

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
MAY 19 2017

WATER RESOURCES
WESTERN 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?
61-10267	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: Gene E. Smith and Candace Smith
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Gene E. Smith
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 2228 Canyon Creek Rd. Mountain Home Id. 83647
Mailing address City State ZIP
- (208) 587-4146 _____
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.

8. Signature: Gene E. Smith Owner 5.16.17
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 N/A 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 [Signature] Processed by [Signature] Date 5/15/17

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: AUGUST 16, 2000

STATE FILE NUMBER: 00-05626

DECEDENT: CANDACE SMITH

DATE OF DEATH: AUG. 08, 2000
TIME OF DEATH: 8:15 P.M.

PLACE OF DEATH: BOISE, IDAHO

DATE OF BIRTH: OCT. 19, 1917

PLACE OF BIRTH: INDIANA

AGE: 82 YEARS

SEX: FEMALE

VETERAN? NO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: GENE SMITH

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE: MOUNTAIN HOME, IDAHO

FATHER: WILLIAM SCHLUP

FATHERS BIRTHPLACE: TENNESSEE

MOTHER (MAIDEN): ELIZABETH WALLIS

MOTHERS BIRTHPLACE: INDIANA

MORTUARY: SUMMERS FUNERAL HOME

MORTICIAN: DAVID B. YRAGUEN

BOISE, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: AARON MOORHOUSE, D.O.

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

RESPIRATORY FAILURE

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

MANNER OF DEATH: NATURAL

This is a true and correct reproduction of the document officially registered and placed
on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: AUGUST 17, 2000

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

JANE S. SMITH
STATE REGISTRAR

STATE OF IDAHO CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE PAID \$6.00, SHALL BE USED AS AN OFFICIAL EVIDENCE OF THE DEATH UNDER IDAHO CODE §§ 39-2101 & 39-2102

State File No. _____

Local Reg. No. _____

DECEDENT - NAME FIRST CANDACE		LAST SMITH		SEX FEMALE	DATE OF DEATH (Month, Day, Year) AUGUST 8, 2000
SOCIAL SECURITY NUMBER [REDACTED]		AGE - Last Birthday (Yrs) 82	UNDER 1 YEAR []	UNDER 1 DAY []	DATE OF BIRTH (Month, Day, Year) Oct. 19, 1917
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) ☒ (1) Inpatient ☐ (2) Outpatient (3) DOA		OTHER ☐ (4) Long-Term Care Facility ☐ (5) Own Residence ☐ (6) Other Private Residence ☐ (7) Other (Specify)	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) St. Alphonsus Regional Medical Center			CITY, TOWN OR LOCATION OF DEATH Boise		COUNTY OF DEATH Ada
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Gene Smith		DECEDENT'S USUAL OCCUPATION (Only kind of work done during most of working life. Do not use retired.) Waitress	
RESIDENCE STATE Idaho		CITY, TOWN OR LOCATION Elmore		STREET AND NUMBER Rt. 2, Box 482	
ZIP CODE 83647		CITY, TOWN OR LOCATION Mountain Home		STREET AND NUMBER Rt. 2, Box 482	
WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 10	
FATHER - NAME William Schlup		BIRTHPLACE Tennessee		MOTHER - FULL MAIDEN NAME Elizabeth Wallis	
MOTHER - FULL MAIDEN NAME Elizabeth Wallis		BIRTHPLACE Indiana		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 2, Box 482, Mountain Home, Idaho 83647	
INFORMANT'S NAME (Type Print) Gene Smith		METHODOF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mountain View Cemetery	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		LICENSE NUMBER (For Licensee) M-638		NAME AND ADDRESS OF FACILITY Summers Funeral Homes, Boise Chapel	
TIME OF DEATH 2015		DATE PROMULGED DEAD (Month, Day, Year) August 8, 2000		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
27. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Failure		DUE TO (or as a consequence of)		Approximate Interval Between Onset and Death	
Sequently ill conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		DUE TO (or as a consequence of)			
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No	
CERTIFIER (Check only one) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as 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 as stated.					
SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		LICENSE NUMBER 200		DATE SIGNED (Month, Day, Year) 200	
NAME AND ADDRESS OF CERTIFIER (Type Print) Dr. Aaron Moorhouse, 777 N. Raymond, Boise, Idaho 83704		DATE OF INJURY (Month, Day, Year) 200		HOUR OF INJURY 200	
INJURY AT WORK? ☐ Yes ☒ No		IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 200	
CORONER'S ACTION 200		CORONER'S SIGNATURE 200		DATE SIGNED (Month, Day, Year) 200	
REGISTRAR'S SIGNATURE 200		DATE FILED (Month, Day, Year) 200			

VITAL STATISTICS COPY

*At a minimum, complete items 1; 3, 9a, b, c, d; 20a; 21a, b, 22, and 29a for the 24 Hour Report & Authorization For Final Disposition

110050



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region • 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

May 25, 2017

GENE E SMITH
2228 CANYON CREEK RD
MOUNTAIN HOME ID 83647

RE: Notice of Ownership Change in Water Right No. 61-10267

Dear Applicant,

The Department acknowledges the receipt of correspondence changing ownership of the above referenced water right to you. The Department has modified its records to reflect the change in ownership and has enclosed a computer-generated report 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.

Please note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address of the owner of a water right, to the Department. Notice of the change must be provided to the Department within 120 days of the change. Change reporting forms are available from any office of the Department, or at www.idwr.idaho.gov.

If you have any questions concerning the enclosed information, please feel free to contact this office at 208-334-2190.

Sincerely,

Chad Jones
Office Specialist II
Western Regional Office

Enclosures