

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
APR 17 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?
65-22335	Yes ☐	Yes ☐		Yes ☐	Yes ☐
65-22339	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: _____

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Kenneth Mark Mason

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or ☐ and/or

P.O. Box 87

Mailing address

McCall

City

ID

State

83638

ZIP

208-630-3267

Telephone

kmason@ksh.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 # 65-22335

8. Signature: K. Mark Mason

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 X

Date X

Receipt No. X

Receipt Amt. X

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 X

Approved by _____

Processed by [Signature]

Date 4-26-17

• NO Fee required • Admin Memo No. 9/2.4 -cj

RECEIVED

MAR 31 2010

ADA COUNTY RECORDER Christopher D. Rich
BOISE IDAHO Pgs=1 VICTORIA BAILEY
PIONEER TITLE COMPANY OF ADA COUNTY

2016-085275
09/09/2016 03:40 PM
\$10.00

Ada County Clerk
Address 7022 W. Elm Brook Drive
Boise, ID 83714
Telephone 208-830-8583

A.M. 125 P.M.

APR 05 2010

J. DAVID NAVARRO, Clerk
By RIC NELSON
DEPUTY

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

IN THE MATTER OF THE ESTATE OF

Karen Louisa Mason,

Deceased.

CASE NO.

CV IE 1006239

LETTERS TESTAMENTARY

1. Kenneth Mark Mason was duly appointed and qualified as General Personal Representative of the estate of the above-named Decedent on the 2nd day of April, 20 10, by the Court with all authority pertaining thereto.

2. Administration of the estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the said Personal Representative.

WITNESS, my signature and the Seal of this Court, this 2nd day of

STATE OF IDAHO
COUNTY OF ADA
I, Christopher D. Rich, Clerk of the District Court of the Fourth Judicial District of the State of Idaho and of the County of Ada, do hereby certify that the foregoing is a true and correct copy of the original on file in the office of the Clerk of the District Court of the Fourth Judicial District of the State of Idaho and of the County of Ada, and I have hereunto set my hand and affixed my official seal this 10th day of April, 2010.
By Christopher D. Rich Deputy

Magistrate

LETTERS TESTAMENTARY

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

Date Filed **MARCH 08, 2010**

State File No. **2010-01837**

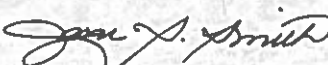
DECEDENT - LEGAL NAME KAREN LOUISA MASON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 58 YEARS	DATE OF BIRTH SEPTEMBER 11, 1951
BIRTHPLACE IDAHO FALLS, IDAHO		PLACE OF RESIDENCE BOISE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) KENNETH MARK MASON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME RICHARD GORDON BOYLE			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME ARIS MARGARET PETERSON			BIRTHPLACE WASHINGTON
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE CHARLES J. GRUNIG	
NAME AND ADDRESS OF FUNERAL FACILITY RELYEA FUNERAL CHAPEL, BOISE, IDAHO			
DATE OF DEATH FEB. 28, 2010	TIME OF DEATH 8:05 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. BREAST CANCER			Approximate Interval Between Onset and Death 10 YEARS
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
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 NORMAN ZUCKERMAN, 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.

MARCH 08, 2010

DATE ISSUED:

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


JANE S. SMITH
STATE REGISTRAR

