

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
FEB 08 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?
35-7114 <i>JK</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: Raymond F. Boyd
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Stanley A Boyd and Lois J Boyd, TTEES UDT DTD 4/27/05
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 40943 Cantare Place Fremont CA 94539
Mailing address City State ZIP
- 510 656-8885
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: April 2, 2015
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.

8. Signature: *[Signature]* Trustee 2-2-2016
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 *JB* Date 2/22/2016 Receipt No. F041845 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 9/28/2016

Instrument # 207687

POWER COUNTY, IDAHO

6-22-2015 03:23:35 PM No. of Pages: 3

Recorded for : JAY A. WOITKE, ESQ.

SHARIE SPRAGUE

Fee: 16.00

Ex-Officio Recorder Deputy

M. A. Schelske

(Space above this line for Recorder's Use)

Recording requested by:

JAY A. WOITKE, ESQ.

When recorded mail to:

BEATRICE E. BOYD, TRUSTOR

STANLEY A. BOYD, TRUSTEE

c/o 40943 CANTARE PLACE

FREMONT, CA 94539

**AFFIDAVIT CHANGE OF TRUSTEES
AND SUCCESSION BY SUCCESSOR TRUSTEE**

State of California)

County of Alameda)

APN: RPD0453-00

BEATRICE E. BOYD, being first duly sworn, deposes and says:

1. That RAYMOND FRANKLIN BOYD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND F. BOYD, one of the Co-Trustees named in that certain Declaration of Trust dated FEBRUARY 21, 1992 executed by BEATRICE E. BOYD and RAYMOND F. BOYD as Trustors.

2. At the time of the demise of the decedent, the decedent was the record owner as Co-Trustor of the Trust and Co-Trustee of real property commonly known as unimproved farm land located in Power County, parcel number above, which property is described in the Quitclaim Deed which was signed by RAYMOND F. BOYD AND BEATRICE E. BOYD, HUSBAND AND WIFE, as grantors to RAYMOND F. BOYD AND BEATRICE E. BOYD, TRUSTEES OF THE BOYD FAMILY TRUST, DATED FEBRUARY 21, 1992 and recorded APRIL 22, 1992, as Document No. 157081 of Official Records in the Office of the County Recorder of Power County, State of Idaho, more particularly described as follows:

**** THE NORTHEAST QUARTER (NE ¼) OF SECTION NINE (9),
TOWNSHIP SEVEN (7) SOUTH, RANGE TWENTY-NINE (29), EAST,
BOISE MERIDIAN, RECORDS OF POWER COUNTY, IDAHO ****

3. I am the Surviving Trustor under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated. I have effective February 24, 2015,** and my son, STANLEY A. BOYD, has pursuant to the terms of such Trust commenced serving as such Trustee.

4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

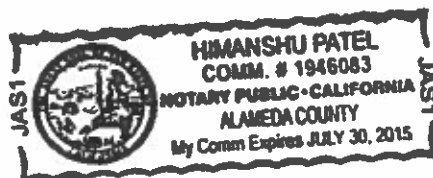
Executed MARCH 26, 2015 at Newark, California

Beatrice E. Boyd
BEATRICE E. BOYD, TRUSTEE

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.

Subscribed and sworn to (or affirmed) before me on this MARCH 26th, 2015 by BEATRICE E. BOYD, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Signature]
, Notary Public



**resigned as Trustee,

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201501000800

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Print)		2. MIDDLE	
RAYMOND		FRANKLIN	
3. LAST (Family)		BOYD	
4. DATE OF BIRTH (month/day/year)			
07/17/1927			
5. AGE Yrs.		87	
6. SEX		M	
7. DATE OF DEATH (month/day/year)		01/27/2015	
8. HOUR (04 hour)		2105	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS/PROSP. at Time of Death	
☒ YES ☐ NO ☐ UNK		MARRIED	
13. EDUCATION - Highest Level Completed (see instructions on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see instruction on back)	
MASTER'S		☐ YES ☒ NO	
15. DECEDENT'S RACE - Up to 2 races may be listed (see instruction on back)		16. DECEDENT'S RACE	
TEACHER		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED		18. FIELD OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
EDUCATION		35	
19. DECEDENT'S RESIDENCE (Street and number, or location)			
6572 CEDAR BLVD			
20. CITY		21. COUNTY/PROVINCE	
NEWARK		ALAMEDA	
22. ZIP CODE		23. YEARS IN COUNTY	
94560		28	
24. STATE/FOREIGN COUNTRY		25. INFORMATION'S NAME, RELATIONSHIP	
CA		STANLEY A BOYD, SON	
26. INFORMATION'S MAILING ADDRESS (Street and number, or apartment number, city or town, state and zip)		27. INFORMATION'S MAILING ADDRESS	
40943 CANTARE PL, FREMONT, CA 94539		40943 CANTARE PL, FREMONT, CA 94539	
28. NAME OF SURVIVOR SPOUSE/PROSP - FIRST		29. MIDDLE	
BEATRICE		EVANGELINE	
30. NAME OF FATHER/MOTHER - FIRST		31. MIDDLE	
RAYMOND		JOSEPH	
32. NAME OF MOTHER/MOTHER - FIRST		33. MIDDLE	
EUNICE		EVELYN	
34. BIRTH STATE		35. BIRTH STATE	
IA		IA	
36. DEPOSITION DATE (month/day/year)		37. PLACE OF FINAL DISPOSITION	
02/06/2015		CEDAR LAWN MEMORIAL PARK	
38. TYPE OF DISPOSITION		39. SIGNATURE OF EMERALINE	
BU		TARA PAISO	
40. NAME OF FUNERAL ESTABLISHMENT		41. LICENSE NUMBER	
LMA FAMILY MILPITAS-FREMONT		FD1282	
42. PLACE OF DEATH		43. SIGNATURE OF LOCAL REGISTRAR	
WASHINGTON HOSPITAL		MUNTU DAVIS, M.D.	
44. COUNTY		45. IF HOSPITAL, SPECIFY ONE	
ALAMEDA		☒ P ☐ SNOP ☐ DCA	
46. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		47. IF OTHER THAN HOSPITAL, SPECIFY ONE	
2000 MOWRY AVE		☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other	
48. CITY		49. LICENSE NUMBER	
FREMONT		EMB9018	
50. DATE (month/day/year)		51. DATE (month/day/year)	
02/03/2015		02/03/2015	
52. CAUSE OF DEATH			
IMMEDIATE CAUSE (Final illness or condition resulting in death)			
RESPIRATORY FAILURE			
SEPSIS			
INFLUENZA			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 52			
ALZHEIMER'S DISEASE			
53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 (OR 52T) IF YES, list type of operation and date			
NO			
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION GIVEN ON THIS CERTIFICATE IS TRUE AND CORRECT		55. SIGNATURE AND TITLE OF CERTIFIER	
MICHAEL WILLIAM PARMLEY M.D.		MICHAEL WILLIAM PARMLEY M.D.	
56. TYPE AFTER DEATH PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		57. LICENSE NUMBER	
8236 THORTON AVE, NEWARK, CA 94560		A65290	
58. DATE (month/day/year)		59. DATE (month/day/year)	
08/29/2014		01/30/2015	
60. MANNER OF DEATH (e.g., Natural, Accident, Homicide, Suicide, Pending Investigation, Could not be determined)		61. INJURED AT WORK?	
Natural		☐ YES ☐ NO ☐ UNK	
62. PLACE OF BURIAL (e.g., home, crematorium site, religious area, etc.)		63. BURIAL DATE (month/day/year)	
64. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		65. HOUR (04 hour)	
66. LOCATION OF INJURY (Street and number, or location, and city, and state)		67. SIGNATURE OF CORONER / DEPUTY CORONER	
68. DATE (month/day/year)		69. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
70. STATE REGISTRAR		71. FAX AUTHORITY	
A B C D E		01001002549501	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: _____

FEB 09 2015

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Instrument # 207688

POWER COUNTY, IDAHO

6-22-2015 03:27:49 PM No. of Pages: 2

Recorded for : JAY A. WOITKE, ESQ.

SHARIE SPRAGUE

Fee: 13.00

Ex-Officio Recorder Deputy

M. Sprague
Scheels

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Recording requested by:

JAY A. WOITKE, ESQ.

AND WHEN RECORDED MAIL TO

STANLEY A. BOYD

40943 CANTARE PLACE

FREMONT, CA 94539

MAIL TAX STATEMENTS TO

SAME AS ABOVE

GRANT DEED

APN RPD0453-00

**TRANSFER OUT OF REVOCABLE LIVING TRUST TO BENEFICIARY/CHILD IN
ACCORDANCE WITH TERMS OF TRUST - NOT PURSUANT TO SALE ****

FOR A VALUABLE CONSIDERATION, receipt of which is hereby
acknowledged, **STANLEY A. BOYD, SUCCESSION TRUSTEE OF THE
BOYD FAMILY TRUST, DATED FEBRUARY 21, 1992**, grants to
**STANLEY A. BOYD, A MARRIED MAN AS HIS SOLE AND SEPARATE
PROPERTY** the following described real property located in
Power County, State of Idaho, more particularly described
as follows:

**** THE NORTHEAST QUARTER (NE ¼) OF SECTION NINE (9), TOWNSHIP
SEVEN (7) SOUTH, RANGE TWENTY-NINE (29), EAST, BOISE
MERIDIAN, RECORDS OF POWER COUNTY, IDAHO ****

Being unimproved farm land located in Power County, Idaho

Dated **APRIL 2, 2015**

THE BOYD FAMILY TRUST, DATED FEBRUARY 21, 1992

Stanley A. Boyd
STANLEY A. BOYD, TRUSTEE

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)

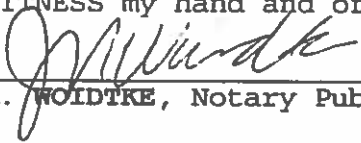
: SS.

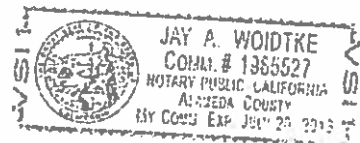
County of Alameda)

On APRIL 2, 2015, before me, JAY A. WOIDTKE, Notary Public, personally appeared STANLEY A. BOYD, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed same in his authorized capacity, and by his signature on the instrument the person, or the entity upon behalf of which the person 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.


JAY A. WOIDTKE, Notary Public



Instrument # 207689

POWER COUNTY, IDAHO

6-22-2015 03:30:57 PM No. of Pages: 2

Recorded for : JAY A. WOIDTKE, ESQ.

SHAREE SPRAGUE

Fee: 13.00

Ex-Officio Recorder Deputy

Maureen Schaefer

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Recording requested by:
JAY A. WOIDTKE, ESQ.
AND WHEN RECORDED MAIL TO
M/M STANLEY A. BOYD
40943 CANTARE PLACE
FREMONT, CA 94539

MAIL TAX STATEMENTS TO
SAME AS ABOVE

GRANT DEED

APN: RPD0453-00

TRANSFER TO REVOCABLE LIVING TRUST FOR BENEFICIARY AND SPOUSE FOR
ESTATE PLANNING PURPOSES - NOT PURSUANT TO SALE **

FOR A VALUABLE CONSIDERATION, receipt of which is hereby
acknowledged, STANLEY A. BOYD, A MARRIED MAN AS HIS SOLE
AND SEPARTATE PROPERTY, grants to STANLEY A. BOYD AND
LOIS J. BOYD, TRUSTEES OF THE STANLEY A. BOYD AND LOIS J.
BOYD DECLARATION OF TRUST DATED APRIL 27, 2005 the
following described real property located in Power
County, State of Idaho, more particularly described as
follows:

** THE NORTHEAST QUARTER (NE ¼) OF SECTION NINE (9), TOWNSHIP
SEVEN (7) SOUTH, RANGE TWENTY-NINE (29), EAST, BOISE
MERIDIAN, RECORDS OF POWER COUNTY, IDAHO **

Being unimproved farm land located in Power County, Idaho

Dated APRIL 2, 2015

Stanley A. Boyd

STANLEY A. BOYD

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)

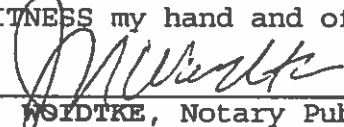
: SS.

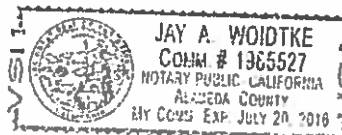
County of Alameda)

On APRIL 2, 2015, before me, JAY A. WOITKE, Notary Public, personally appeared STANLEY A. BOYD, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed same in his authorized capacity, and by his signature on the instrument the person, or the entity upon behalf of which the person 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.


JAY A. WOITKE, Notary Public



Water Right
35-7114

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters

