

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED ✓

JAN 30 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?
47-51	Yes ☐	Yes ☐		Yes ☐	Yes ☐
47-11687	Yes ☐	Yes ☐		Yes ☐	Yes ☐
47-17336	Yes ☐	Yes ☐		Yes ☐	Yes ☐
47-17339	Yes ☐	Yes ☐		Yes ☐	Yes ☐
47-17337	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: RALPH SCHNELL AND HAZEL A. SCHNELL
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): HAZEL A. SCHNELL
New owner(s) as listed on the conveyance document

2319 E 1580 N TWIN FALLS ID 83301
Mailing address City State ZIP
208-655-4276 NA
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.

SUPPORT DATA

IN FILE # 47-51

8. Signature: Hazel A. Schnell PR 1-26-17
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 _____ 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 _____ Processed by _____ Date _____

STATE OF IDAHO CERTIFICATION OF VITAL RECORD

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

Item 32 amended 2-20-07 kl

DATE FILED BY STATE REGISTRAR:

FEB 12 2007

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO.

2007- 01009

Local Reg. No.

84

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE PENCIL OR TYPEWRITER. FOR INSTRUCTIONS SEE HANDBOOKS PANELS: SIGNATURE EXHIBITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER: SIGNATURE OF REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Ralph Franklin Schnell		2. SEX male	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE (at birth) (Years, Months, Days) 87 (Years)		4b. DATE OF BIRTH (Month/Day/Year) Sept. 5, 1919	
	5. RESIDENCE - STATE OR FOREIGN COUNTRY (If County) Idaho Twin Falls		6. CITY OR TOWN Rogerson	
	7a. STREET AND NUMBER 056 Rogerson Rd.		7b. ZIP CODE 83302	
8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☒ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Hazel Howard				
10. BIRTH IN U.S. ☒ Yes ☐ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) Paul Schnell 11b. MOTHER'S M maiden NAME (First, Middle, Last, Suffix) Anna Leonard				
12. INFORMANT'S NAME (Type or print) Hazel Schnell				
13. RELATIONSHIP TO DECEDENT wife				
14. METHOD OF DISPOSITION (Name and address of cemetery, crematory, or other place) ☐ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) Twin Falls Cemetery, Twin Falls, Idaho				
15. PLACE OF DEATH (If not at home, give street and number) 056 Rogerson Rd., Rogerson, Idaho				
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY White Mortuary, 136 4th Ave. E. Twin Falls, ID				
17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]				
18. LICENSE NUMBER (If licensee) M-625				
19. WAS CORONER CONTACTED? ☒ Yes ☐ No				
20. IF DEATH OCCURRED IN A HOSPITAL: (If not, see 21) ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospital facility ☐ Nursing home/Long term care facility ☐ Detention home ☐ Other (Specify) 056 Rogerson Rd., Rogerson, Idaho				
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Rogerson 83302				
22. COUNTY OF DEATH Twin Falls				
23. DATE OF DEATH (Month/Day/Year) (Specify month) January 31, 2007				
24. TIME OF DEATH 1608PM (24hr)				
25. DATE PROPOSED TO BE DEATH January 31, 2007				
26. TIME PROPOSED TO BE DEATH 1608 (24hr)				
27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, stroke, or any arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. a. Self-inflicted gun shot wound b. to chest c. due to gunshot wound d. due to gunshot wound PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. gunshot wound				
28. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No				
29. HAD TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No				
30. IF FEMALE (Ages 15-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 41 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year Not pregnant, but pregnant 41 days to 1 year before death				
31. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☒ Suicide ☐ Could not be determined				
32. DATE OF INJURY (Month/Day/Year) 1/31/07				
33. TIME OF INJURY 1608 (24hr)				
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) home				
35. ALIEN AT WORK? ☐ Yes ☒ No				
36. LOCATION OF INJURY: State Idaho City/Town or County Rogerson Zip Code 83302 Street and Number or Location 056 Rogerson Road Apartment Number				
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (passenger, pickup, motorcycle, ATV, bicycle, etc.) Self-inflicted GSW to right chest with 22 pistol				
38. TRANSPORTATION (38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 38b. WHAT SAFETY DEVICES (38c. DID DECEDENT USE EMPLOYMENT?) ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				
39. CERTIFIER (Check only one, based on official capacity for the certificate) ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural causes (I have stated causes) and manner of death. ☐ CORONER - On the basis of investigation and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes (I have stated causes) and manner of death. Signature and Title of Certifier: Charles S. Sanders, Sheriff, Twin Falls, ID				
40. DATE, ADDRESS, AND PHONE OF CERTIFIER (Type or print) Charles S. Sanders, 1000 Fairfield ST N, Twin Falls, ID				
41. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in his own handwriting that of the physician, and the coroner becomes the certifier of record.				
42. I have reviewed and I hereby certify the medical action.				
43. REGISTRAR'S SIGNATURE [Signature]				
44. DATE SIGNED 02/08/2007				

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 21 2014**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE