

RECEIVED

NOV 10 2016

DEPT OF WATER RESOURCES
SOUTHERN REGIONSTATE OF IDAHO
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?
37-21848	Yes ☐	Yes ☐	37-21841	Yes ☐	Yes ☐
37-21865	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-21882	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-21899	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-21916	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: James I + Angelika Jones
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Michael & Brandy Herold
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- PO Box 4499 Ketchum ID 83340
Mailing address City State ZIP
- 360-390-8729 heroldfamily@gmail.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: 10/31/2016

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. $46 = \$150$
 - ☐ \$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.

SUPPORT DATA

IN FILE # 37-21841

8. Signature: [Signature] Title, if applicable: _____ Date: 11/9/2016
Signature of new owner/claimant
- Signature: [Signature] Title, if applicable: _____ Date: 11/9/2016
Signature of new owner/claimant

For IDWR Office Use Only:

Received by: [Signature] Date: 11-10-2016 Receipt No. 5035813 Receipt Amt. \$150-

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: _____

James A and Angelika Jones

6/6/2016

Water Rights

Type	Basin	Sequence	Basis	Status	Priority Date	Div. Rate (Source	Water Use	Owner
WR	37	21841	Decreed	Active	9/25/1954	0.1 GROUND WATER	IRRIGATION	JONES, ANGELIKA; JONES, JAMES
WR	37	21848	Decreed	Active	3/24/1883	0.08 BIG WOOD RIVER	IRRIGATION	JONES, ANGELIKA; JONES, JAMES
WR	37	21865	Decreed	Active	7/10/1884	0.005 BIG WOOD RIVER	IRRIGATION	JONES, ANGELIKA; JONES, JAMES
WR	37	21882	Decreed	Active	9/18/1885	0.05 BIG WOOD RIVER	IRRIGATION	JONES, ANGELIKA; JONES, JAMES
WR	37	21899	Decreed	Active	6/12/1886	0.005 BIG WOOD RIVER	IRRIGATION	JONES, ANGELIKA; JONES, JAMES
WR	37	21916	Decreed	Active	6/15/1891	0.13 BIG WOOD RIVER	IRRIGATION	JONES, ANGELIKA; JONES, JAMES

Sun Valley Title

 A TitleOne Company

Order Number: 16278374

Warranty Deed

For value received,

James A. Jones and Angelika I. Jones, husband and wife

the grantor, does hereby grant, bargain, sell, and convey unto

Michael Herold and Brandy Herold, husband and wife as community property with rights of survivorship

whose current address is PO Box 4499 Ketchum, ID 83340

the grantee, the following described premises, in Blaine County, Idaho, to wit:

Lot 2, Block 1 of BELLEVUE FARMS SUBDIVISION, BLAINE COUNTY, IDAHO, according to the official plat thereof, recorded as Instrument No. 206106, records of Blaine County, Idaho.

To have and to hold the said premises, with their appurtenances unto the said Grantee, its heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that Grantor is the owner in fee simple of said premises; that they are free from all encumbrances except those to which this conveyance is expressly made subject and those made, suffered or done by the Grantee; and subject to all existing patent reservations, easements, right(s) of way, protective covenants, zoning ordinances, and applicable building codes, laws and regulations, general taxes and assessments, including irrigation and utility assessments (if any) for the current year, which are not due and payable, and that Grantor will warrant and defend the same from all lawful claims whatsoever. Whenever the context so requires, the singular number includes the plural.

Dated: October 26, 2016

 his attorney-in-fact
James A. Jones by Angelika I. Jones, his attorney-in-fact


Angelika I. Jones

State of _____, County of _____, ss.

On this _____ day of October, 2016, before me, the undersigned, a Notary Public in and for said State, personally appeared Angelika I. Jones known or identified to me to be the person whose name is subscribed to the within instrument, as the attorney-in-fact of James A. Jones, and acknowledged to me that he/she subscribed the name of James A. Jones thereto as Principal, and his/her own name as Attorney-In-Fact.

Notary Public
Residing in:
My Commission Expires:
(seal)

See attached

Sun Valley Title

A TitleOne Company

Instrument # 639297

HAILEY, BLAINE, IDAHO
10-31-2016 9:01:14 AM No. of Pages: 3
Recorded for: TITLEONE - BURLEY
JOLYNN DRAGE Fee: \$16.00
Ex-Officio Recorder Deputy: JB
Electronically Recorded by Simplifile

Order Number: 16278374

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To have and to hold the said premises, with their appurtenances unto the said Grantee, its heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that Grantor is the owner in fee simple of said premises; that they are free from all encumbrances except those to which this conveyance is expressly made subject and those made, suffered or done by the Grantee; and subject to all existing patent reservations, easements, right(s) of way, protective covenants, zoning ordinances, and applicable building codes, laws and regulations, general taxes and assessments, including irrigation and utility assessments (if any) for the current year, which are not due and payable, and that Grantor will warrant and defend the same from all lawful claims whatsoever. Whenever the context so requires, the singular number includes the plural.

Dated: October 26, 2016

James A. Jones by Angelika I. Jones, his attorney-in-fact
James A. Jones by Angelika I. Jones, his attorney-in-fact

Angelika I. Jones
Angelika I. Jones

State of _____, County of _____, ss.

On this _____ day of October, 2016, before me, the undersigned, a Notary Public in and for said State, personally appeared Angelika I. Jones known or identified to me to be the person whose name is subscribed to the within instrument, as the attorney-in-fact of James A. Jones, and acknowledged to me that he/she subscribed the name of James A. Jones thereto as Principal, and his/her own name as Attorney-In-Fact.

Notary Public
Residing in:
My Commission Expires:
(seal)

STATE OF IDAHO
COUNTY OF BLAINE
I HEREBY CERTIFY THAT THE FORE-
GOING IS A FULL, TRUE AND CORRECT
COPY OF THE ORIGINAL GIVEN UNDER
MY HAND AND SEAL
NOTARY PUBLIC

See attached

16278374

POWER OF ATTORNEY, SPECIFIC (IDAHO STATUTORY FORM)**IMPORTANT INFORMATION**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the uniform power of attorney act, chapter 12, title 15, Idaho Code. This power of attorney does not authorize the agent to make health care decisions for you. You should select someone you trust to serve as your agent. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one (1) agent. If you wish to name more than one (1) agent, you may name a co agent in the Special Instructions. Co agents are not required to act together unless you include that requirement in the Special Instructions. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, James A. Jones, name the following person as my agent.

Name of Agent: Angelika I. Jones

Agent's Address: 120 W Los Olivos St, Santa Barbara, CA 93105

Agent's Phone Number: 805-895-7479

STATE OF IDAHO
COUNTY OF BLAINE

HEREBY CERTIFY THAT THE FORE-
GOING IS A FULL, TRUE AND CORRECT
COPY OF THE ORIGINAL GIVEN UNDER
MY HAND AND SEAL

NOTARY PUBLIC

POWER OF ATTORNEY, SPECIFIC (IDAHO STATUTORY FORM)

IMPORTANT INFORMATION

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If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, James A. Jones, name the following person as my agent.

Name of Agent: Angelika I. Jones

Agent's Address: 120 W Los Olivos St, Santa Barbara, CA 93105

Agent's Phone Number: 805-895-7479

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the uniform power of attorney act, chapter 12, title 15, Idaho Code.

Subject:

Sale of Bellevue Farms Subdivision, Lot 2, Block 1, 105 Quarter Horse Dr Blaine County ID 83313

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS

On the following lines you may give special instructions:

The sole purpose (and subsequent termination) of this power of attorney is for the Sale of that certain real property located at:

Street: 105 Quarter Horse Drive

City, State: Blaine County, ID

Zip: 83313

And being more particularly described as follows;

Lot 2, Block 1 of BELLEVUE FARMS SUBDIVISION, BLAINE COUNTY, IDAHO, according to the official plat thereof, recorded August 25, 1980, as Instrument No. 206106, records of Blaine County, Idaho

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it is terminated or invalid.

Your Name Printed: James A. Jones

Your Address: 120 W Los Olivos St. Santa Barbara CA, 93105

Your Phone Number: 805-895-7479

SIGNATURE AND ACKNOWLEDGMENT



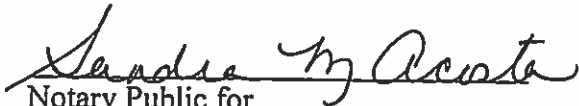
James A. Jones

Date: 5.31.16

State of California

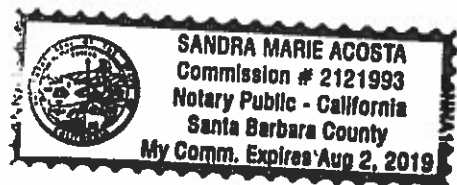
County of Santa Barbara

On this 31st day of May, in the year of 2016, before me,
Sandra M Acosta (notary public),
personally appeared James A. Jones known or identified to me to be the person whose name is
subscribed to the within instrument
and acknowledged to me that he executed the same.


Notary Public for

Residing at:

Comm. Expires: 8/2/19



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Barbara

On October 27, 2016 before me, Lisa M. Ewing, Notary Public
(insert name and title of the officer)

personally appeared Angelika I. Jones
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Lisa M. Ewing* (Seal)

