

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Contact Jones Chartered

PO Box 967

Pocatello ID

RECEIVED

83204 DEC 15 2016

## Notice of Change in Water Right Ownership

Department of Water Resources  
Eastern 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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 15-2016 <i>OK</i>     | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Mrs. Henry C. Brown  
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 Title, if applicable: \_\_\_\_\_ Date: 12-08-16  
 Signature: \_\_\_\_\_ Title, if applicable: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title, if applicable: \_\_\_\_\_ Date: \_\_\_\_\_

## For IDWR Office Use Only:

Received by JB Date 12/15 Receipt No. E042639 Receipt Amt. 25 -  
 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 12/21/2016

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**INSTRUCTIONS FOR FILING A  
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP**

This form has been prepared to assist all claimants and owners of water rights to comply with the requirements of Sections 42-248 and 42-1409(6), Idaho Code. All persons owning or claiming ownership of a water right or claim are required to provide notice to the Department of Water Resources (IDWR) of any change in ownership of any part of the water right or claim or of any change in the owner's mailing address within 120 days of the change. Forms to report ownership changes and/or to update an address are available on IDWR's website at [www.idwr.idaho.gov](http://www.idwr.idaho.gov). In addition, all new owners of water rights within a pending general adjudication area must inquire whether a notice of claim has been filed and, if not, shall file a notice of claim if necessary.

A notice is required for changes in ownership from one individual to another, from an individual to a business entity (even if the business is owned by the individual), or from one business entity to another (even if both businesses are owned by the same individual). Adding or removing a name is considered an ownership change which requires the submission of evidence to support the change and the filing fee.

Separate brochures describing the adjudication of water rights and the ownership change notice requirement are available from IDWR. Please contact your nearest IDWR office if you would like more information or need help completing this form. A list of IDWR offices is on page 2 of these instructions, or you can call 1-800-451-4129. Water right information can be found on the department's website using the Water Right and Adjudication Search link at [www.idwr.idaho.gov](http://www.idwr.idaho.gov).

**Please note:**

- Unlike licensed or decreed water rights, which are real property, water right permits, applications for new water rights, and applications to transfer existing water rights are considered the personal property of the permit holders/applicants. Permit holders and applicants must assign their interest in a permit and/or application to the new owner. Assignment forms are available on the department's website at [www.idwr.idaho.gov](http://www.idwr.idaho.gov), or from any IDWR office. The fee for an assignment of permit is \$25. There is no charge for an assignment of application for permit or application for transfer.
- If you want to change or add a point of diversion, place of use, season of use, or purpose of use of a water right, you must file an Application for Transfer. The ownership of a water right can also be updated through the transfer process.
- The combined portions of a divided ("split") water right cannot exceed the total flow rate, volume, or period of use of the original right.
- IDWR has no jurisdiction concerning easements, rights-of-way, and zoning matters. The buyer and seller must make these provisions where necessary.

**LINE INSTRUCTIONS:**

1. If there are water rights associated with the property, the seller should be able to provide you with the water right or adjudication claim number(s). You may have purchased only a portion of the water right(s) held by the seller. If so, the water right(s) held by the seller may need to be divided ("split") to provide you your share of each right. Mark the box "Yes" if a division of the water right is required.

If you receive water from a municipal provider, an irrigation district or other water delivery organization, and the water rights are held by the organization, please do not use this form to record a change. Please contact the water delivery organization to determine if any action is necessary.

If you or the seller believes there are water rights for the property but you do not know the numbers, you may contact IDWR for assistance in identifying the water rights for the property in question. If adjudication claims for the rights are required and have not been filed, IDWR will so advise you.

2. Fill in the name of the current water right holder/claimant.
3. Fill in each name as listed on the conveyance document and complete the current contact information. For water rights, IDWR will update the ownership to the individual(s)/entities listed on the conveyance document. For active adjudication claims, IDWR will update the claimant information to match the conveyance document unless the new claimant provides good cause for the variance.
4. You may have acquired only a portion of the water right(s) held by the seller. If you did not acquire the entire water right/property, please check the appropriate box. Water rights are often conveyed as an appurtenance to the land where they are used, and the conveyance document for the land often does not have specific language regarding the water right. Please read your deed or other conveyance document carefully to be sure. When the conveyance document does not specifically address water rights, it will be assumed that the water rights are to be split proportionate to the amount of land acquired.

5. Indicate the date the water rights and/or adjudication claims were conveyed to you. This may be the date of closing in the case of a real estate transaction, the date a contract was signed, or the date of a court order.
6. If you are unsure about the status of your water right in the Water Supply Bank, go to: [www.idwr.idaho.gov/apps/ExtSearch/WSBSearch/WSBSearch.aspx](http://www.idwr.idaho.gov/apps/ExtSearch/WSBSearch/WSBSearch.aspx), input your water right number and click "Search." If you find your water right is in the Water Supply Bank and you want to release it so you can use it, you can download the Request to Release form from the forms portion of our website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov). Your water right may not be available for immediate release if rented by another water user.

**7. ATTACHMENTS:**

IDWR cannot process this change without **documentation of ownership**. The documentation may be in the form of a deed, court decree or other conveyance document. If you are submitting a quitclaim deed and the grantor's name does not match the water right holder of record, you will need to provide a chain of title that goes back to the water right holder/claimant of record. You may obtain this information from the assessor's office in the county where the property is located. Items that are **not** conveyance documents are deeds of trust, mortgages, purchase and sales agreements, and property tax notices.

Submit a **plat map, survey map, or aerial photograph** of the place of use for each water right or claim listed in item #1 (if necessary to clarify division of water rights or complex property descriptions). If your right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency or equivalent aerial photograph with the irrigated acres outlined and point(s) of diversion clearly marked. You also have the option of printing a map using the map tool on IDWR's website at: [www.idwr.idaho.gov](http://www.idwr.idaho.gov). It is not necessary to obtain a new survey for purposes of this form before contacting IDWR.

The Idaho Legislature has waived the fee to file a Notice of Change in Water Right Ownership for any water right pending in a general water right adjudication such as the Snake River Basin Adjudication or the Northern Idaho Adjudication. This waiver ends when a partial decree is issued for the water right that has been claimed. For water rights not pending in a general adjudication, the **filing fee** is \$25 per water right, except for those water rights that will be divided as a result of the change in ownership. The filing fee for division of a water right is \$100 per water right.

If the water right is leased to the Water Supply Bank and there is more than one owner, a **Lessor Designation** form must be completed to specify who the designated lessor will be. Each of the owners must sign the Lessor Designation form.

An **IRS Form W-9** is required for all ownership changes pertaining to water rights leased to the Water Supply Bank. Refer to instructions in section 6 above to determine if the water right undergoing an ownership change is leased to the Water Supply Bank. An IRS W9 form can be downloaded from the Department's website: [www.idwr.idaho.gov](http://www.idwr.idaho.gov).

8. One of the new owner(s) must sign the form in the space(s) provided. If someone other than the owner signs the notice, evidence of authority to sign for the owner must be attached. If the new owner is a corporation or other organization, the person signing the notice must be an officer of the corporation or otherwise have authority to sign for the organization and must include their title with the signature.

When you have completed the Notice of Change in Water Right Ownership, retain a copy and **file the original form, necessary attachments, and filing fee with the IDWR office nearest you. Ownership changes for water rights leased to the Water Supply Bank should be sent to the State Office.**

IDWR Northern Region  
7600 N Mineral Dr, Ste 100  
Coeur d'Alene, ID 83815-7763  
(208) 762-2800

IDWR Western Region  
2735 Airport Way  
Boise, ID 83705-5082  
(208) 334-2190

IDWR Eastern Region  
900 N Skyline Dr, Ste A  
Idaho Falls, ID 83402-1718  
(208) 525-7161

IDWR Southern Region  
650 Addison Ave W, Ste 500  
Twin Falls, ID 83301-5858  
(208) 736-3033

~ OR ~

IDWR State Office  
322 East Front St, 6<sup>th</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0098  
(208) 287-4800

122378

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.

Shirley Brundell

County Clerk

Fee \$ 6.00 Deputy

Reported at Request of

Professional Escrow 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 35, 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 NW1/4SE1/4 OF SAID SECTION 35, 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 SMITH PROPERTY.

122377

## QUITCLAIM DEED

For Value Received

LEO H. BROWN AND LEORA I. BROWN, TRUSTEES OF THE LEO H.  
BROWN FAMILY TRUST

do hereby convey, release, remise and forever quit claim unto

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

whose current address is 417 WEST, MALAD, IDAHO 83252

the following described premises, to-wit:

SEE ATTACHED EXHIBIT "A"

together with their appurtenances.

Dated: DECEMBER 11, 1995

Leo H. Brown  
LEO H. BROWN, TRUSTEELeora I. Brown  
LEORA I. BROWN, TRUSTEE

STATE OF IDAHO

COUNTY OF BANNOCK

ON THIS 11 DAY OF DECEMBER, IN THE YEAR 1995  
BEFORE ME, A NOTARY PUBLIC IN AND FOR THIS STATE, PERSONALLY APPEARED:  
LEO H. BROWN & LEORA I. BROWN  
KNOWN OR IDENTIFIED TO ME TO BE THE PERSONSWHOSE NAMES ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AS  
TRUSTEES OF THE LEO H. BROWN  
FAMILY TRUST

AND ACKNOWLEDGED TO ME THAT THEY EXECUTED THE SAME AS SUCH.

Ron Bittan  
NOTARY PUBLICRESIDING AT: POCATELLO  
COMMISSION EXPIRES: MAY 30, 1999

122377

12 Dec 1995

9:35 A.M.

Shirley Blaisdell

Cada Co. Recorder

for \$ 6.00 Deputy

Received at Request of

Professional Growth Services

## EXHIBIT "A"

That real property located in Oneida County, Idaho, and more particularly described as follows:

Lot 4 ... the Southwest quarter of the Northwest quarter of Section 1, and Lot 1, and the Southeast quarter of the Northeast quarter of Section 2, in Township 15 South, Range 35, East of the Boise Meridian, in Oneida County, Idaho, 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, and containing, not including said excepted part, 158.50 acres.

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, in Oneida County, Idaho; LESS THE FOLLOWING TRACT: Commencing at the center of said Section 2, thence running North 80 rods, thence East 1 rod, thence South 80 rods, thence West 1 rod to the place of beginning. Containing 79.31 acres, more or less.

Also, 12-11/20 shares of Capital Stock of the Samaria Water & Irrigation Company.

Also, all of Grantors' interest in that certain deep well pump and pumping equipment situated in the Northwest corner of the Southeast quarter of Section 35, 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 NE1/4SW1/4 of said Section 35, thence East along East-West sixteenth section line to the West boundary line of Section 36 at the Northwest corner of the SW1/4SW1/4 of said Section 36, Township 15 South, Range 35 East Boise Meridian to Smith property.

117525

QUITCLAIM DEED

FOR VALUE RECEIVED LEO H. BROWN and LEORA I. BROWN, do hereby convey, release, remise and forever quit claim unto LEO H. BROWN and LEORA I. BROWN, initial Trustees or their successors, in trust, of THE LEO H. BROWN FAMILY TRUST, established by Trust Agreement dated October 31, 1990, whose current address is 417 West, Malad, Idaho 83252, the following described real estate, located in Oneida County, Idaho, to-wit:

SEE EXHIBIT "A" ATTACHED HERETO

together with their appurtenances.

The surviving trustee and successor trustees have full rights to sell or encumber the property herein set forth.

The successor trustees of the Trust are the following, successively in the order named: The survivor of Grantors, as sole-trustee; DENNIS RUEL BROWN of Rexburg, Idaho; BOYD DEVON BROWN of Clinton, Utah; ROY ALLEN BROWN of Pocatello, Idaho; JANIEL BROWN SWORE of Pocatello, Idaho; and JAMES LEO BROWN of Perth, Australia; and such person as may be designated by grantors, or the survivor of them, or, if neither grantor is then living, then such person as may be designated by JAMES LEO BROWN; the transfer of Trusteeship may be evidenced by a Quitclaim Deed from the Trustee herein, or a resignation of the first successor or a death certificate filed of record.

Leo H. Brown  
LEO H. BROWN  
Leora I. Brown  
LEORA I. BROWN

STATE OF IDAHO )  
COUNTY OF FRANKLIN ) ss.

On this 31st day of October, 1991, before me, a Notary Public in and for said State, personally appeared LEO H. BROWN and LEORA I. BROWN, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

Ray R. McKenzie  
NOTARY PUBLIC  
Residing at: Preston, Idaho  
My Commission Expires: 11-16-91

Instrument No. 117525  
on 04 day November 19 91  
At 11:00 O'clock a. M.  
Catharine P. Hughes  
County Co. Recorder  
Fee \$ 10.00 Deputy  
Recorded at Request of

McKenzie and Humphreys  
Attorneys and Counselors

## EXHIBIT "A"

That real property located in Oneida County, Idaho, and more particularly described as follows:

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, in Township 15 South, Range 35, East of the Boise Meridian, in Oneida County, Idaho, 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, and containing, not including said excepted part, 158.50 acres.

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, in Oneida County, Idaho; LESS THE FOLLOWING TRACT: Commencing at the center of said Section 2, thence running North 80 rods, thence East 1 rod, thence South 80 rods, thence West 1 rod to the place of beginning. Containing 79.31 acres, more or less.

Also, 12-11/20 shares of Capital Stock of the Samaria Water & Irrigation Company.

Also, all of Grantors' interest in that certain deep well pump and pumping equipment situated in the Northwest corner of the Southeast quarter of Section 35, 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 NE1/4SE1/4 of said Section 35, thence East along East-West sixteenth section line to the West boundary line of Section 36 at the Northwest corner of the SW1/4SW1/4 of said Section 36, Township 15 South, Range 35 East Boise Meridian to Smith property.

Instrument No. 65368

## WARRANTY DEED

THIS INDENTURE, Made this 25th day of April, 1946, in the year of our Lord one thousand nine hundred and , between Pearl D. Brown, widow of Henry C. Brown of Malad, Idaho, County of , State of , the part y of the first part, and Leo H. Brown of Malad, Idaho, County of , State of , the part y of the second part:

WITNESSETH, That the said part y of the first part, for and in consideration of the sum of \$20,000.00 DOLLARS, lawful money of the United States of America, to her in hand paid by the said part y of the second part, the receipt whereof is hereby acknowledged, has granted, bargained and sold, and by these presents does grant, bargain, sell, convey and confirm unto the said part y of the second part, and to his heirs and assigns forever, all of the following described real estate, situated in the County of Oneida, State of Idaho, to-wit:

the West half of the Northwest quarter of Section 1, less a tract 20 rods square in the Northwest corner thereof, Lot 1, and the Southeast quarter of the Northeast quarter of Section 8, Township 15 South, Range 35 East, Boise Meridian, also 48 hours every 10 days of the waters of Hill & Illum well, and 3-11/20 shares of the Capital stock of the Samaria Water & Irrigating Co, also

the Southeast quarter of the Southeast quarter of Section 25, Township 14 South, Range 34 East, Boise Meridian, Lots 1, 2, 3, and 4, the Southeast quarter of the Northeast quarter, and the West half of the Southeast quarter of Section 31, Township 14 South, Range 35 East, Boise Meridian, and Lots 2 and 3 of Section 6, Township 15 South, Range 35 East, Boise Meridian

\$22.00 Documentary stamps attached and duly cancelled

TOGETHER, With all and singular the tenements, hereditaments and appurtenances therunto belonging or in anywise appertaining, the reversion and remainder, remainder, rents, issues and profits thereof; and all estate, right, title and interest in and to the said property as well in law as in equity, of the said part y of the first part.

TO HAVE AND TO HOLD, All and singular the above mentioned and described premises, together with the appurtenances, unto the part y of the second part, and to his heirs and assigns forever, and the said part y of the first part and her heirs, the said premises in the quiet and peaceable possession of the said part y of the second part, his heirs and assigns, against the said part y of the first part, and her heirs, and against all and every person and persons whomsoever, lawfully claiming or to claim the same shall and will WARRANT and by these presents forever DEFEND.

IN WITNESS WHEREOF, The said part y of the first part has hereunto set her hand and seal the day and year first above written.

Signed, Sealed and Delivered in the Presence of

Pearl D. Brown (SEAL)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(SEAL)

STATE OF IDAHO, } ss.  
COUNTY OF Oneida

On this 25th day of April in the year 1946, before me, T. E. Ray a Notary Public in and for said State, personally appeared Pearl D. Brown, widow known 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 day and year in this certificate first above written.

(Seal) T. E. Ray  
Notary Public for the State of Idaho, residing at  
Malad, Idaho.

STATE OF IDAHO, } ss.  
COUNTY OF Oneida

Filed for record this 20 day of May, A.D. 1947, at 3:00 o'clock P. M.

John H. McAllister

Ex-Officio Recorder.

By Merle Reed

Deputy.

COMPARED

Instrument No. 67215 -

In the Probate Court of the County of  
Oneida, State of IdahoIn the Matter of the Estate of  
Henry C. Brown, deceased ) Decree determining Heirship

The Petition of Pearl D. Brown, the widow of Henry C. Brown, deceased, praying that this Court determine the time of the death of said deceased, the heirs of said deceased and their degree of kinship to him, and the right of descent of the property belonging to said deceased, coming on regularly this day to be heard, and due proof having been made to the satisfaction of the Court that the Clerk had given notice of the hearing of said petition in the manner and for the time and in the particulars heretofore ordered and directed by the Court

And it appearing to the Court that more than two years have elapsed since the date of the death of said decedent, that no application has been made in the State of Idaho for the appointment of an administrator of the Estate of said deceased, and that the said deceased died intestate seized of an estate of inheritance in this State,

and all and singular the law and the evidence being by the Court understood and fully considered:

Wherefore by reason of the law and the premises, It is hereby Determined, Adjudged and Decreed by the Court: That Henry C. Brown died intestate at Maled, Idaho, on December 20, 1935; that more than two years have elapsed since the date of the death of said decedent, that he died seized of an estate of inheritance in the State of Idaho in an to the following described real property situated in the County of Oneida, State of Idaho, to-wit:

the west half of the Northwest quarter of Section 1, less a tract 20 rods square in the Northwest corner thereof; Lot 1, and the Southeast quarter of the Northeast quarter of Section 2, Township 15 South, Range 35 East, Boise Meridian.  
the Southeast quarter of the Southeast quarter of Section 25, Township 14 South Range 34 East, Boise Meridian, Lots 1, 2, 3, and 4, the Southwest quarter of the Northeast quarter and the West half of the Southeast quarter of Section 31, Township 14 South, Range 35 East, Boise Meridian, and Lots 2 and 3 of Section 6, Township 15 South, Range 35 East, Boise Meridian  
and the following described personal property, to-wit: 3-11/20 shares of the Capital stock of the Samaria Water & Irrigating Company, and 80 shares of the Capital stock of the Oneida National Farm Loan Association

That no application has been made in the State of Idaho for the appointment of an administrator of the Estate of said deceased

That said deceased was a resident of the County of Oneida, State of Idaho, at the time of his death, and that all of said property was the community property of deceased and his wife, Pearl D. Brown, who survived him, and was owned by them in fee simple at the time of the death of the said decedent.

That the said Pearl D. Brown, widow of said deceased, and their children, namely, Archie Brown, Bertha Court, Jesse Brown, Leo Brown, Owen Brown, Afton Buffalo, Ida Bennett, Ada Brown, and William Brown, are the sole and only heirs at law of said deceased; that they are each related to him in the first degree of kinship, and that the said Pearl D. Brown, widow of said deceased, has the right of descent of all of the real and personal property of which the said Henry C. Brown died seized, and heretofore described, and she, the said Pearl D. Brown is now the owner of all of the same in fee simple

Dated April 17, 1946.

M.V. Rees, Probate Judge  
(Seal of Court)

Filed April 17, 1946

M.V. Rees Clerk  
Filed for record this 18th, April 1946 at request of T. E. Ray  
By Lyman B. Wright Deputy John H. McAllister Recorder

Instrument No. 48289 ✓

THIS INDENTURE, Made this 3rd day of September in the year of our Lord one thousand nine hundred and Thirty-one between Joseph Thorpe Senior and his wife Mary Thorpe—

of Malad County of Oneida State of Idaho the parties of the first part, and  
Henry C. Brown;—

of Malad R.F.D.#1 County of Oneida State of Idaho the party of the second part,

WITNESSETH: That the said parties of the first part, for and in consideration of the sum of One Dollar and other

good and valuable consideration;—Dollars, lawful money of the United States of America, to them in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, have granted, bargained and sold, and by these presents do grant, bargain, sell, convey and confirm unto the said party of the second part, and to his heirs and assigns forever, all the following described real estate situated in Oneida County, State of Idaho, to-wit:

(1)

Lot Four (4) and the Southwest quarter of the Northwest quarter of Section One (1), and the Lot One (1) and the Southeast quarter of the Northeast quarter of Section Two (2) in Township Fifteen (15) South, Range Thirty-Five (35) East of the Boise Meridian; Less the follo wing described Lot; to-wit: Commencing at the North west corner of Section One (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, and containing not including said excepted part 157.25 acres, less roadways.

Also all improvements and wells located thereon, and Three and Eleven-Twentieths (3-11/20) shares of the Capital stock of the Samaria Water and Irrigating Company, an Idaho corporation.

This Grant is given subject to one certain mortgage in favor of the Federal Land Bank of Spokane, of Spokane, Washington, on above described premises and water stocks, for the sum of Eight Thousand Dollars, shown of record in Book "Eight" of Mortgages at page 115 records of Oneida County, Idaho, which mortgage the Grantee herein assumes and agrees to pay according to the terms of said mortgage.

The Grantee herein to pay 1931 taxes on above premises, and Fire Insurance premium on residence on above premises.—

Together with all and singular the tenements, hereditaments and appurtenances thereto belonging, or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, and all estates, right, title and interest in and to the said property, as well in law as in equity, of the said parties of the first part.

TO HAVE AND TO HOLD, All and singular the above mentioned and described premises, together with the appurtenances, unto the said party of the second part, and to his heirs and assigns forever. And the said parties of the first part, and their heirs, the said premises in a quiet and peaceable possession of the said party of the second part, his heirs and assigns, against the said parties of the first part, and their heirs and assigns against all and every person and persons whosoever lawfully claiming or to claim the same shall and will warrant and by these presents forever defend.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hand and seal the day and year first above written.

Signed, Sealed and Delivered in the Presence of

Joseph Thorpe Sr. (SEAL)

Mary Thorpe (SEAL)

(SEAL)

(SEAL)

STATE OF Idaho

County of Oneida, } ss.

On this 3rd day of September in the year 1931 before me,

J. F. Fredrickson a Notary Public

in and for said County, personally appeared

Joseph Thorpe Senior and his wife, Mary Thorpe,

known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that he y executed the same.

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

(SEAL)  
Commission Expires

J. F. Fredrickson  
Notary Public for the State of Idaho,  
Residing at Malad, Idaho.

Filed for record this 14th day of Oct.

A. D. 1931 at 1:40 o'clock P. M.

D. P. Jones Jr.  
Ex-Officio Recorder.

By L. L. Frank  
Deputy.

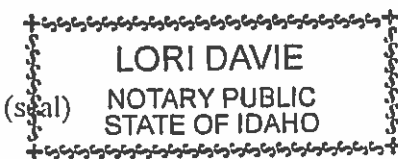
## AFFIDAVIT OF HEIRSHIP

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 REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF DEATH. THIS CERTIFICATE IS NOT VALID UNLESS IT BEARS THE SIGNATURE OF THE REGISTRAR.

Local Reg. No. 22-c

|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                         |                                                |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>DECLARATION</b>                                                                                                             | 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)<br><b>ROY ALLEN BROWN</b>                                                                                                                                                                                                                                                                 |  | 2. SEX<br><b>MALE</b>                                                                                                                                                                                                                                                   | 3. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b> |
| <b>FOR INFORMATION:</b><br>TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FILL TYPEN.<br><br>FOR INSTRUCTIONS: SEE HANDBOOKS | 4a. AGE-Last Birthday<br><b>60</b> (Years) <b>00</b> (Months) <b>00</b> (Days)                                                                                                                                                                                                                                                                                          |  | 5. DATE OF BIRTH (Mo/Day/Yr)<br><b>11/11/1949</b>                                                                                                                                                                                                                       |                                                |
|                                                                                                                                | 6. BIRTHPLACE (City and State, Territory, or Foreign Country)<br><b>MALAD CITY, IDAHO</b>                                                                                                                                                                                                                                                                               |  | 7a. CITY OR TOWN<br><b>POCATELLO</b>                                                                                                                                                                                                                                    |                                                |
|                                                                                                                                | 7b. RESIDENCE - STATE OR FOREIGN COUNTRY<br><b>IDAHO</b>                                                                                                                                                                                                                                                                                                                |  | 7c. COUNTY<br><b>BANNOCK</b>                                                                                                                                                                                                                                            |                                                |
| <b>PARLITS</b>                                                                                                                 | 7d. STREET AND NUMBER<br><b>281 THURSTON AVE.</b>                                                                                                                                                                                                                                                                                                                       |  | 7e. APT. NO.<br><b>83221</b>                                                                                                                                                                                                                                            | 7f. ZIP CODE<br><b>83221</b>                   |
|                                                                                                                                | 8. MARITAL STATUS AT TIME OF DEATH<br><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)<br><b>JEANNE PIERSON</b>                                                                                                                                                                                         |                                                |
|                                                                                                                                | 10. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                   |  | 11a. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>UTAH</b>                                                                                                                                                                                                   |                                                |
| <b>INFORMANT</b>                                                                                                               | 11b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>IDAHO</b>                                                                                                                                                                                                                                                                                                  |  | 12a. INFORMANT'S NAME (Type or print)<br><b>JEANNE BROWN</b>                                                                                                                                                                                                            |                                                |
|                                                                                                                                | 12b. RELATIONSHIP TO DECEDENT<br><b>SPOUSE</b>                                                                                                                                                                                                                                                                                                                          |  | 12c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>281 THURSTON AVE. POCATELLO, ID 83201</b>                                                                                                                                                         |                                                |
|                                                                                                                                | 13. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)                                                                                                              |  | 13a. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>PLEASANTVIEW CEMETERY</b>                                                                                                                                                        |                                                |
| <b>DISPOSITION</b>                                                                                                             | 13b. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>PLEASANTVIEW, IDAHO 83252</b>                                                                                                                                                                                                                                                    |  | 13c. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>HAWKER FUNERAL HOME<br/>132 SOUTH SHILLING AVENUE<br/>BLACKFOOT, IDAHO 83221</b>                                                                                                                               |                                                |
|                                                                                                                                | 14. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>ELECTRONICALLY FILED: PERRY L. HAWKER</b>                                                                                                                                                                                                                                                      |  | 15. LICENSE NUMBER (Of license)<br><b>M0734</b>                                                                                                                                                                                                                         |                                                |
|                                                                                                                                | 16. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                 |  | 17. SIGNATURE OF REGISTRAR<br><b>[Signature]</b>                                                                                                                                                                                                                        |                                                |
| <b>PLACE OF DEATH</b>                                                                                                          | 18. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Other (Specify)                                                                                               |  | 19. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:<br><input type="checkbox"/> Nursing home, long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)                                                              |                                                |
|                                                                                                                                | 20. FACILITY NAME (If not facility, give street and number)<br><b>281 THURSTON AVE.</b>                                                                                                                                                                                                                                                                                 |  | 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE<br><b>POCATELLO, ID 83201</b>                                                                                                                                                                                        |                                                |
|                                                                                                                                | 22. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><b>April 15, 2010</b>                                                                                                                                                                                                                                                                                                    |  | 23. TIME OF DEATH (24hr)<br><b>08:45</b>                                                                                                                                                                                                                                |                                                |
| <b>CAUSE OF DEATH</b>                                                                                                          | 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><b>April 15, 2010</b>                                                                                                                                                                                                                                                                                             |  | 25. TIME PRONOUNCED DEAD (24hr)<br><b>08:45</b>                                                                                                                                                                                                                         |                                                |
|                                                                                                                                | 26. CAUSE OF DEATH<br><b>PANCREATIC CANCER</b>                                                                                                                                                                                                                                                                                                                          |  | 27. CAUSE OF DEATH<br><b>9 MO.</b>                                                                                                                                                                                                                                      |                                                |
|                                                                                                                                | 28. IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>PANCREATIC CANCER</b>                                                                                                                                                                                                                                                                         |  | 29. DUE TO (or as a consequence of):<br><b>[Blank]</b>                                                                                                                                                                                                                  |                                                |
| <b>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>                                                               | 30. IF FEMALE (Aged 16-44):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year                                                                                  |  | 31. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined |                                                |
|                                                                                                                                | 32. DATE OF INJURY (Mo/Day/Yr) (Spell month)<br><b>[Blank]</b>                                                                                                                                                                                                                                                                                                          |  | 33. TIME OF INJURY (24hr)<br><b>[Blank]</b>                                                                                                                                                                                                                             |                                                |
|                                                                                                                                | 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)<br><b>[Blank]</b>                                                                                                                                                                                                                                        |  | 35. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                              |                                                |
| <b>CERTIFIER</b>                                                                                                               | 36. LOCATION OF INJURY:<br>State <b>[Blank]</b> City/Town or County <b>[Blank]</b> Zip Code <b>[Blank]</b><br>Street and Number or Location <b>[Blank]</b> Apartment Number <b>[Blank]</b>                                                                                                                                                                              |  | 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)<br>SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE                                                     |                                                |
|                                                                                                                                | 38. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                            |  | 39. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?<br><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    |                                                |
|                                                                                                                                | 39a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE<br>To the best of my knowledge, death occurred at the time, date, and place, and due to the nature cause(s) manner stated. |  | 39b. LICENSE NUMBER<br><b>M-06270</b>                                                                                                                                                                                                                                   |                                                |
| <b>REGISTRAR</b>                                                                                                               | 39c. DATE SIGNED<br><b>4 / 23 / 2010</b>                                                                                                                                                                                                                                                                                                                                |  | 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)<br><b>MICHAEL L. FRANCISCO, M.D.</b>                                                                                                                                                                      |                                                |
|                                                                                                                                | 40. SIGNATURE OF REGISTRAR<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                        |  | 41. DATE SIGNED<br><b>4 / 23 / 2010</b>                                                                                                                                                                                                                                 |                                                |
|                                                                                                                                | 42. NAME, ADDRESS, AND ZIP CODE OF REGISTRAR (Type or print)<br><b>MICHAEL L. FRANCISCO, 500 SOUTH 11TH AVENUE POCATELLO, ID 83201</b>                                                                                                                                                                                                                                  |  | 43. SIGNATURE OF REGISTRAR<br><b>[Signature]</b>                                                                                                                                                                                                                        |                                                |

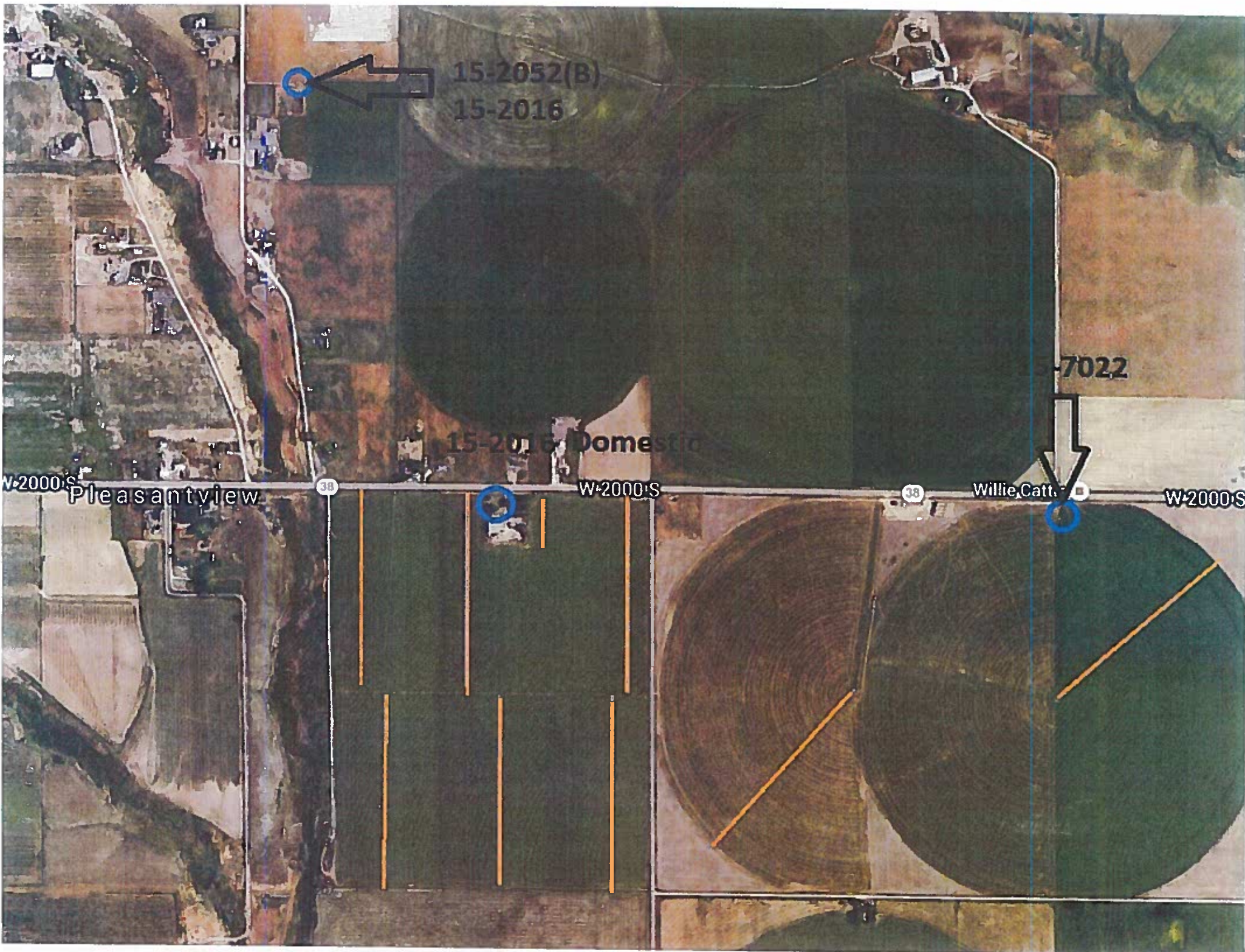
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

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





## 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](http://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). 15-2016

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](http://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)