

RECEIVED
MAR 01 2016DEPT 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?
36-2283	Yes ☐	Yes ☐		Yes ☐	Yes ☐
36-14617	Yes ☐	Yes ☐		Yes ☐	Yes ☐
36-14618	Yes ☐	Yes ☐		Yes ☐	Yes ☐
36-14619	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Thomas Ray & Joyce Ford
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Thomas Ray Ford
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 367 Hwy 25 Jerome ID 83338
Mailing address City State ZIP
- 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: _____
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.

SUPPORT DATA

IN FILE # 36-2283

8. Signature: Thomas Ray Ford _____
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 _____ Date _____ Receipt No. _____ Receipt Amt. _____

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 _____

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed MAY 13, 2014

State File No. 2014-04368

DECEDENT - LEGAL NAME JOYCE ARBUCKLE FORD			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 86 YEARS	DATE OF BIRTH OCTOBER 08, 1927
BIRTH-PLACE WOODS CROSS, UTAH		PLACE OF RESIDENCE JEROME, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) THOMAS RAY FORD	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME EMER SHREEVE ARBUCKLE			BIRTH-PLACE UTAH
MOTHER - MAIDEN NAME LEONA HOWARD			BIRTH-PLACE UTAH
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DAVID C. FARNSWORTH	
NAME AND ADDRESS OF FUNERAL FACILITY FARNSWORTH MORTUARY, JEROME, IDAHO			
DATE OF DEATH MAY 03, 2014	TIME OF DEATH 2:05 P.M.	CITY, TOWN OR LOCATION OF DEATH TWIN FALLS, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) DEMENTIA			Approximate Interval Between Onset and Death YEARS
DUE TO (or as a consequence of): a.			
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above FRACTURED FEMUR, ATRIAL FIBRILLATION, ENCEPHALOPATHY			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER WILL CARSON		TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: MAY 13, 2014

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

