

STATE OF IDAHO
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" in the "Leased to Water Supply Bank?" column. 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?
31-100570P	Yes ☐	Yes ☐		Yes ☐	Yes ☐
31-100580P	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Ered OR Joyce JACKSON
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): DIANE REMILONG
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- Mailing address: 432 N Center City: STANTON State: ID ZIP: 83445
- Telephone: 208-351-3963 Email: Keith Remilong@gmail.com

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: 4/28/17

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: Diane Remilong Title, if applicable: _____ Date: 6/27/17
- Signature of new owner/claimant

- Signature: _____ Title, if applicable: _____ Date: \$25. -
- Signature of new owner/claimant

For IDWR Office Use Only:

- Received by: JB Date: 8/30/17 Receipt No.: E043049 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: 8/3/2017

SUPPORT DATA
IN FILE # 31-10057

Prepared By
Name: Royce Jackson
Address: PO Box 8
Ashton
State: Idaho Zip Code: 83420

After Recording Return To
Name: Diane Remilong
Address: 432 N Center (Parker)
St Anthony
State: Idaho Zip Code: 83445

INSTRUMENT # 56776 - Instrument # 56776
DUBOIS, CLARK, IDAHO
4-28-2017 11:25:01 AM No. of Pages: 1
Recorded for : JACKSON, ROYCE C
PAMELA BARRETT Fee: 10.00
Ex-Officio Recorder Deputy Pam
Index to: QUIT CLAIM DEED

RECEIVED
MAY 25 2017

Department of Water Resources
Eastern Region

Space Above This Line for Recorder's Use

QUITCLAIM DEED

FOR VALUE RECEIVED,

Joyce T Jackson and Diane Remilong do hereby convey, release, remise and forever quit claim unto Diane Remilong whose current address is: 432 N Center (Parker) St Anthony, Idaho 83445 the following described premises located in Clark County Idaho, to-wit:

Parcel Description:
Sec 20 TWP 13N RGE 39E
E2E2

Parcel Number:
RP13N39E200010 A

Sec 20 TWP 13N RGE 39E
W2E2

RP13N39E200020 A

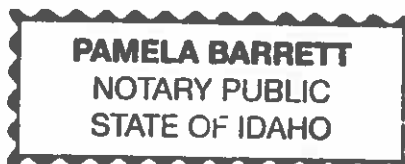
Sec 21 TWP 13N RGE 39E
W2W2

RP13N39E213010 A

TO HAVE AND TO HOLD the said premises together with their appurtenances, unto the said grantees, heirs and assigns forever.

Dated: 4-28-17
Joyce T Jackson by Royce Jackson PR Diane Remilong
Joyce T Jackson Diane Remilong
(Royce C Jackson Personal representative)

State of Idaho)
) S.S.
County of Clark)



On this 28 day of April, in the year 2017 before me
Pam Barrett, personally appeared Royce C Jackson (as Personal Representative of Joyce T Jackson Deceased) and Diane Remilong, proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same.

Pam Barrett
Notary Public
My Commission Expires on 9-26-2022

CERTIFICATE OF VITAL RECORD

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

Date Filed JUNE 02, 2004

State File No. 2004-03839

DECEDENT - LEGAL NAME FRED C. JACKSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 75 YEARS	DATE OF BIRTH JANUARY 10, 1929
BIRTHPLACE PARKER, IDAHO		PLACE OF RESIDENCE PARKER, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) JOYCE TERRY	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME FREDERICK CLARK JACKSON			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME ANNIE BRETA KARLSON			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE BERT L. FLAMM	
NAME AND ADDRESS OF FUNERAL FACILITY BERT FLAMM MORTUARY, ST. ANTHONY, IDAHO			
DATE OF DEATH MAY 18, 2004	TIME OF DEATH 6:50 A.M.	CITY, TOWN OR LOCATION OF DEATH PARKER, IDAHO	COUNTY OF DEATH FREMONT
CAUSE OF DEATH (underlying cause last) a. CARDIORESPIRATORY FAILURE			Approximate Interval Between Onset and Death 10 SECONDS
b. DUE TO (or as a consequence of): PARKINSON'S DISEASE			10 YEARS
c. DUE TO (or as a consequence of): ADVANCED AGE			10 YEARS
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 JEFFREY G. HOPKIN, 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 HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: JUNE 03, 2004

This copy is not valid unless prepared on engraved border

Jane S. Smith
JANE S. SMITH