

RECEIVED

APR 15 2016

Department of Water Resources
Eastern RegionSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Jack A Hannum, hereby assign to Olin Hannum & Natalie Hannum
 Current owner(s) New owner(s)
 of, 8001 S Old Hwy 191, Malad City, ID, 83252
 New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 15-7291 OK to
 appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

_____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of
 diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion? ☐ Yes ☐ No
 Place of use? ☐ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

Dated this 13 day of April, 2016.

Jeffrey L. May
 Permit holder

Title (if applicable)

Permit holder

Title (if applicable)

State of Idaho Utah)
 County of Weber)ss

On this 13 day of April, 2016, personally appeared before me the signer(s) of the above
 instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL



Robyn Skeen
 Notary Public

My commission expires: 7-1-18

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2014012017

Lynn Hannum

DECEDENT INFORMATION

Date of Death:	September 15, 2014	Time of Death:	04:45
City of Death:	Ogden	County of Death:	Weber
Age:	68	Date of Birth:	December 9, 1945
Place of Birth:	Ogden, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Jack Arnold Hannum	Usual Occupation:	Elementary School Teacher
Industry/Business:	Weber School District	Education:	Bachelor's Degree
Residence:	Ogden, Utah	Father's Name:	Paul Nicholas Crittenden
Mother's Name:	Paula Mae Paulson	Facility Type:	Home
Facility or Address:	2480 South 2300 West		

INFORMANT INFORMATION

Name:	Emily Morgan	Relationship:	Daughter
Mailing Address:	988 East Nicholls Road, Fruit Heights, Utah 84037		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Milton Cemetery, Milton, Utah
Date of Disposition: September 22, 2014

FUNERAL HOME INFORMATION

Funeral Home: Myers Mortuary - Ogden
Address: 845 Washington Blvd., Ogden, Utah 84404
Funeral Director: Timothy Neal

MEDICAL CERTIFICATION

Medical Professional: Gary F Holland MD, 893 24th Street, Ogden, Utah 84401

CAUSE OF DEATH

Dehydration [Onset: 4 Days]
Due to (or as a consequence of): Bowel Obstruction [Onset: 1 Week]
Due to (or as a consequence of): Metastatic Cancer [Onset: 2 Years]
Due to (or as a consequence of): Colon Cancer [Onset: 4 Years]
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: September 19, 2014

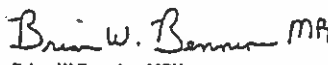
Date Issued: September 19, 2014

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This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.


Janice L. Houston
State Registrar
Rev. 6/13



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Brian W Bennion MPH
Director/Health Officer
County/District Health Department



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2014012016

Jack Arnold Hannum

DECEDENT INFORMATION

Date of Death:	September 16, 2014	Time of Death:	05:45
City of Death:	Ogden	County of Death:	Weber
Age:	70	Date of Birth:	October 25, 1943
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Elementary School Teacher
Industry/Business:	Weber School District	Education:	Bachelor's Degree
Residence:	Ogden, Utah	Father's Name:	Arnold Olin Hannum
Mother's Name:	Olga Johnson	Facility Type:	Hospital Inpatient
Facility or Address:	McKay-Dee Hospital Center		

INFORMANT INFORMATION

Name:	Emily Morgan	Relationship:	Daughter
Mailing Address:	988 East Nicholls road, Fruit Heights, Utah 84037		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Milton Cemetery, Milton, Utah
Date of Disposition:	September 22, 2014

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Ogden
Address:	845 Washington Blvd, Ogden, Utah 84404
Funeral Director:	Timothy Neal

MEDICAL CERTIFICATION

Medical Professional:	Dolly Peach MD, McKay Dee Hospital, 4401 Harrison Blvd, Ogden, Utah 84403
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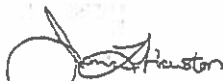
CAUSE OF DEATH

Septic Shock [Onset: 2 Days]
Due to (or as a consequence of): Serratia Abscesses [Onset: 3 Months]
Due to (or as a consequence of): Fistula [Onset: 3 Months]
Due to (or as a consequence of): Perforated Abdominal Organ [Onset: 4 Months]
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

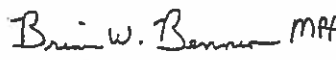
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Janice L. Houston
State Registrar
Rev. 8/13


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Brian W. Bennion MPH
Director/Health Officer
County/District Health Department


WEBER-MORGAN
HEALTH DEPARTMENT