

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

FEB 23 2017

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". 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?
43-4084	Yes ☐	Yes ☐		Yes ☐	Yes ☐
43-7121	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Delia L. Lovingfoss and Walter Jean Lovingfoss
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Delia L. Lovingfoss
New owner(s) as listed on the conveyance document
- P.O. Box 104 Heyburn Idaho 83336
Mailing address City State ZIP
- 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: February 6, 2017 (as sole owner)
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.

SUPPORT DATA

IN FILE # 43-4084

8. Signature: Delia L. Lovingfoss Owner Feb. 6, 2017
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 gnd Date 2-23-17 Receipt No. C103061 Receipt Amt. 50.00

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 gnd Date 3-22-17

CASSIA COUNTY
Recorded for:
DONALD J CHISHOLM
9:08:42 am 02-07-2017
2017-000550
No. Pages: 2 Fee: \$13.00
JOSEPH W. LARSEN
County Clerk
Deputy: HYOUNG

DEED OF PERSONAL REPRESENTATIVE

THIS DEED made this 6th day of February, 2017, by and between, Delia L. Lovingfoss, the duly appointed, qualified and acting Personal Representative of the Estate of Walter Jean Lovingfoss, deceased, as Grantor, and Delia L. Lovingfoss, as Grantee, whose address is P.O. Box 104, Heyburn, Idaho 83336.

W I T N E S S E T H:

That the said Delia L. Lovingfoss, Personal Representative of the Estate of Walter Jean Lovingfoss, deceased, having heretofore duly recorded a certified copy of the Letters Testamentary, does hereby grant, release and convey to the said Delia L. Lovingfoss, Grantee, all of the right, title and interest of Walter Jean Lovingfoss in the following described real property situated in Cassia County, Idaho, to wit:

TOWNSHIP 16 SOUTH, RANGE 26 EAST, BOISE MERIDIAN,
CASSIA COUNTY, IDAHO,

Section 22: E $\frac{1}{2}$ E $\frac{1}{2}$

Section 23: W $\frac{1}{2}$ W $\frac{1}{2}$, NE $\frac{1}{4}$ SW $\frac{1}{4}$, E $\frac{1}{2}$ NW $\frac{1}{4}$

TOGETHER WITH all water rights including but not limited to Water Rights Nos. A43-04084 and A43-07121.

TO HAVE AND TO HOLD all and singular the above-granted premises, together with the appurtenances, and every part thereof, unto the Grantee, her heirs and assigns forever. And the Grantor does covenant and agree that Delia L. Lovingfoss is making this conveyance, in pursuance of the authority granted in and by the court wherein she was appointed and the statutes of the State of Idaho.

IN WITNESS WHEREOF, the said Grantor has set her hand the day and year first above written.

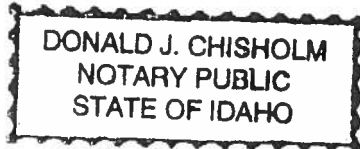

Delia L. Lovingfoss

STATE OF IDAHO)
) ss.
County of Cassia)

On this 6th day of February, 2017, before me the undersigned notary public in and for said state, personally appeared Delia L. Lovingfoss, known to me to be the person whose name is subscribed to the within instrument as personal representative of the Estate of Walter Jean Lovingfoss, and acknowledged to me that she executed the same as such personal representative.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

(SEAL)



Donald J. Chisholm
Notary Public
Residing at Myant
My Commission expires 2-14-2018

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 **MARCH 22, 2016**

State File No. **2016-02796**

DECEDENT - LEGAL NAME WALTER JEAN LOVINGFOSS			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 83 YEARS	DATE OF BIRTH JULY 18, 1932
BIRTHPLACE CHAMPAIGN, ILLINOIS		PLACE OF RESIDENCE HEYBURN, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) DELIA LAGASCA	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME WALTER LOVINGFOSS			BIRTHPLACE ILLINOIS
MOTHER - MAIDEN NAME MARY FEBER			BIRTHPLACE ILLINOIS
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE MARK F. ANDREASEN	
NAME AND ADDRESS OF FUNERAL FACILITY MORRISON FUNERAL HOME AND CREMATORY, RUPERT, IDAHO			
DATE OF DEATH MAR. 18, 2016	TIME OF DEATH 11:45 P.M.	CITY, TOWN OR LOCATION OF DEATH HEYBURN, IDAHO	COUNTY OF DEATH MINIDOKA
CAUSE OF DEATH (underlying cause last) a. ALZHEIMER-TYPE DEMENTIA			Approximate Interval Between Onset and Death > 5 YEARS
b. DUE TO (or as a consequence of) UNKNOWN			
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 STROKE			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER KEN C. ROMNEY, 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 22, 2016

DATE ISSUED:

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

PRNCO/Rev 02/12

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

