

OCT 13 2015

WATER RESOURCES
WESTERN 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?
77-10015	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: Marion K Zortman
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Steven W & Rita Repp
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☒ and/or
- 1035 Hamlock Ave Lewiston ID 83501
Mailing address City State ZIP
- 208 743 9273 dixievpark@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: 8/1/1986
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: Steven W Repp Title, if applicable _____ Date 10/01/2015
Signature: Rita Repp Title, if applicable _____ Date 10/01/2015
Signature of new owner/claimant Signature of new owner/claimant

For IDWR Office Use Only:

Received by [Signature] Date 10/13/15 Receipt No. ND43586 Receipt Amt. \$25⁰⁰

Active in the Water Supply Bank? Yes ☐ No ☒ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☒

October 1, 2015

To Whom It May Concern:

I am Marion K. Zortman's son Henry H. McCarley, Jr. She died in 1999. A copy of her death certificate is attached.

I wish to transfer the title of her water right to Steve and Rita Repp.

The water right number is 77-10015. There is not real estate involved in this transaction.

If you have any questions contact Steve and Rita Repp at (208) 743-9273.

Thank you for your assistance.

A handwritten signature in cursive script, appearing to read "Henry H. McCarley, Jr.", written in dark ink.

Henry H. McCarley, Jr.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

273
LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME Marion Macmillan McCarley Zortman				2. SEX (M / F) Female		3. DEATH DATE (Mo. Day, Yr) August 12, 1999	
4. AGE LAST BIRTHDAY (Yrs) 83		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) 10/18/1915	
8. BIRTHPLACE (City, State or Foreign Country) North Augusta, SC				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Island	
11. CITY, TOWN OR LOCATION OF DEATH Langley				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP 5. ☐ NUR HOME 6. ☐ OTHER PLACE 4905 Blue Lady Lane			
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widow		15. SURVIVING SPOUSE (If wife, give maiden name) N/A		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5-) 1	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Home Maker		19. KIND OF BUSINESS OR INDUSTRY Own Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 4905 Blue Lady Lane		23. CITY/TOWN OR LOCATION Langley		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Island	
26. FATHER'S NAME—FIRST, MIDDLE, LAST Theodore Gurdin Kershaw		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Marion Roberts Macmillan		28. LENGTH OF RES. IN CO. 22 Yrs		29. STATE WA	
30. INFORMANT—NAME Henry Harris McCarley, Jr.		31. MAILING ADDRESS 15823 SE 5 Pl - Bellevue, Washington		32. ZIP 98008-4820			
33. DATE (Mo. Day, Yr) 08/13/1999		34. CEMETERY/CREMATORY—NAME Island Crematory		35. LOCATION—CITY/TOWN, STATE Oak Harbor, Washington		36. ADDRESS OF FACILITY Langley, Washington	
37. FUNERAL DIRECTOR SIGNATURE X [Signature]		38. NAME OF FACILITY Visser Funeral Home		39. ADDRESS OF FACILITY Langley, Washington			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]			
40. DATE SIGNED (Mo. Day, Yr) 8/29/99		41. HOUR OF DEATH (24 Hrs) 0315		44. DATE SIGNED (Mo. Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) T. NIMMERKICHTER - BURGES MD				46. PRONOUNCED DEAD (Mo. Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Wylie Vracin - 202 N Main - Coupeville, Washington				49. ME/CORONER FILE NUMBER W99-179			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Metastatic cancer, unknown primary				INTERVAL BETWEEN ONSET AND DEATH	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Obstructive ASCVD							
54. ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)		60. LOCATION—STREET OR RFD NO. CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE Barbara [Signature]		63. DATE RECEIVED (Mo. Day, Yr) 08-13-99	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)
A DOH 01-003 (5/98)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

[Close](#)IDAHO DEPARTMENT OF WATER RESOURCES
Water Right Report

10/5/2015

WATER RIGHT NO. 77-10015

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	MARION K ZORTMAN PO BOX 81 DIXIE, ID 83525 (208)842-2306

Priority Date: 08/01/1986
Basis: Decreed
Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u>	<u>To</u>	<u>Diversion Rate</u>	<u>Volume</u>
DOMESTIC	1/01	12/31	0.04 CFS	
Total Diversion			0.04 CFS	

Location of Point(s) of Diversion:

GROUND WATER|SESWNW|Sec. 27|Township 26N|Range 08E|IDAHO County

Place(s) of use:

Place of Use Legal Description: DOMESTIC IDAHO County

Township	Range	Section	Lot	Tract	Acres	Lot	Tract	Acres	Lot	Tract	Acres	Lot	Tract	Acres
26N	08E	27		SWNW										

Conditions of Approval:

1. C18 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. SECTION 42-1412(6), IDAHO CODE.
2. N13 THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.
3. N11 THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.
4. PARCEL NO. RP0010000D028AA

Dates:

Licensed Date:

Decreed Date: 07/28/2000

Enlargement Use Priority Date:

Enlargement Statute Priority Date:

Water Supply Bank Enrollment Date Accepted:

Water Supply Bank Enrollment Date Removed:

Application Received Date:

Protest Deadline Date:

Number of Protests: 0

Other Information:

State or Federal: S

Owner Name Connector:

Water District Number:

Generic Max Rate per Acre:

Generic Max Volume per Acre:

Civil Case Number:

Old Case Number:

Decree Plaintiff:

Decree Defendant:

Swan Falls Trust or Nontrust:

Swan Falls Dismissed:

DLE Act Number:

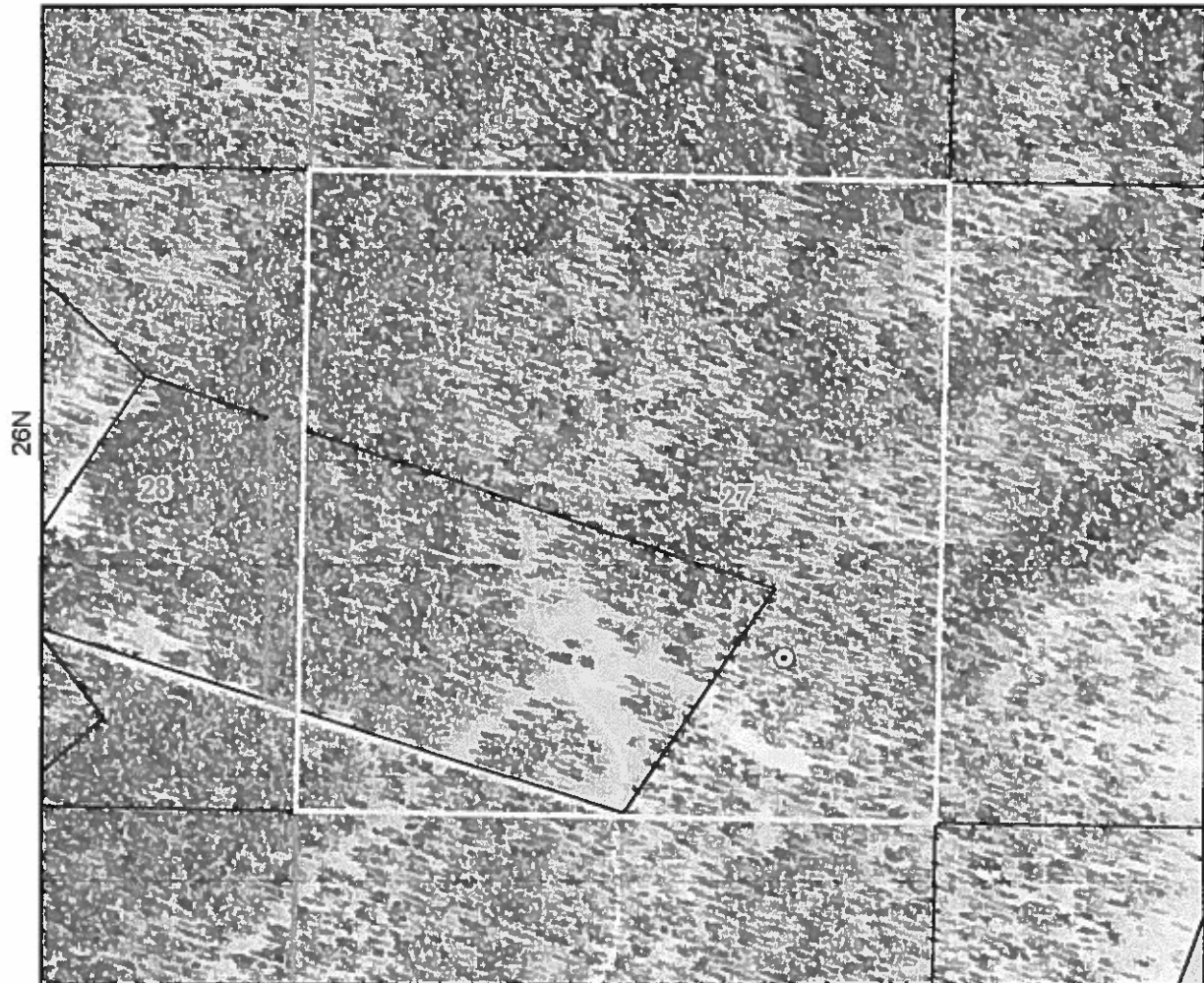
State of Idaho
Department of Water Resources

Water Right
77-10015

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.

08E



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

0 0.045 0.09 0.18 Miles



Map produced on October 05, 2015