

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 ki

DATE FILED BY STATE REGISTRAR:

FEB 12 2007

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO.

2007- 01009

Local Reg. No.

84

EXCISE: TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	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]
	4. AGE (last birthday) 87 (Years)		5. DATE OF BIRTH (last day) Sept. 5, 1919	
	6. RESIDENCE - STATE OR TERRITORY COUNTRY (to, county) Idaho Twin Falls		7. CITY OR TOWN Rogerson, Idaho	
	8. STREET AND NUMBER 056 Rogerson Rd.		9. APT. NO. 83302	
1. PARTIES: Complete Verify and File Within 5 Days of Death	10. MARRITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		11. SPOUSE'S NAME (If wife, give maiden name) Hazel Howard	
	12. FATHER'S NAME (First, Middle, Last, Suffix) Paul Schnell		13. BIRTHPLACE (State, Territory, or Foreign Country) Obrovatz, Yugoslavia	
	14. MOTHER'S MARRIED NAME (First, Middle, Last, Suffix) Anna Leonard		15. BIRTHPLACE (State, Territory, or Foreign Country) Palanka, Yugoslavia	
	16. INFORMANT'S NAME (Type of person) Hazel Schnell		17. RELATIONSHIP TO DECEDENT wife	
2. DEATH: Complete Verify and File Within 72 Hours of Death	18. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)		19. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or place) Twin Falls Cemetery, Twin Falls, Idaho	
	20. SIGNATURE OF FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21. LICENSE NUMBER (if licensee) N-625	
	22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY White Mortuary, 136 4th Ave. E. Twin Falls, ID		23. WAS CORONER CONTACTED? ☒ Yes ☐ No	
	24. PLACE OF DEATH (18-27) ☒ 18a. IF DEATH OCCURRED IN A HOSPITAL: ☐ 18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ OCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
3. CAUSE OF DEATH: Complete Verify and File Within 72 Hours of Death	25. FACILITY NAME (If not facility, give street and number) 056 Rogerson Rd.		26. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Rogerson 83302	
	27. DATE OF DEATH (last day) (Specify month) January 31, 2007		28. TIME OF DEATH 1608PM (24hr)	
	29. DATE ANNOUNCED DEAD (last day) (Specify month) January 31, 2007		30. TIME ANNOUNCED DEAD 1608 (24hr)	
	31. CAUSE OF DEATH Self inflicted gun shot wound to chest			
4. CERTIFICATE: Complete Verify and File Within 72 Hours of Death	32. IMMEDIATE CAUSE (Final disease or condition resulting in death) Self inflicted gun shot wound to chest		33. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) Self inflicted gun shot wound to chest	
	34. PART II. Other medical conditions contributing to death but not resulting in the underlying cause given in Part I:			
	35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No		36. IF FEMALE (aged 15-44): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	37. DATE OF INJURY (last day) (Specify month) 1/31/07		38. TIME OF INJURY 1608 (24hr)	
5. CERTIFICATE: Complete Verify and File Within 72 Hours of Death	39. LOCATION OF INJURY: Idaho		40. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.) home	
	41. STREET AND NUMBER OF LOCATION 056 Rogerson Road		42. ZIP CODE 83302	
	43. DESCRIBE HOW INJURY OCCURRED: IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, motor, motorcycle, ATV, bicycle, etc.) Self inflicted GSW to right chest with 22 caliber			
	44. TRANSPORTATION (44a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify))		45. WHAT SAFETY DEVICE(S) DID DECEDENT USE(EMPLOY)? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
6. SIGNATURE: Complete Verify and File Within 72 Hours of Death	46. 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 cause(s) (informer stated).		47. DATE SIGNED 2/6/07	
	48. 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 stated.		49. SIGNATURE OF CORONER <i>[Signature]</i>	
	50. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		51. DATE SIGNED 02/08/2007	
	52. SIGNATURE OF REGISTRAR <i>[Signature]</i>		53. 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



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 2, 2017

HAZEL A SCHNELL
THE RALPH F SCHNELL TESTAMENTARY FAMILY TRUST
2319 E 1581N
TWIN FALLS ID 83301

RE: Change of Ownership for Water Right Nos. 47-51, 47-11687, 47-17336, 47-17339, 47-17337, 47-7213, 47-11259, 47-11262, 47-11263 and 47-11267.

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s). The department has modified its records to reflect the change in ownership and has enclosed computer-generated reports 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.

Also, please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

Benny Walker
Senior Water Right Agent

Enclosure(s)