

APR 19 2016

DEPARTMENT OF
WATER RESOURCES

STATE 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?
37-7505A <i>no fees</i>	Yes ☐	Yes ☒ Only a portion		Yes ☐	Yes ☐
37-7505B <i>no fees</i>	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-13206 <i>25</i>	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-13207 <i>25</i>	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Michelle Wolf and Shannon Wolf
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Michelle Wolf
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- | | | | |
|------------------------|----------------------------|--------------|--------------|
| <u>PO Box 433</u> | <u>Fairfield</u> | <u>ID</u> | <u>83327</u> |
| <u>Mailing address</u> | <u>City</u> | <u>State</u> | <u>ZIP</u> |
| <u>208-320-2624</u> | <u>mlwolf@wildblue.net</u> | | |
| <u>Telephone</u> | <u>Email</u> | | |
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: 1-28-2010
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: Death certificate provided.
- ☒ 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): No fee per Doug Jones, Southern
- ☐ \$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. Self rental so W-9 form is not required.
- SUPPORT DATA
IN FILE # 37-7505A

8. Signature: Michelle Wolf Michelle Wolf 4/19/16
Signature of new owner/claimant Title, if applicable Date

Signature: _____
Signature of new owner/claimant _____ Title, if applicable _____ Date 10/10/2020

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. C101888 Receipt Amt. 500.00

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 Crypt Date 9-16-16

STATE OF IDAHO
County of Camas

Steven E. Alkire
EBERLE, BERLIN, KADING, TURNBOW &
McKLVEEN, CHARTERED
Boise Plaza, 1111 West Jefferson Street, Suite 530
Post Office Box 1368, Boise, Idaho 83701
Telephone: (208) 344-8535
Facsimile: (208) 344-8542
ISB: 3964

Attorneys for Michelle L. Wolf, Personal Representative

I hereby certify that the foregoing is a full, true and correct copy of an instrument as the same now remains on file and to record in my office.

WITNESS my hand and official seal hereunto affixed this 8th day of MARCH, A.D. 2010
ROLLIE BENNETT, CLERK OF THE DISTRICT COURT
EX OFFICIO AUDITOR AND RECORDER

Rollie Bennett

ISSUED
3-8-10

HR 4:00 P. M.

ROLLIE BENNETT
CLERK OF THE DISTRICT COURT
Rollie Bennett

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CAMAS

IN THE MATTER OF THE ESTATE OF
SHANNON LEE WOLF,
Deceased.

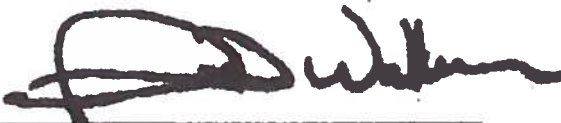
Case No. CV-2010-07

LETTERS OF ADMINISTRATION
(I.C. 15-3-702)

1. Michelle L. Wolf is duly appointed and qualified as General Personal Representative of the estate of the above-named decedent by the Court with all authority pertaining thereto.
2. Administration of the estate is unsupervised.

These Letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS, my signature and the Seal of this Court, this 8th day of March, 2010.

151 
MAGISTRATE

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Item 32 amended 2-11-10 kl

DATE FILED BY STATE REGISTRAR		STATE OF IDAHO		STATE FILE NO. 2010-001		
9/28/2010		CERTIFICATE OF DEATH		Local Reg. No.		
DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix)	SHANNON LEE WOLF		2. SEX	MALE	
	3. AGE AT DEATH (Years, Months, Days)	4. UNDER 1 YEAR	5. UNDER 1 DAY	6. DATE OF BIRTH (Month/Day/Year)	0000/1968	
	7. RESIDENCE - STATE OR FOREIGN COUNTRY	IDAHO	8. COUNTY	CAMAS	9. CITY OR TOWN	SUN VALLEY, IDAHO
	10. STREET AND NUMBER	WOLF LANE	11. CITY	HILL CITY	12. ZIP CODE	83337
PARENTS	13. MARITAL STATUS AT TIME OF DEATH	14. MARRIAGE (Date, Place, Minister, etc.)		15. SPOUSE'S NAME (If wife, give maiden name)	MICHELLE JENSEN	
	16. FATHER'S NAME (First, Middle, Last, Suffix)	17. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		18. BIRTHPLACE (State, Territory, or Foreign Country)	IDAHO	
	19. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country)	20. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country)		21. BIRTHPLACE (State, Territory, or Foreign Country)	NEVADA	
	22. INFORMANT'S NAME (Type and print)	23. RELATIONSHIP TO DECEDENT		24. MAILING ADDRESS (Street and number, City, State, Zip Code)	P.O. BOX 433 FAIRFIELD, ID 83327	
INFORMANT	25. METHOD OF INFORMATION	26. PLACE OF INFORMATION (Name and address of cemetery)		27. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	DEMARAY FUNERAL SERVICE 737 MAIN STREET GOODING, IDAHO 83330	
	28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ADMITTED AS SUCH	29. LICENSE NUMBER (Of licensee)		30. HAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	Yes ☐ No ☐	
	31. ELECTRONICALLY FILED BY	32. BUREAU OF VITAL RECORDS		33. DATE OF DEATH (Month/Day/Year)	January 28, 2010	
	34. TIME OF DEATH (Hour/Minute)	35. DATE OF DEATH (Month/Day/Year)		36. DATE OF DEATH (Month/Day/Year)	January 28, 2010	
PLACE OF DEATH	37. CAUSE OF DEATH (List all causes, including immediate, intermediate, and remote causes, and the underlying cause)	38. PLACE OF DEATH (Name and address of facility)		39. COUNTY OF DEATH	CAMAS	
	40. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	41. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		42. COUNTY OF DEATH	CAMAS	
	43. DATE OF DEATH (Month/Day/Year)	44. TIME OF DEATH (Hour/Minute)		45. DATE OF DEATH (Month/Day/Year)	January 28, 2010	
	46. TIME OF DEATH (Hour/Minute)	47. DATE OF DEATH (Month/Day/Year)		48. DATE OF DEATH (Month/Day/Year)	January 28, 2010	
CAUSE OF DEATH	PART I. Enter the cause of death - immediate, intermediate, or remote - but not resulting in the underlying cause given in Part I.					
	a. ASPHYXIA					
	b. SNOW AVALANCHE					
	c. GAUGHT IN SNOW AVALANCHE WHILE SNOWMOBILING.					
CERTIFICATE	49. DATE OF INJURY (Month/Day/Year)	50. TIME OF INJURY (Hour/Minute)		51. PLACE OF INJURY (Name and address of facility)	52. INJURY AT WORK?	
	53. LOCATION OF INJURY	54. STREET AND NUMBER OF INJURY		55. CITY, TOWN, OR LOCATION OF INJURY, AND ZIP CODE	56. INJURY AT WORK?	
	57. TYPE OF INJURY (Name and address of facility)	58. TYPE OF INJURY (Name and address of facility)		59. TYPE OF INJURY (Name and address of facility)	60. TYPE OF INJURY (Name and address of facility)	
	61. TYPE OF INJURY (Name and address of facility)	62. TYPE OF INJURY (Name and address of facility)		63. TYPE OF INJURY (Name and address of facility)	64. TYPE OF INJURY (Name and address of facility)	
REGISTRAR	65. SIGNATURE OF REGISTRAR	66. DATE SIGNED		67. SIGNATURE OF REGISTRAR	68. DATE SIGNED	
	69. SIGNATURE OF REGISTRAR	70. DATE SIGNED		71. SIGNATURE OF REGISTRAR	72. DATE SIGNED	
	73. SIGNATURE OF REGISTRAR	74. DATE SIGNED		75. SIGNATURE OF REGISTRAR	76. DATE SIGNED	
	77. SIGNATURE OF REGISTRAR	78. DATE SIGNED		79. SIGNATURE OF REGISTRAR	80. DATE SIGNED	

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: **FEB 12 2010**

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA)
Case No. 39576)
_____)

PARTIAL DECREE PURSUANT TO
I.R.C.P. 54(b) FOR
Water Right 37-13207 ✓

NAME AND ADDRESS: SHANNON WOLF
PO BOX 433
FAIRFIELD, ID 83327

SOURCE: GROUNDWATER

QUANTITY: 0.20 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 09/30/1987

POINT OF DIVERSION: T01S R13E S31 NWSW Within Camas County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	Stockwater	01-01 TO 12-31	0.20 CFS

PLACE OF USE: Stockwater Within Camas County
T01S R13E S31 NWSW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.
THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE
ENTRY OF A FINAL UNIFIED DECREE. I.C. SECTION 42-1412(6).

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a final judgment and that the court has and does hereby direct that the above judgment or order shall be a final judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.

Roger Burdick

Roger Burdick
Presiding Judge of the
Snake River Basin Adjudication

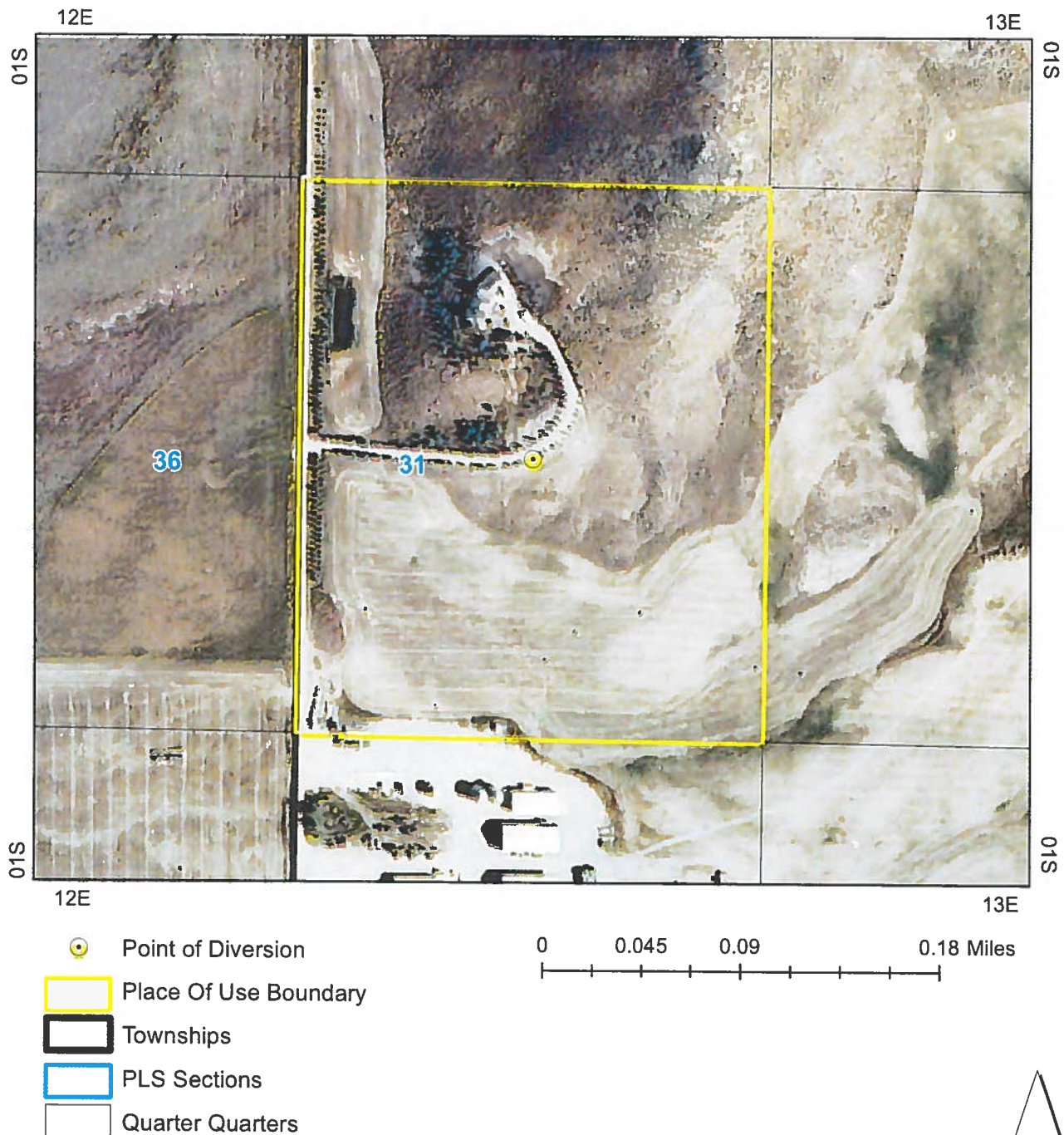
State of Idaho
Department of Water Resources

Water Right

37-13207

STOCKWATER

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.



IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA)
Case No. 39576)
_____)

PARTIAL DECREE PURSUANT TO
I.R.C.P. 54(b) FOR
Water Right 37-13206 ✓

NAME AND ADDRESS: SHANNON WOLF
PO BOX 433
FAIRFIELD, ID 83327

SOURCE: GROUNDWATER

QUANTITY: 0.23 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 09/30/1987

POINT OF DIVERSION: T018 R13E S31 SWSW Within Camas County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	Domestic 1 HOME	01-01 TO 12-31	0.20 CFS
	Stockwater	01-01 TO 12-31	0.03 CFS

PLACE OF USE:	Stockwater		Within Camas County
	T018 R13E S31	SWSW	
	Domestic		Within Camas County
	T018 R13E S31	SWSW	

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
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judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.

Roger Burdick

Roger Burdick
Presiding Judge of the
Snake River Basin Adjudication

State of Idaho
Department of Water Resources

Water Right
37-13206

DOMESTIC

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

0 0.045 0.09 0.18 Miles

