

Contact Jones Chartered
PO Box 967
Pocatello ID 83204

No fee required

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
DEC 15 2016

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 a 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?
15-2052B <i>oh</i>	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Roy A. Brown and Jeanne Brown **See Certificate of Death*
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Jeanne Brown
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

261 Thurston Pocatello ID 83201
Mailing address City State ZIP
(208) 251-2030 jeanne3894@cableone.net
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: December 12, 1995

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.

8. Signature: Jeanne Brown 12-08-16
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. NA 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 JB Processed by JB Date _____

FOR VALUE RECEIVED

WARRANTY DEED

LEO H. BROWN AND LEORA I. BROWN, HUSBAND AND WIFE

the grantorS . do hereby grant, bargain, sell, and convey unto

ROY BROWN AND JEANNE BROWN, HUSBAND AND WIFE

the grantee S . whose current address is 261 THURSTON, POCATELLO, ID 83201

the following described premises, to-wit:

SEE ATTACHED EXHIBIT "A"

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee S .
 their heirs and assigns forever. And the said Grantor S . do hereby covenant to and
 with the said Grantee S . that they ARE the owner in fee simple of said premises, that said
 premises are free from all incumbrances except as hereinabove set forth and that they will warrant
 and defend the same from all lawful claims whatsoever.
 Dated: DECEMBER 11, 1995

Leo H. Brown
 LEO H. BROWN

Leora I. Brown
 LEORA I. BROWN

STATE OF IDAHO, COUNTY OF BANNOCK

On this 11TH day of DECEMBER, 1995,
 before me, a notary public in and for said State, personally
 appeared

LEO H. BROWN AND LEORA I. BROWN,
 HUSBAND AND WIFE

known to me to be the personS who SE name S ARE
 subscribed to the within instrument, and acknowledged to
 me that they executed the same

Residing at POCATELLO
 Comm. Expires MAY 30, 1999

Notary Public

Idaho



122378

12 Day December 1995

At 9:40 o'clock A.M.
 Shuler Blomdell
 Shuler Co. Recorder

Fee \$ 6.00 Deputy

Recorded at Request of
 Professional General Services

TRACT 1: LOT 4 AND THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 1; AND LOT 1, AND THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 15 SOUTH, RANGE 35 EAST OF THE BOISE MERIDIAN, LESS THE FOLLOWING DESCRIBED TRACT, TO-WIT: COMMENCING AT THE NORTHWEST CORNER OF SECTION 1 ABOVE SAID TOWNSHIP AND RANGE, AND RUNNING THENCE EAST 20 RODS; THENCE SOUTH 20 RODS; THENCE WEST 20 RODS; THENCE NORTH 20 RODS TO THE PLACE OF BEGINNING.

TRACT 2: ALL OF LOT 2, AND THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 15 SOUTH, RANGE 35 EAST OF THE BOISE MERIDIAN.

ALSO, 12-11/20 SHARES OF CAPITAL STOCK OF THE SAMARA WATER AND IRRIGATION COMPANY.

ALSO, ALL OF SELLERS' INTEREST IN THAT CERTAIN DEEP WELL PUMP AND PUMPING EQUIPMENT SITUATED IN THE NORTHWEST CORNER OF THE SOUTHEAST QUARTER OF SECTION 38, TOWNSHIP 14 SOUTH, RANGE 35 EAST OF THE BOISE MERIDIAN.

TOGETHER WITH AN EASEMENT OVER THE PROPERTY SURROUNDING SAID WELL AND OVER AND ACROSS THE FOLLOWING PARCELS:

NORTH FROM WELL SITE TO QUARTER SECTION LINE DIVIDING THE NORTH HALF OF SAID SECTION FROM THE SOUTH HALF, THENCE RUNNING EAST ALONG SAID QUARTER SECTION LINE TO THE SIXTEENTH SECTION LINE, THENCE SOUTH ALONG SIXTEENTH SECTION LINE TO BROWN'S PROPERTY BEGINNING ON THE NORTH LINE OF SECTION 2, TOWNSHIP 15 SOUTH, RANGE 35 EAST BOISE MERIDIAN.

NORTH FROM WELL SITE TO QUARTER SECTION LINE DIVIDING THE NORTH HALF OF SAID SECTION FROM THE SOUTH HALF, THENCE SOUTH ALONG SIXTEENTH SECTION LINE TO THE SOUTHWEST CORNER OF THE NE 1/4 OF SAID SECTION 38, THENCE EAST ALONG EAST-WEST SIXTEENTH SECTION LINE TO THE WEST BOUNDARY LINE OF SECTION 36, TOWNSHIP 15 SOUTH, RANGE 35 EAST BOISE MERIDIAN TO SELLER'S PROPERTY.

AFFIDAVIT OF HEIRSHIP

STATE OF IDAHO)
 :SS
County of Bannock)

Microfilm No. **154651**
12 ^{day} December 2016
At 3:00 ^{o'clock} p.m.
Lola Bott
Fee \$ 19.00
Jones, Chartered

Jeanne Brown, aka Jeanne L. Brown, being first duly sworn, states:

1. I was married to Roy Brown, aka Roy Allen Brown and Roy A. Brown
(hereinafter referred to as Roy Brown).
2. Roy Brown passed away on April 15, 2010. A certified copy of his death
certificate is attached as Schedule 1.
3. All of our real property and personal property were community property.
4. No probate was filed for Roy Brown.
5. The real property legally described as:

Township 15 South, Range 35 East of the Boise Meridian, Oneida
County, Idaho
Lot 4 and the Southwest Quarter of the Northwest Quarter of
Section 1;
and Lot 1; and the Southeast Quarter of the Northeast Quarter of
Section 2.

Also;
Township 15 South, Range 35 East of the Boise Meridian, Oneida
County, Idaho
All of Lot 2, and the Southwest Quarter of the Northwest Quarter
of Section 2.
Section 1: Lots 2 and 3; the Southwest Quarter of the Northeast
Quarter; the Southeast Quarter of the Northwest Quarter

Excepting therefrom:
Commencing at the center of said Section 2, thence running North
130 rods; thence East 1 rod, thence South 130 rods thence West 1
rod to the place of beginning.

Including water right nos. 15-2052B, 15-7022 and 15-2016.

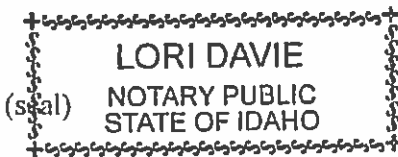
154651

passed to me as community property, as the sole surviving heir of Roy Brown.

DATED this 8th day of December, 2016.


Jeanne Brown

8th SUBSCRIBED AND SWORN TO, before me, the undersigned Notary Public, this
day of December, 2016.




NOTARY PUBLIC FOR IDAHO
Residing at: Pocatello, ID
My Commission Expires: 11.21.2019

154651

SCHEDULE 1

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

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

154651

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH OF AN INDIVIDUAL. LOCAL REGISTRATION IS REQUIRED.

Local Reg. No. 22-6

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ROY ALLEN BROWN		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
TYPE OR FRONT IN PERMANENT PLACE WHEN DO NOT USE LEFT TOP PEN FOR INSTRUCTIONS SEE HANDBOOK	4a. AGE-Last birthday 60 (Years)		4b. UNDER 1 YEAR Months 11 Days 11		5. DATE OF BIRTH (Month/Day/Year) 11/11/1949	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) MALAD CITY, IDAHO					
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BANNOCK		7c. CITY OR TOWN POCATELLO	
	7d. STREET AND NUMBER 261 THURSTON AVE.		7e. APT. NO. 83221		7f. ZIP CODE 83221	
PARLITS	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) JEANNE PIERSON			
	10. FATHER'S NAME (First, Middle, Last, Suffix) LEO HENRY BROWN		11a. BIRTH PLACE (State, Territory, or Foreign Country) UTAH			
	10a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LEORA IPSEN		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	12a. INFORMANT'S NAME (Type or print) JEANNE BROWN		12b. RELATIONSHIP TO DECEDENT SPOUSE			
DISPOSITION	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) PLEASANTVIEW CEMETERY		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221	
	17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PERRY L. HAWKER		17a. LICENSE NUMBER (If known) M0734		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home long term care facility ☐ Decedent's home ☐ Other (Specify) _____		20. FACILITY NAME (If not facility, give street and number) 261 THURSTON AVE.			
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE POCATELLO, ID 83201		22. COUNTY OF DEATH BANNOCK			
PLACE OF DEATH	23. DATE OF DEATH (Month/Day/Year) (Spell month) April 15, 2010		24. TIME OF DEATH (24hr) 08:45		25. DATE PRONOUNCED DEAD (Month/Day/Year) (Spell month) April 15, 2010	
	26. TIME PRONOUNCED DEAD (24hr) 08:45					
	27. CAUSE OF DEATH PANCREATIC CANCER		28. APPROXIMATE INTERVAL Cause to Death 8 MO.			
	PART I. Enter the <u>immediate</u> cause—disease, injury, or complication—that directly caused the death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PANCREATIC CANCER b. DUE TO (or as a consequence of) c. DUE TO (or as a consequence of) d. DUE TO (or as a consequence of)					
CAUSE OF DEATH	29. DO TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 16-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown (if pregnant) within the past year		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
	32. DATE OF INJURY (Month/Day/Year) (Spell month) April 15, 2010		33. TIME OF INJURY (24hr) 08:45		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 261 THURSTON AVE.	
	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		36. INJURY AT WORK? ☐ Yes ☒ No			
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>cause(s)</u> cause(s) manner stated		39b. LICENSE NUMBER M-06270			
	39c. 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.		39c. DATE SIGNED 4 / 23 / 2010 MM / DD / YYYY			
	Signature and Title of Certifier: MICHAEL L. FRANCISCO, M.D.		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL L. FRANCISCO, 500 SOUTH 11TH AVENUE POCATELLO, ID 83201			
	40. REGISTRAR'S SIGNATURE <i>[Signature]</i>		40. DATE SIGNED 4 / 23 / 2010 MM / DD / YYYY			

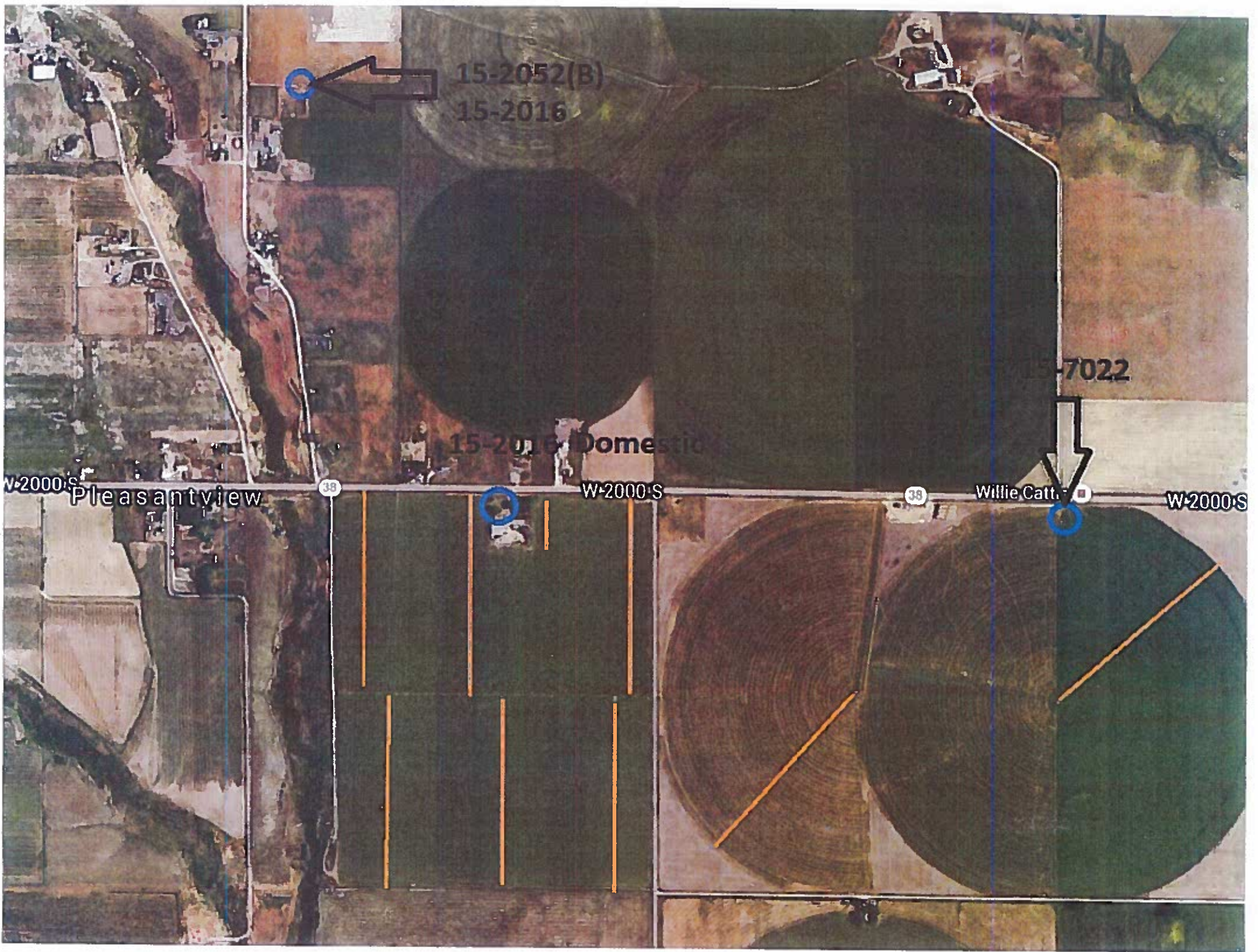
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: April 23, 2010

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



15-2052(B)
15-2016

15-2016 Domestic

W-2000's
Pleasantview

W-2000's

Willie Cattle

W-2000's

7022



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

December 23, 2016

C.L. "BUTCH" OTTER
Governor

Jeanne Brown
261 Thurston
Pocatello ID 83201

GARY SPACKMAN
Director

RE: Change of Ownership for Water Right No(s). 15-2052B

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s) to you. 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 deliberately abandoned or 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,

Jonie Barg
Technical Records Specialist

Enclosure(s)