:

Merril + Wanda Blake

3. New Owner(s)/Claimant(s):

Name of current water right holder/claimant

Wanda Blake

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or ☐ and/or

P.O. Box 500

Mailing address

SHELEY

City

ID

State

83274

ZIP

208-589-6907

Telephone

windieblake@yahoo.com

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.

SUPPORT DATA

IN FILE # 27-109600

8. Signature:

Wanda Blake

Signature of new owner/claimant

Title, if applicable

Date

8-24-2017

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by NA Date NA Receipt No. NA Receipt Amt. NA

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 8/28/2017

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 **FEBRUARY 11, 2015**

State File No. **2015-01387**

DECEDENT - LEGAL NAME MERRIL TEW BLAKE			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 65 YEARS	DATE OF BIRTH NOVEMBER 23, 1949
BIRTHPLACE IDAHO FALLS, IDAHO		PLACE OF RESIDENCE IDAHO FALLS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) WANDA STRAIGHT	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME FERRON JOSEPH BLAKE			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME KLEA TEW			BIRTHPLACE UTAH
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE CRAIG L. GEARY	
NAME AND ADDRESS OF FUNERAL FACILITY NALDER FUNERAL HOME, SHELLEY, IDAHO			
DATE OF DEATH FEB. 08, 2015	TIME OF DEATH 7:00 A.M.	CITY, TOWN OR LOCATION OF DEATH IDAHO FALLS, IDAHO	COUNTY OF DEATH BONNEVILLE
CAUSE OF DEATH (underlying cause last) a. RESPIRATORY ARREST			Approximate Interval Between Onset and Death
b. DUE TO (or as a consequence of): PNEUMONIC FOAM			
c. DUE TO (or as a consequence of): ASPIRATION (ONGOING)			
d. 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 BRADY L. COOK, M.D.		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.

DATE ISSUED: **FEBRUARY 11, 2015**

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



REVISED 10/11/02

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE