

RECEIVED

Rev. 01/15

JAN 23 2017

DEPT OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Transfer No. 81420
RECEIVED

JAN 18 2017

MINIMUM REQUIREMENTS CHECKLIST
TO BE SUBMITTED WITH APPLICATION FOR TRANSFER

DEPARTMENT OF
WATER RESOURCES

An application for transfer must be prepared in accordance with the minimum requirements listed below to be acceptable for processing by the Department. Incomplete applications will be returned. The instructions, fee schedule, Part 2A reports and additional Part 2B forms are available from any Department office or on the Department's website at www.idwr.idaho.gov.

Name of Applicant(s) Michelle Wolf

Check whether each item below is *attached* (Yes) or *not applicable* (N/A) for the proposed transfer.

Yes N/A * Means the item is always required and must be included with the application.

- * Completed Application for Transfer of Water Right form, Part 1.
- * Signature of applicant(s) or applicant's authorized representative on Application for Transfer Part 1. Include evidence of authority labeled Attachment #3 (see below) if signed by representative.
- * Application for Transfer Part 2A. Attach a Part 2A report describing each water right in the transfer as currently recorded.
- Complete and attach an Application for Transfer Part 2B for each water right for which only a portion is proposed to be changed through this transfer application.
- * Application for Transfer Part 3A is always required (see Attachment #7a below); Parts 3B and 3C must be completed for transfer applications proposing to change the nature of use of the water right(s) or proposing changes to supplemental right(s).
- * Correct fee submitted with transfer application form. (Fee schedule is on website and instructions for application for transfer.)

Attachments to Application - Label each attachment with the corresponding number shown below as Attachment #1-10.

- #1 If the applicant is a business, partnership, organization, or association, and not currently registered in the State of Idaho as a business entity, attach documentation identifying officers authorized to sign or act on behalf of right holder. (See Part 1.)
- #2a Water Right ownership documentation if Dept. records do not show the applicant as the current water right owner. **
- #2b If the ownership of the water right will change as a result of the proposed transfer to a new place of use, attach documentation showing land and water right ownership at the new place of use. Include documentation for all affected land and owner(s).**
** Additional fee(s) required for water right ownership changes; see fee schedule.
- #3 Documentation of authority to make the change if the applicant is not the water right owner.
- #4 Power of Attorney or documentation providing authority to sign or act on the applicant's behalf. (See Part 1.)
- #5 If the transfer application proposes to change the point of diversion for a water right affecting the Eastern Snake Plain Aquifer (ESPA), attach the results of an ESPA analysis and a detailed mitigation plan to offset any depletions to hydraulically connected reaches of the Snake River. ESPA transfer spreadsheet and model grid labeled cells are available on the Department's website at www.idwr.idaho.gov/WaterManagement/WaterRights/WaterRightTransfers/resources.htm.
- #6 Notarized statement of agreement or a statement on official letterhead signed by an authorized representative from each lien holder or other entity with financial interest in the water right(s) or land affected by the proposed transfer. (See Part 1.5.c.)
- * #7a Attach a map identifying the proposed point(s) of diversion, place(s) of use, and water diversion and distribution system details as described on the application. Include legal description labels. If only a portion of the right is proposed to be changed, identify the current location of the part of the existing right(s) proposed to be changed. (See Part 3A.)
- #7b If the transfer application proposes to change the place or purpose of use of an irrigation right attach a Geographic Information System (GIS) shape file, or an aerial photo or other image clearly delineating the location and extent of existing acres and changes to the place of use. If some or all of any right is leased to the Water Supply Bank, you must also show the the specific location and/or acres to be idled at the new, proposed place of use to satisfy lease requirements.
- #8a If the transfer application proposes to change the nature of use or period of use for one or more rights, provide documentation describing the extent of historic beneficial use for the water rights proposed to be transferred and document how enlargement will be avoided. (See Part 3B.) Additional fee required for proposed changes to nature of use; see fee schedule.
- #8b If the transfer application proposes to change the place of use of a supplemental irrigation right, provide documentation regarding the historic use of the supplemental right(s) and availability or reliability of the primary right(s) being supplemented, both before and after the proposed change. (See Part 3C.)
- #9 Water Supply Bank information for all rights proposed for transfer and currently leased to the Bank. (Attachment WSB)
- #10 Other. Please describe: Ownership documentation for proposed permissible place of use.

RECEIVED

JAN 23 2017

DEPT OF WATER RESOURCES SOUTHERN REGION

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TRANSFER OF WATER RIGHT PART 1

RECEIVED

JAN 18 2017

DEPARTMENT OF WATER RESOURCES

Name of Applicant(s) Michelle Wolf Phone 208-320-2624

Mailing address PO Box 433, Fairfield, ID 83327 Email

- Checkboxes for attachment requirements: 1. If applicant is not an individual... 2. Attach water right ownership documentation... 3. If the ownership of the water right will change... 4. Attach documentation of authority...

Provide contact information below if a consultant, attorney, or any other person is representing the applicant in this transfer process.

No Representative

Name of Representative Candice McHugh Phone 208-287-0991

Mailing address McHugh Bromley, PLLC, 380 S. 4th St. #103, Boise, ID 83702 Email cmchugh@mchughbromley.com

- Checkboxes for correspondence: Send all correspondence... Send original correspondence... The representative may submit information... The representative is authorized to sign...

I hereby assert that no one will be injured by the proposed changes and that the proposed changes do not constitute an enlargement in use of the original right(s). The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Signature of Applicant or Authorized Representative (Handwritten signature)

Print Name and Title if applicable: Michelle Wolf, OWNER

Date: 1/13/17

Signature of Applicant or Authorized Representative

Print Name and Title if applicable

Date

A. PURPOSE OF TRANSFER

- 1. Change point of diversion, Change nature of use, Add diversion point(s), Change period of use, Change place of use, Other

2. Describe your proposal in narrative form, including a detailed description of non-irrigation uses to justify amounts transferred (i.e. number of stock, etc.), and provide additional explanation of any other items on the application. Attach additional pages if necessary and label it Part 1A.2. Propose a permissible place of use to allow irrigation flexibility.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1 Continued

B. DESCRIPTION OF RIGHTS AFTER THE REQUESTED CHANGES. IF THE RIGHTS ARE BEING SPLIT, DESCRIBE PORTIONS TO BE CHANGED AS THEY WOULD APPEAR AFTER THE REQUESTED CHANGES.

1.	<u>Right Number</u>	<u>Amount</u> (cfs/ac-ft)	<u>Nature of Use</u>	<u>Period of Use</u>	<u>Source & Tributary</u>
All or Part <input checked="" type="checkbox"/> <input type="checkbox"/>	37-7505B	3.79/1221	Irrigation	4/1 to 11/1	Ground Water
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	

Total authorized under rights 3.79 cfs and/or 1221 acre-feet.

2. Total amount of water proposed to be transferred or changed 3.79 cubic feet per second and/or 1221 acre-feet per year.

3. Point(s) of Diversion:

- No changes to point(s) of diversion are proposed - the following chart is therefore not completed. (Proceed to #4.)
- Attach Eastern Snake Plain Aquifer analysis if this transfer proposes to change a point of diversion affecting the ESPA. Label it Attachment #5.

New ?	Lot	¼	¼	¼	Sec	Twp	Rge	County	Source	Local name or tag #

4. Place of use: (If irrigation, identify with number of acres irrigated per ¼ ¼ tract.)

- No changes to place of use are proposed - the following chart is therefore not completed. (Proceed to #5.)

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Acre Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
1S	13E	17					39	39	40	40									158
		18	32	39	40	40	19		26	40	40	35	35	40	40	40	40	40	546
									L2			L3	L4						
		19					40	34	34	40	40	34	34	40					296
								L1	L2			L3	L4						
Total Acres (for irrigation use)																	*1000		

*Limited to 407 acres irrigation within a 1000-acre permissible place of use (ppu).

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1 Continued

5. General Information:

a. Describe the complete diversion system, including how you will accommodate a measuring device and lockable controlling works should they be required now or in the future:

Well, pump, pressurized irrigation.

Measuring devices and lockable controlling works will be accommodated upon Department request.

b. Who owns the property at the point(s) of diversion? Applicant

If other than the applicant, describe the arrangement enabling the applicant to access the property for the diversion system:

c. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts?

If yes, attach a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes on official letterhead signed by an authorized representative. Label it **Attachment #6**. List the name of the entity and type of lien:

It is the applicant's responsibility to provide notice to lien holder, trustee, mortgagor, or contract holder of the proposed changes that may impact or change the value of the water rights or affected real property. Any misrepresentation of legal encumbrance on this application may result in rejection of the application or cancellation of an approval.

d. Are any of the water rights proposed for transfer currently leased to the Water Supply Bank?

If yes, complete Attachment WSB.

e. Describe the effect on the land now irrigated if the place or purpose of use is changed pursuant to this transfer:

n/a

f. Describe the use of any other water right(s) for the same purpose or land, or the same diversion system as right(s) proposed to be transferred at both the existing and proposed point(s) of diversion and place(s) use:

n/a

g. To your knowledge, has/is any portion of the water right(s) proposed to be changed:

Yes No

- undergone a period of five or more consecutive years of non-use,
- currently leased to the Water Supply Bank,
- currently used in a mitigation plan limiting the use of water under the right, or
- currently enrolled in a Federal set-aside program limiting the use of water under the rights?

If yes, describe:

**IDAHO DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 2A**

Current Water Right No.: 37-7505b

Current Owner: MICHELLE WOLF
Priority Date: 7/21/1976
Origin: Water Right
Status: Active
Basis: Decreed

Source

Tributary

GROUND WATER

<u>Beneficial Use</u>	<u>From To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	04/01 to 11/01	3.79 CFS	1221 AF
	<u>Total Diversion</u>	3.79 CFS	1221 AF

Location of Point(s) of Diversion

GROUND WATER NE1/4NW1/4NE1/4 Sec. 18, Twp 01S, Rge 13E B.M.
 CAMAS County

Place of Use

IRRIGATION Within CAMAS County

T01S R13E S17	NENW	39.00	T01S R13E S17	NWNW	39.00
T01S R13E S17	SWNW	39.00	T01S R13E S17	SENW	40.00
T01S R13E S18	NENE	32.00	T01S R13E S18	NWNE	23.00
T01S R13E S18	SWNE	26.00	T01S R13E S18	SENE	39.00
T01S R13E S18	NESE	39.00	T01S R13E S18	NWSE	26.00
T01S R13E S18	SWSE	26.00	T01S R13E S18	SESE	39.00

Total Acres: 407

Conditions of Approval:

1. R29 This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for irrigation of the lands above.
2. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

Decreed Date: 9/24/2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TRANSFER OF WATER RIGHT
PART 3

A. PLAT MAP (See Part 3A of Instructions for application for transfer for complete requirements.)

- Attach a map of the diversion, measurement, control, and distribution system. Label it Attachment #7a.
- If the transfer application proposes to change the place or purpose of use of an irrigation right attach a Geographic Information System (GIS) shape file, or an aerial photo or other image clearly delineating the location and extent of existing acres and changes to the place of use. Label it Attachment #7b.

If the place of use currently consists of a permissible place of use, then the attachment is not required if the application contains a clear statement that the boundaries for the place of use are not proposed to be changed by the transfer and the total number of irrigated acres within the place of use before and after the transfer is clearly stated.

If any part of the irrigation water right is leased to the Water Supply Bank, you must also specify the location and number of acres that will remain idled for the duration of the lease contract at the new, proposed place of use.

B. CHANGES IN NATURE OF USE (Water Balance)

- If you propose to change the nature of use or period of use of all or part of the rights(s) listed in this application, attach documentation describing the extent of historic beneficial use of the portion of the right(s) proposed to be changed. Also attach documentation showing that the portion of the right(s) to be changed will not be enlarged in rate, volume, or consumptive use through the proposed change. Label it Attachment #8a.

C. PLACE OF USE CHANGES TO SUPPLEMENTAL IRRIGATION RIGHTS

- If you propose to change the place of use of a supplemental irrigation right, answer below and attach supporting documentation. Label it Attachment #8b.

Describe how the supplemental water rights have been used historically in conjunction with other water rights at the existing place of use. Describe the time during the irrigation season that the supplemental rights have been used. Include information about the availability or reliability of the primary right(s) being supplemented, both before and after the change. If the applicant is proposing to change a supplemental irrigation right to a primary right, provide the information required on Part 3B above:

FOR DEPARTMENT USE ONLY

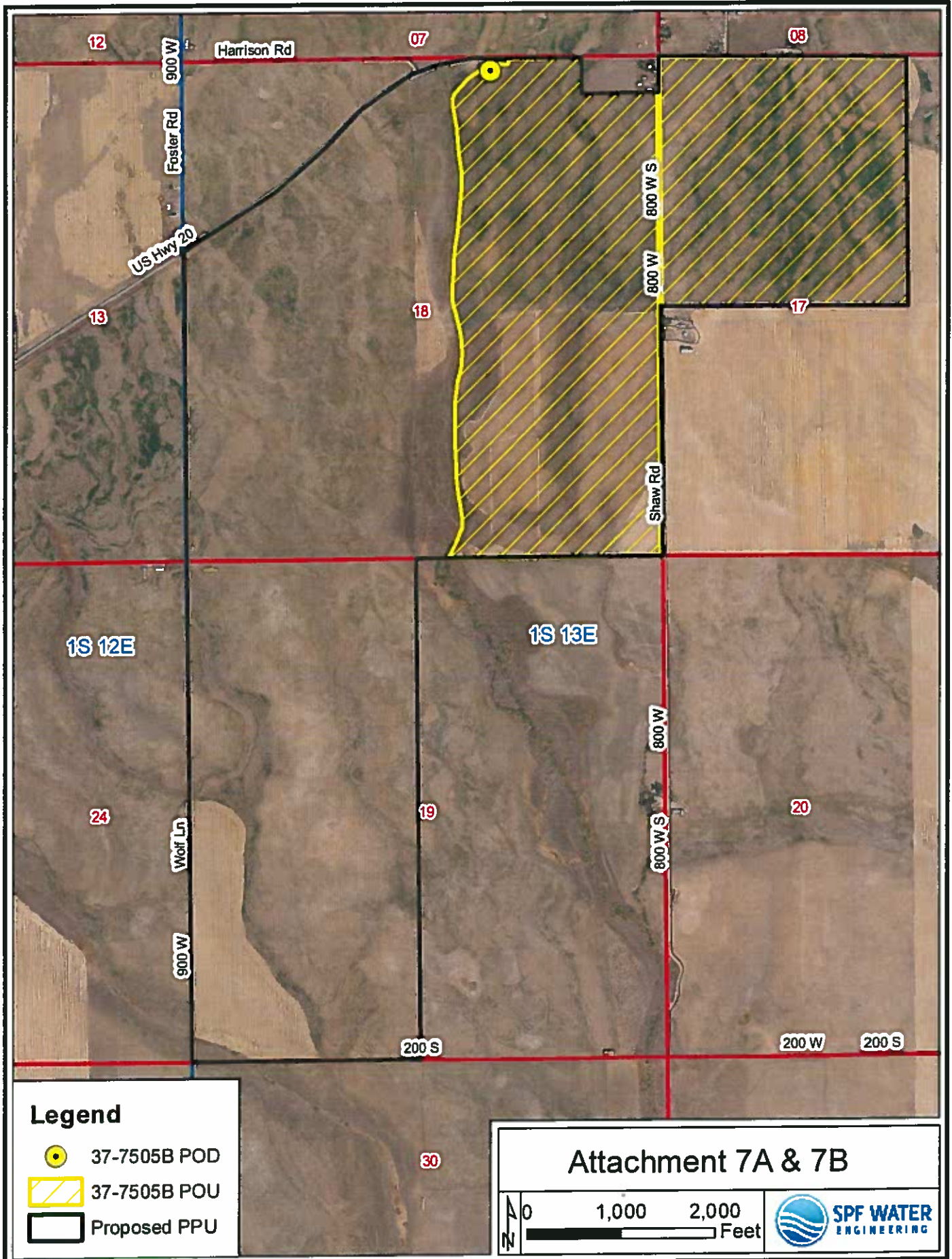
Transfer contains _____ pages and _____ attachments.

Received by _____ Date _____ Preliminary check by _____ Date _____

Fee paid \$740 Date 1/18/17 Received by VL Receipt # C102911

Add'l fee paid _____ Date _____ Received by _____ Receipt # _____

Check all that apply: Attachment WSB (copy sent to state office) Lessor Designation form &/or W-9 (originals to state office)



TRANSFER 81420

CAMAS COUNTY
Recorded for:
MICHELLE WOLF
3:20:12 pm 12-28-2012
2012-084926
No. Pages: 1 Fee: \$10.00
KORRI BLODGETT
County Clerk
Deputy: BWALTON

RECORDING REQUESTED BY:
Steven D. Peterson - Attorney

AND WHEN RECORDED MAIL TO:
Steven D. Peterson
P.O. Box 5827
Twin Falls, ID 83303

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That MICHELLE WOLF aka MICHELLE L. WOLF, a single individual dealing in her sole and separate property, hereinafter "Grantor," hereby conveys, releases, remises and forever quitclaims all her right, title and interest unto THE SHANNON & MICHELLE WOLF FAMILY LIMITED PARTNERSHIP, MICHELLE WOLF aka MICHELLE L. WOLF, General Partner, whose address is PO Box 433, Fairfield, Idaho 83327, hereinafter "Grantee," in and to the real property and improvements situated in Camas County, State of Idaho, legally described as follows to wit:

Township 1 South, Range 13 East, Boise Meridian, Camas County, Idaho
Government Lots 3 and 4, the E 1/2 SW 1/4 and the SE 1/4 in Section 7

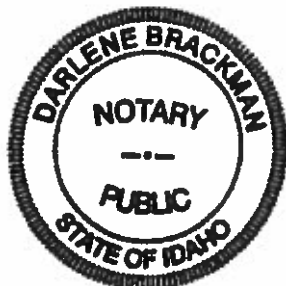
DATED this 19 day of December, 2012.



MICHELLE WOLF aka MICHELLE L. WOLF

STATE OF IDAHO)
) ss.
County of Twin Falls)

On this 19 day of December, 2012, before me, a Notary Public in and for said county and state, personally appeared MICHELLE WOLF aka MICHELLE L. WOLF, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

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




NOTARY PUBLIC FOR IDAHO
Residing at: Twin Falls
My Commission Expires: 10-14-18

RECORDING REQUESTED BY:

Steven D. Peterson - Attorney

AND WHEN RECORDED MAIL TO:

Steven D. Peterson

P.O. Box 5827

Twin Falls, ID 83303

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That MICHELLE WOLF aka MICHELLE L. WOLF, a single individual dealing in her sole and separate property, hereinafter "Grantor," hereby conveys, releases, remises and forever quitclaims all her right, title and interest unto THE SHANNON & MICHELLE WOLF FAMILY LIMITED PARTNERSHIP, MICHELLE WOLF aka MICHELLE L. WOLF, General Partner, whose address is PO Box 433, Fairfield, Idaho 83327, hereinafter "Grantee," in and to the real property and improvements situated in Camas County, State of Idaho, legally described as follows to wit:

Parcel 1:

Township 1 South, Range 13 East, Boise Meridian, in Camas County, Idaho
Section 17: NW ¼

EXCEPT Highway right of way to the State of Idaho as described in Deed dated November 14th, 1935, recorded in Book 15 Deeds, page 523, records of Camas County, Idaho

Parcel 2:

Township 1 South, Range 13 East, Boise Meridian, in Camas County, Idaho
Section 18: E ½

EXCEPT Railroad right of way to the Central Idaho Railroad Company, a corporation, as described in Deed dated January 19, 1911, recorded in Book 10 Deeds, page 78, records of Camas County, Idaho

AND EXCEPT right of way for highway to the State of Idaho as described in Deed dated June 14, 1930, recorded in Book 15 Deeds, page 33, records of Camas County, Idaho

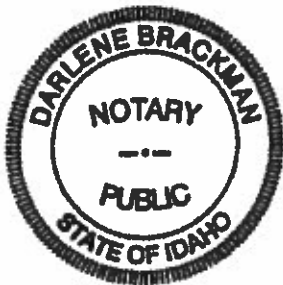
AND EXCEPT a fraction of land on the North line of the NE ¼ of Section 18, for sub-station site approximately 35 feet by 65 feet and more particularly described as follows:

Beginning at a point 9.50 feet East of the point where the South right of way lines of the Union Pacific Railroad and the Idaho State Highway No. 22 intersect which starting point is the Northwest corner of said sub-station site, and running thence East 65 feet on the said South right of way line of said Idaho State Highway, thence South 35 feet; thence West 65 feet; thence North 35 feet to the place of beginning

STATE OF IDAHO)
) ss.
County of Twin Falls)

On this 19 day of December, 2012, before me, a Notary Public in and for said county and state, personally appeared MICHELLE WOLF aka MICHELLE L. WOLF, known or identified to me to be the person whose name is subscribed to the within Instrument and acknowledged to me that she executed the same.

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



Darlene Brackman
NOTARY PUBLIC FOR IDAHO
Residing at: Twin Falls
My Commission Expires: 12-14-18

CAMAS COUNTY

Recorded for:

MICHELLE WOLF

3:26:03 pm 12-28-2012

2012-084928

No. Pages: 2

Fee: \$13.01

KORRI BLODGETT

County Clerk

Deputy: SWALTON

RECORDING REQUESTED BY:
Steven D. Peterson -- Attorney

AND WHEN RECORDED MAIL TO:
Steven D. Peterson
P.O. Box 5827
Twin Falls, ID 83303

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That MICHELLE WOLF aka MICHELLE L. WOLF, a single individual dealing in her sole and separate property, hereinafter "Grantor," hereby conveys, releases, remises and forever quitclaims all right, title and interest of THE SHANNON & MICHELLE WOLF FAMILY LIMITED PARTNERSHIP, MICHELLE WOLF aka MICHELLE L. WOLF General Partner, whose address is PO Box 433, Fairfield, Idaho 83327, hereinafter "Grantee," in and to the real property and improvements situated in Camas County, State of Idaho, legally described as follows to wit:

Parcel 1:

Township 1 South, Range 12 East of the Boise Meridian, Camas County,
Idaho
Section 24: All

EXCEPTING

Township 1 South, Range 12 East, Boise Meridian, Camas County, Idaho
Section 24: The North 380 feet of the East 575 feet of the NE ¼ NE ¼
Reserving unto the Grantor a 12 foot wide easement for ingress and
egress

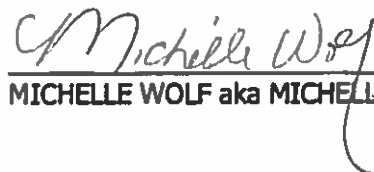
ALSO EXCEPTING

Township 1 South, Range 12 East, Boise Meridian, Camas County, Idaho
Section 24: The North 250 feet of the East 400 feet of the NE ¼ NE ¼
Reserving unto the Grantor a 12 foot wide easement for ingress and
egress

Parcel 2:

Township 1 South, Range 13 East of the Boise Meridian, Camas County,
Idaho
Section 19: Lots 1, 2, 3, and 4. The East One-Half of the West One-Half

DATED this 19 day of December, 2012.



MICHELLE WOLF aka MICHELLE L. WOLF

RECORDING REQUESTED BY:
Steven D. Peterson - Attorney

AND WHEN RECORDED MAIL TO:
Steven D. Peterson
P.O. Box 5827
Twin Falls, ID 83303


CAMAS COUNTY
Recorded for:
MICHELLE WOLF
1:24:01 pm 12-06-2013
2013-085648
No. Pages: 3 Fee: \$16.01
KORRI BLODGETT
County Clerk
Deputy: **AFROSTENSO**

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:
That MICHELLE WOLF aka MICHELLE L. WOLF, a single individual, hereinafter "Grantor," hereby conveys, releases, remises and forever quitclaims all her right, title and interest, in unto THE SHANNON & MICHELLE WOLF FAMILY LIMITED PARTNERSHIP, MICHELLE WOLF General Partner, whose address is PO Box 433, Fairfield, Idaho 83327, hereinafter "Grantee," in and to the real property and improvements situated in Camas County, State of Idaho, legally described as follows to wit:

See attached Schedule "A"

DATED this 6th day of December, 2013.




MICHELLE WOLF aka MICHELLE L. WOLF

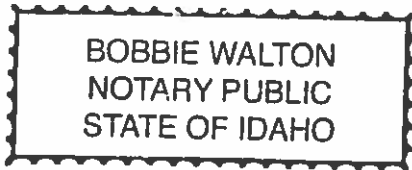
STATE OF IDAHO)
) ss.
County of Camas)

On this 6 day of Dec., 2013, before me, a Notary Public in and for said county and state, personally appeared MICHELLE WOLF aka MICHELLE L. WOLF, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

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



NOTARY PUBLIC FOR IDAHO
Residing at: Fairfield, Id.
My Commission Expires: 1-22-17



SCHEDULE A

**Township 1 South, Range 13 E.B.M.
Section 18: NE1/4NW1/4 Except Highway and Railroad Right of Ways.
Tax Lot 584**

And

**Township 1 South, Range 13 E.B.M.
Section 18: Lot 2 Except Highway and Railroad Right of Ways.
Tax Lot 585**

And

**Township 1 South, Range 13 E.B.M.
Section 18: Lots 1,3,4, and SE1/4NW1/4 and E1/2SW1/4 Except Highway and Railroad
Right of Ways.**

And

**Township 1 South, Range 12 E.B.M.
Section 13: SE1/4NE1/4 Except Highway and Railroad Right of Ways**

**Also Excepting and excluding from said SE1/4NE1/4 the following described premises, to
wit:**

Township 1 South, Range 12 East of the Boise Meridian, Camas County, Idaho.

**Section 13: A parcel of land located in the Southeast Quarter of the Northeast Quarter
more particularly described as follows:**

**Commencing at the Northeast corner of the Southeast Quarter of the Northeast Quarter and being the True
Point of Beginning; thence
South 00°00'00" West for 600.00 feet; thence
South 53°00'00" West 740.00 feet; thence
North 00°24'19" East 936.00 feet; thence
North 90°00'00" East 650.00 feet to the True Point of Beginning.
Tax Lot 551**

And

**Township 1 South, Range 12 E.B.M.
Section 13: NE1/4SE1/4 Except Highway and Railroad Right of Ways
Tax Lot 552**

And

**Township 1 South, Range 12 E.B.M.
Section 13: NW1/4SE1/4 Except Highway and Railroad Right of Ways
Tax Lot 553**

And

Township 1 South, Range 12 E.B.M.
Section 13: SW1/4 Except Highway and Railroad Right of Ways
Tax Lot 1039

Township 1 South, Range 12 E.B.M.
Section 13: NE1/4NE1/4

Excepting from said NE1/4NE1/4 following Parcel of Property:

Township 1 South, Range 12 East of the Boise Meridian, Camas County, Idaho

Section 13: A parcel of land located in the North East Quarter of the North East Quarter more particularly described as follows:

Commencing at the Northeast corner of Section 13 Township 1 South, Range 12 East of the Boise Meridian, Camas County, Idaho, thence

S. 00°.00' E. 900.00 feet to the Point of Beginning; thence

N. 90°.00' W. 225.00 feet; thence

S. 00°.00' E. 375.00 feet; thence

N. 90°.00' E. 225.00 feet; thence

N. 00°.00' W. 375.00 feet to the Point of Beginning.

And

Township 1 South, Range 12 E.B.M.
Section 13: NW1/4, W1/2NE1/4, S1/2SE1/4

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Item 32 amended 2-11-10 k1

State of Idaho
CERTIFICATE OF DEATH
STATE FILE NO. 2010-883
DATE FILED BY STATE REGISTRAR: 02/03/2010

DECEDENT	1. DECEASED'S LEGAL NAME (Include AKA's if any) (Print, block, last, first, middle) SHANNON LEE WOLF		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 44		4b. UNDER 1 YEAR Months 08 Days 08		4c. UNDER 1 DAY Hours 08 Minutes 08	
TYPE OR PRINT IF PERMANENT BLANK OR DO NOT USE FULL TIP FOR	5. DATE OF BIRTH (Mo/Day/Yr) 08/08/1968		6. BIRTHPLACE (City and State, Territory, or Foreign Country) SUN VALLEY, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY CAMAS		7c. CITY OR TOWN HILL CITY	
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER WOLF LANE		7e. APT. NO. 7f. ZIP CODE 83337		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MICHELLE JENSEN		
MORTICIAN: Complete Within 5 Days of Death	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (Print, block, last, first, middle) FRANK WOLF		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
	12a. INFORMANT'S NAME (Type or print) MICHELLE WOLF		12b. RELATIONSHIP TO DECEDENT WIFE		12c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. BOX 433 FAIRFIELD, ID 83327	
INFORMATION	13a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		13b. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) HILL CITY CEMETERY		13c. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY DEMARAY FUNERAL SERVICE 737 MAIN STREET GOODING, IDAHO 83330	
	14. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DWAIN M. DEMARAY		17a. LICENSE NUMBER (If license) M6725		14. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DISPOSITION	15. IF DEATH OCCURRED IN A HOSPITAL: * 17b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		16. PLACE OF DEATH (19-23) FAIRFIELD, ID 83327			
	21. FACILITY NAME (If facility, give Street and Number) N43 29' 59.9" W 114 58' 35.5"		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE FAIRFIELD, ID 83327		22. COUNTY OF DEATH CAMAS	
PLACE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Specify month) January 28, 2010		24. TIME OF DEATH Estimated 06:00 (Day) January 28, 2010		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Specify month) January 28, 2010	
	26. TIME PRONOUNCED DEAD Estimated 07:30 (Day) January 28, 2010		27. CAUSE OF DEATH			
DATE OF DEATH	PART I. Enter the (cause of death) - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. ASPHYXIA		28. IMMEDIATE CAUSE (Final disease or condition resulting in death) ASPHYXIA		29. APPROXIMATE INTERVAL Ofset to Death MINUTES	
	30. UNDERLYING CAUSE (Last disease or injury that initiated the overall resulting in death) CAUGHT IN SNOW AVALANCHE WHILE SNOWMOBILING.		31. SNOW AVALANCHE DUE TO (or as a consequence of)		32. MINUTES MINUTES	
CAUSE OF DEATH	PART II. Enter any other significant condition(s) or event(s) that resulted in the underlying cause given in Part I. CAUGHT IN SNOW AVALANCHE WHILE SNOWMOBILING.		22a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		24. IF FEMALES (Ages 15-44): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Unknown if pregnant within the past year		21. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
DATE OF DEATH	33. DATE OF INJURY (Mo/Day/Yr) (Specify month) January 28, 2010		34. TIME OF INJURY Estimated 14:30 (Day) January 28, 2010		35. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.) N43 29' 59.9" W 114 58' 35.5"	
	36. LOCATION OF INJURY: State IDAHO City/Town or County FAIRFIELD, CAMAS Zip Code 83327		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SNOWMOBILE CAUGHT IN AVALANCHE		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ITEMS 32-33 TO BE USED FOR CERTAIN CAUSES ONLY	39. TRANSPORTATION <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Specify)		39a. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		39b. LICENSE NUMBER	
	39c. CERTIFIER (Check only one, however official capacity for this document) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE <input checked="" type="checkbox"/> CORONER		39d. SIGNATURE AND TITLE OF CERTIFIER ELECTRONICALLY SIGNED: DARLA J. BOGGS		39e. DATE SIGNED 2 / 3 / 2010	
CERTIFIER	39f. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DARLA J. BOGGS, PO BOX 831 FAIRFIELD, ID 83327		39g. REGISTRAR'S SIGNATURE <i>[Signature]</i>		39h. DATE SIGNED 2 / 3 / 2010	
	40. REGISTRAR'S SIGNATURE <i>[Signature]</i>		40a. REGISTRAR'S SIGNATURE <i>[Signature]</i>		40b. DATE SIGNED 2 / 3 / 2010	

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: **FEB 12 2010**

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

[Signature]
JANE S. SMITH
STATS 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

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

February 17, 2017

RUSTY KRAMER
WATER DISTRICT #37B
246B S HWY 46
FAIRFIELD, ID 83327

RE: Transfer No. 81420
Water Right No(s). 37-7505B

Dear Rusty:

A copy of the above referenced application is enclosed. Please review the application, then complete the enclosed recommendation form as necessary, and return it to this office within 21 days of the date of this letter.

If the application is approved, IDWR will include appropriate standard conditions of approval for a water right located within a water district, such as regulation by the watermaster, lockable controlling works, and/or measuring devices. Any special conditions or other concerns you have related to this application should be specifically addressed in your recommendation.

IDWR's regional offices can finish reviewing an unprotested application as soon as the protest period has past. Your prompt response to this request will ensure that your recommendation can be considered. If IDWR has not received your written recommendation within 21 days from the date of this letter, IDWR will presume that you do not oppose approval of the application and that you have no comments for IDWR to consider.

Sincerely,

A handwritten signature in cursive script that reads "Denise Maline". The signature is written in black ink on a white background.

Denise Maline
Administrative Assistant

Enclosure(s)

Skinner, Corey

From: Candice McHugh <cmchugh@mchughbromley.com>
Sent: Tuesday, February 07, 2017 10:39 AM
To: Skinner, Corey
Subject: Michelle Wolf Transfer

Corey,

We do not want to change ownership of the water right with the transfer. Michelle intends to keep the water right ownership as is and understands that the owner of the water right is not the same person/entity as the owner of the land.

Let me know if you need anything further.

Candice M. McHugh

M^{CHUGH}•BROMLEY
380 S. 4th, Ste. 103
Boise, ID 83702
(208) 287-0991 – office
(208) 287-0864 – facsimile
cmchugh@mchughbromley.com
<http://www.mchughbromley.com>

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MEMORANDUM

Date: February 07, 2017
To: Michelle Wolf Transfer 81420 File
From: Kent Aasa
Re: Evaluation of Sufficiency of Information Submitted

The application for transfer proposes to establish a 407 acre place of use (POU) for water right 37-7505B within a proposed 1000 acre permissible place of use (PPU). This transfer application does not propose any point of diversion (POD) changes. Establishment of the 1000 acre PPU is the main component of this transfer and there are no anticipated effects, or impacts, that may affect other water rights. The PPU is located approximately 7.5-8.5 miles west and 0.1-2.0 miles south of the Highway 20 and Soldier Road intersection in Fairfield Idaho. The proposed transfer is in Water District 37B so Watermaster comments will be solicited.

- **Authority to File:** The applicant is listed as the current owner of the water right in this transfer and property deeds indicate the owner of all properties involved in this transfer is the Shannon & Michelle Wolf Family Limited Partnership of which Michelle Wolf is a general partner. An email (02/07/2017) from McHugh Bromley PLLC indicates that Michelle Wolf wishes to remain the current owner of water right 37-7505B.
- **Water Right Validity:** Water Right 37-7505B was decreed in the SRBA on 09/24/2010. Recent aerial and satellite imagery indicate that the property involved with this transfer appears to be irrigated. Forfeiture does not appear to be an issue.
- **Injury to Other Water Rights:** None anticipated. The transfer will establish a POU limited to the irrigation of 407 acres within a 1000 acre PPU. There are no anticipated effects with regard to other water rights.
- **Enlargement of Use:** None anticipated.
- **Local Public Interest:** No issues anticipated. Due to the lack of effects, or impacts, to other water rights as outlined in section 42-222, Idaho Code, advertising is not necessary.
- **Beneficial Use/Conservation of Water Resources:** Proposed use is recognized as a beneficial use of water.
- **Effect on the Economy of the Local Area:** None Anticipated
- **Effect of the Agricultural Base of the Area:** None Anticipated

Review of the application finds there is no clear inconsistency with criteria set forth in Section 42-222 Idaho Code preventing processing of this application.

MEMORANDUM

Date: February 2, 2017
To: Transfer 81420
From: Kent Aasa
Re: Legal Notice Not Required

Legal Notice Not Required
2/2/2017

Pursuant to Section 42-222, Idaho Code, the Department has discretion to provide public notice as deemed appropriate. The water right changes proposed through this transfer application do not appear to change the effect on the original or hydraulically connected water source or affect other water rights. Therefore, staff review of the transfer application found no cause to require public notice. This application will continue processing without advertisement and be forwarded for approval consideration.

MEMORANDUM

Date: February 02, 2017
To: Transfer 81420 File
From: Kent Aasa
Re: Fee Evaluation

Filing fees charged for transfer application 81420 were based on the on the current transfer fee schedule and include \$740.00 for the full 3.79 cfs being transferred in the application (Receipt No.C102911).