

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAR 22 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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| <del>37-01162</del>   | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 37-01179              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: \_\_\_\_\_

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): TODD G. & PATRICIA K. VIERRA LIVING TRUST  
 New owner(s) as listed on the conveyance document      Name connector ☐ and ☐ or ☐ and/or
- 948 NORTH 4050 WEST      WEST POINT      UT      84015  
 Mailing address      City      State      ZIP
- 435-881-3839      UTEFAN414@GMAIL.COM  
 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: 2/27/2017
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: [Signature]      Trustee      3/15/17  
 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 DM      Date 3-22-2017      Receipt No. 5036010      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 \_\_\_\_\_      Processed by \_\_\_\_\_      Date \_\_\_\_\_

**Instrument # 641840**

HAILEY, BLAINE, IDAHO  
02-28-2017 3:15:32 PM No. of Pages: 2  
Recorded for: FIRST AMERICAN TITLE - KETCHUM  
JOLYNN DRAGE Fee: \$13.00  
Ex-Officio Recorder Deputy: JB  
Electronically Recorded by Simplifile

**RECORDING REQUESTED BY**  
First American Title Company

**AND WHEN RECORDED MAIL TO:**  
First American Title Company  
223 North 15th Avenue  
Pocatello, ID 83201

Space Above This Line for Recorder's Use Only

**WARRANTY DEED**

File No.: **621357-P (mr)**

Date: **February 14, 2017**

For Value Received, **Linda Pepcorn, an unmarried woman**, hereinafter called the Grantor, hereby grants, bargains, sells and conveys unto **Todd G. Vierra and Patricia K. Vierra, Trustees of the Todd G. and Patricia K. Vierra Living Trust dated July 1, 2015, and any amendments thereto.**, hereinafter called the Grantee, whose current address is **948 North 4050 West, West Point, UT 84015**, the following described premises, situated in **Blaine County, Idaho**, to-wit:

**Lots 1 and 2 Block A of 2003 PEPCORN SUBDIVISION, according to the official plat thereof, recorded October 6, 2003, as Instrument No. 492682, records of Blaine County, Idaho.**

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.

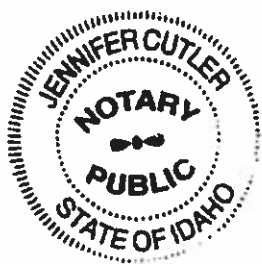
Each Grantee taking this property, or any portion thereof, covenant and agree for the Grantee and Grantee's heirs, executors, and assigns to not challenge any agricultural uses or operations that are authorized by the Blaine County Zoning Ordinance and conducted within one (1) mile of the property, and that were lawfully occurring or authorized by any government agency, as of the date of each deed conveying any right, title or interest in this property or any portion thereof.

Together with 39 Shares of Fish Creek Mutual Pipe Co. and 160 Shares of Fish Creek Reservoir #37-01162 and 200 inches of 1909 Decreed Water Rights #37-01179 Issued by the Department of Water Resources of the State of Idaho.

Linda Pepcorn  
Linda Pepcorn

STATE OF Idaho )  
COUNTY OF Mimlaka )  
SS.

On this **Twenty-seventh** day of **February, 2017**, before me, a Notary Public in and for said State, personally appeared **Linda Pepcorn**, 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.



Jennifer Cutler  
Notary Public for the State of Idaho  
Residing at: Rupert, ID  
My Commission Expires: 2.27.18

**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 JULY 24, 2015

State File No. 2015-07179

|                                                                                                                                |                                            |                                                                           |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>JAMES FREDRICK PEPCORN SR</b>                                                                      |                                            |                                                                           |                                                      |
| SEX<br><b>MALE</b>                                                                                                             | SOCIAL SECURITY NUMBER<br><b>52-6-8082</b> | AGE<br><b>74 YEARS</b>                                                    | DATE OF BIRTH<br><b>JULY 19, 1939</b>                |
| BIRTHPLACE<br><b>OGDEN, UTAH</b>                                                                                               |                                            | PLACE OF RESIDENCE<br><b>RUPERT, IDAHO</b>                                |                                                      |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>                                                                              |                                            | NAME OF SURVIVING SPOUSE (if wife, maiden name)<br><b>LINDA GREENWOOD</b> | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>NO</b> |
| FATHER - NAME<br><b>JAMES C PEPCORN</b>                                                                                        |                                            |                                                                           | BIRTHPLACE<br><b>ILLINOIS</b>                        |
| MOTHER - MAIDEN NAME<br><b>RUTH HUTCHINGS</b>                                                                                  |                                            |                                                                           | BIRTHPLACE<br><b>UTAH</b>                            |
| METHOD OF DISPOSITION<br><b>BURIAL</b>                                                                                         |                                            | FUNERAL SERVICE LICENSE<br><b>KERRY R. MORRISON</b>                       |                                                      |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>MORRISON FUNERAL HOME AND CREMATORY, RUPERT, IDAHO</b>                              |                                            |                                                                           |                                                      |
| DATE OF DEATH<br><b>JULY 21, 2015</b>                                                                                          | TIME OF DEATH<br><b>6:35 P.M.</b>          | CITY, TOWN OR LOCATION OF DEATH<br><b>KUNA, IDAHO</b>                     | COUNTY OF DEATH<br><b>ADA</b>                        |
| CAUSE OF DEATH (specifying death code)<br><b>COMPLICATIONS OF DIABETES</b>                                                     |                                            |                                                                           |                                                      |
| DUE TO (or as a consequence of):<br>a.                                                                                         |                                            |                                                                           |                                                      |
| DUE TO (or as a consequence of):<br>b.                                                                                         |                                            |                                                                           |                                                      |
| DUE TO (or as a consequence of):<br>c.                                                                                         |                                            |                                                                           |                                                      |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                            |                                                                           | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>               |
| MANAGER OF DEATH<br><b>NATURAL</b>                                                                                             | NAME OF CERTIFIER<br><b>GLEN R. GROBEN</b> |                                                                           | TITLE<br><b>CORONER</b>                              |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY                                                                                  |                                            |                                                                           |                                                      |
|                                                                                                                                |                                            |                                                                           |                                                      |
| DATE OF INQUIRY                                                                                                                | TIME OF INQUIRY                            | PLACE OF INQUIRY                                                          | BY WHOM                                              |
| LOCATION WHERE INQUIRY OCCURRED                                                                                                |                                            |                                                                           |                                                      |
| DESCRIPTION OF HOW INQUIRY 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: JULY 30, 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





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](http://www.idwr.idaho.gov)

C.L. "BUTCH" OTTER  
Governor

GARY SPACKMAN  
Director

March 24, 2017

TODD G & PATRICIA K VIERRA ROVOCABLE TRUST  
948 N 4050 W  
WEST POINT UT 84015

RE: Change of Ownership for Water Right Nos. 37-1179

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s). 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](http://www.idwr.idaho.gov).

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

Sincerely,

Trish Fawcett  
Technical Records Specialist

Enclosure(s)