

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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DEPARTMENT OF
WATER RESOURCES

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 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?
75-4015	Yes ☐	Yes ☐		Yes ☐	Yes ☐
75-7520	Yes ☐	Yes ☐		Yes ☐	Yes ☐
75-7668	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: WILLIAM B. GALLIGAN SUE M. GALLIGAN
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): WILLIAM B. GALLIGAN
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 1304 W. ROSE PARK CIR. BOISE ID 83702
Mailing address City State ZIP
- (208) 343-4418 wbgalligan@p.com
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 # 75-4015

8. Signature: William B. Galligan _____ 11/21/2016
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 N/A 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 [Signature] Date 11-22-16

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

COPY

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

Date Filed JULY 30, 2015

State File No. 2015-07354

DECEDENT - LEGAL NAME SUE MCMAHON GALLIGAN			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 80 YEARS	DATE OF BIRTH APRIL 30, 1935
BIRTHPLACE JEROME, IDAHO		PLACE OF RESIDENCE BOISE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) WILLIAM B. GALLIGAN	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ALVIN D. MCMAHON			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME LENORA NOBLE			BIRTHPLACE NEBRASKA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE KEVIN H. PERSONS	
NAME AND ADDRESS OF FUNERAL FACILITY BOWMAN FUNERAL PARLOR, LTD., GARDEN CITY, IDAHO			
DATE OF DEATH JULY 23, 2015	TIME OF DEATH 1:20 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. MULTI-ORGAN SYSTEM FAILURE			Approximate Interval Between Onset and Death DAYS YEARS
DUE TO (or as a consequence of) b. ALZHEIMER'S DISEASE			
DUE TO (or as a consequence of) c.			
DUE TO (or as a consequence of) d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER KATHERINE E. MILLER, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: AUGUST 11, 2015

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

