

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 14 2017

Notice of Change in Water Right Ownership

DEPT OF WATER RESOURCES
SOUTHERN REGION

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?
45-13577	Yes ☐	Yes ☐		Yes ☐	Yes ☐
45-14419	Yes ☐	Yes ☐		Yes ☐	Yes ☐
45-14420	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Bret Adams Cindy Adams
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Cindy Adams
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- PO Box 85 Albion ID 83311
Mailing address City State ZIP
- 208-673-6267 cubby@atcnet.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: _____
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 # 45-13577

8. Signature: Cindy Adams 3-31-17
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 _____ Date _____ Receipt No. _____ Receipt Amt. _____

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 BJM Date 4/25/17

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. 2012-11645

01/02/2013

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH UNDER PROBATE AND PROBATE COURT CASES.

Local Reg. No.

DECLARANT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS. PARENT WITNESS DECEASED PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH 7-19 IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE. REGISTRAR	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) BRET DARRELL ADAMS 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE - Last Birthday 50 (Years) 4b. UNDER 1 YEAR Months: _____ Days: _____ 4c. UNDER 1 DAY Hours: _____ Minutes: _____ 5. DATE OF BIRTH (Mo/Day/Yr) 04/18/1962 6. BIRTHPLACE (City and State, Territory, or Foreign Country) BURLEY, IDAHO 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY CASSIA 7c. CITY OR TOWN ALBION 7d. STREET AND NUMBER 1030 EAST 900 SOUTH 7e. APT. NO. [REDACTED] 7f. ZIP CODE 83311 7g. INSIDE CITY LIMITS? ☐ Yes ☒ No 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) CINDY LOU TAYLOR 10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) ROBERT HOWARD ADAMS 11b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) JENEAL QUARNSTROM 12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 13a. INFORMANT'S NAME (Type or print) CINDY LOU ADAMS 13b. RELATIONSHIP TO DECEDENT WIFE 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. BOX 85 ALBION, ID 83311 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) MORMON CEMETERY ALBION, IDAHO 83311 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY RASMUSSEN FUNERAL HOME 1350 EAST 16TH STREET BURLEY, IDAHO 83318 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JEFFREY H. RASMUSSEN 17b. LICENSE NUMBER (Of licensee) M0717 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ ODA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) MOUNT HARRISON 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Facility Name (If facility, give street and number): N 42.32692 W 113.60907 20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ALBION, ID 83311 21. COUNTY OF DEATH CASSIA 22. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 30, 2012 23. TIME OF DEATH (24hr) Estimated 18:18 - 18:30 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 30, 2012 25. TIME PRONOUNCED DEAD (24hr) 17:19 PART 1. 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. ACUTE MYOCARDIAL INFARCTION DUE TO (or as a consequence of): b. _____ c. _____ d. _____ PART 2. Enter other contributory conditions contributing to death (but not resulting in the underlying cause given in Part 1). NONE 26. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 27. IF FEMALE (Aged 15-44): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 28. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined 29. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED] 30. TIME OF INJURY (24hr) [REDACTED] 31. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED] 32. INJURY AT WORK? ☐ Yes ☒ No 33. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____ 34. 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. TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Other (Specify) _____ 35. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 36. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 37. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) manner stated. ☒ 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. 38. SIGNATURE AND Title of Certifier ELECTRONICALLY SIGNED: CRAIG RINEHART 39. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CRAIG RINEHART, 135 DENNIS CIRCLE BURLEY, ID 83318 39a. LICENSE NUMBER [REDACTED] 39b. DATE SIGNED 12 / 31 / 2012 MM DO YYYY 40. REGISTRAR'S SIGNATURE James B. Aydelotte 40b. DATE SIGNED 1 / 2 / 2013 MM DO YYYY
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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.

JAN 02 2013

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR





State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, Idaho 83301-5858

Phone: (208) 736-3033 • Fax: (208) 736-3037 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

April 26, 2017

Cindy Adams
PO Box 85
Albion, ID 83311

RE: Change of Ownership for Water Right Nos. 45-13577, 45-14419 and 45-14420

Dear Water Right Holder:

The department acknowledges receipt of correspondence changing ownership of the above referenced water rights. 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 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,

Bill Mills
Senior Water Right Agent

Enclosures