

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAR 01 2016

Department of Water Resources
Eastern Region

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?
25-7183 <i>OK</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: Arden Ricks, deceased Connie Ricks
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Connie Ricks
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 107 N. 4400 E. Rigby Id. 83442
Mailing address City State ZIP
- 208-221-5741 connie@arcoelectric-idaho.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: 12/12/2015
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):
 ☐ \$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: Connie Ricks Title, if applicable _____ Date 2-12-16
 Signature of new owner/claimant Title, if applicable Date

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

For IDWR Office Use Only: NO FEE REQUIRED

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 JB Processed by JB Date 3/8/2016

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RANGER SEAL, SHALL BE USED AS PROOF OF DEATH FOR THE PURPOSES OF THIS DEPARTMENT UNDER §§24-404 AND §24-405, IDAHO CODE

Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DEPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) VIRGIL ARDEN RICKS		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 62 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) 01/15/1953		6. BIRTHPLACE (City and State, Territory, or Foreign Country) IDAHO FALLS, IDAHO
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY JEFFERSON		7c. CITY OR TOWN RIGBY
7d. STREET AND NUMBER 107 NORTH 4400 EAST		7e. APT. NO. [REDACTED]	7f. ZIP CODE 83442	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CONNIE JOANN DANIELSON		
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
11b. FATHER'S NAME (First, Middle, Last, Suffix) VIRGIL ARCH RICKS		12a. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) SHANNA LAEL BEAN		12c. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
13a. INFORMANT'S NAME (Type or print) CONNIE JOANN RICKS		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 107 NORTH 4400 EAST RIGBY, ID 83442
14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Exoneration ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) EAGLE ROCK CREMATORY 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402		
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOOD FUNERAL HOME 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: STEFAN TODD WOOD		
17b. LICENSE NUMBER (Of licensee) M1262		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No		
19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____				
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____				
20. FACILITY NAME (If not facility, give street and number) 107 NORTH 4400 EAST				
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE RIGBY, ID 83442				
22. COUNTY OF DEATH JEFFERSON				
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 12, 2015		24. TIME OF DEATH (24hr) 13:58		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 12, 2015
26. TIME PRONOUNCED DEAD (24hr) 13:58		27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. COPD DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: 28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown 29. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year				
30. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]		31. TIME OF INJURY (24hr) [REDACTED]		32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]
33. INJURY AT WORK? ☐ Yes ☒ No				
34. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____				
35. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____				
36. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				
37a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> cause(s)/manner stated. ☐ PHYSICIAN ASSISTANT ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		38. LICENSE NUMBER M-11278		
39. DATE SIGNED 12 / 22 / 2015 MM DD YYYY		40. DATE SIGNED 12 / 22 / 2015 MM DD YYYY		
Signature and Title of Certifier ALLEN J. SALEM, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ALLEN J. SALEM, 2330 DESOTO STREET IDAHO FALLS, ID 83404				
REGISTRAR 40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>				

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: December 23, 2015

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



ADVANTAGE LEGAL SERVICES
Stephen A. Meikle
Idaho Professional Building
482 Constitution Way - Suite 203
Post Office Box 51137
Idaho Falls, Idaho 83405-1137
Telephone (208) 524-3333
Attorney for Personal Representative

2016 JAN 22 AM 10:03

MAGISTRATE DISTRICT COURT
JEFFERSON COUNTY, IDAHO

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF JEFFERSON

In the Matter of the Estate of)

VIRGIL ARDEN RICKS,)

Deceased.)

Probate Case No. CV2016- 0055

OF ADMINISTRATION REL
LETTERS TESTAMENTARY

Connie Joann Ricks was duly appointed and qualified as general personal representative in the estate of the above-named decedent on January 22, 2016 by the Magistrate acting as registrar with all authority pertaining thereto.

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 22nd day of January, 2016.



Judge
Magistrate acting as
Registrar



#4

RANGE
39
EAST.

26 26

TOWNSHIP
4
NORTH

26

PLACE OF USE
AND POND.

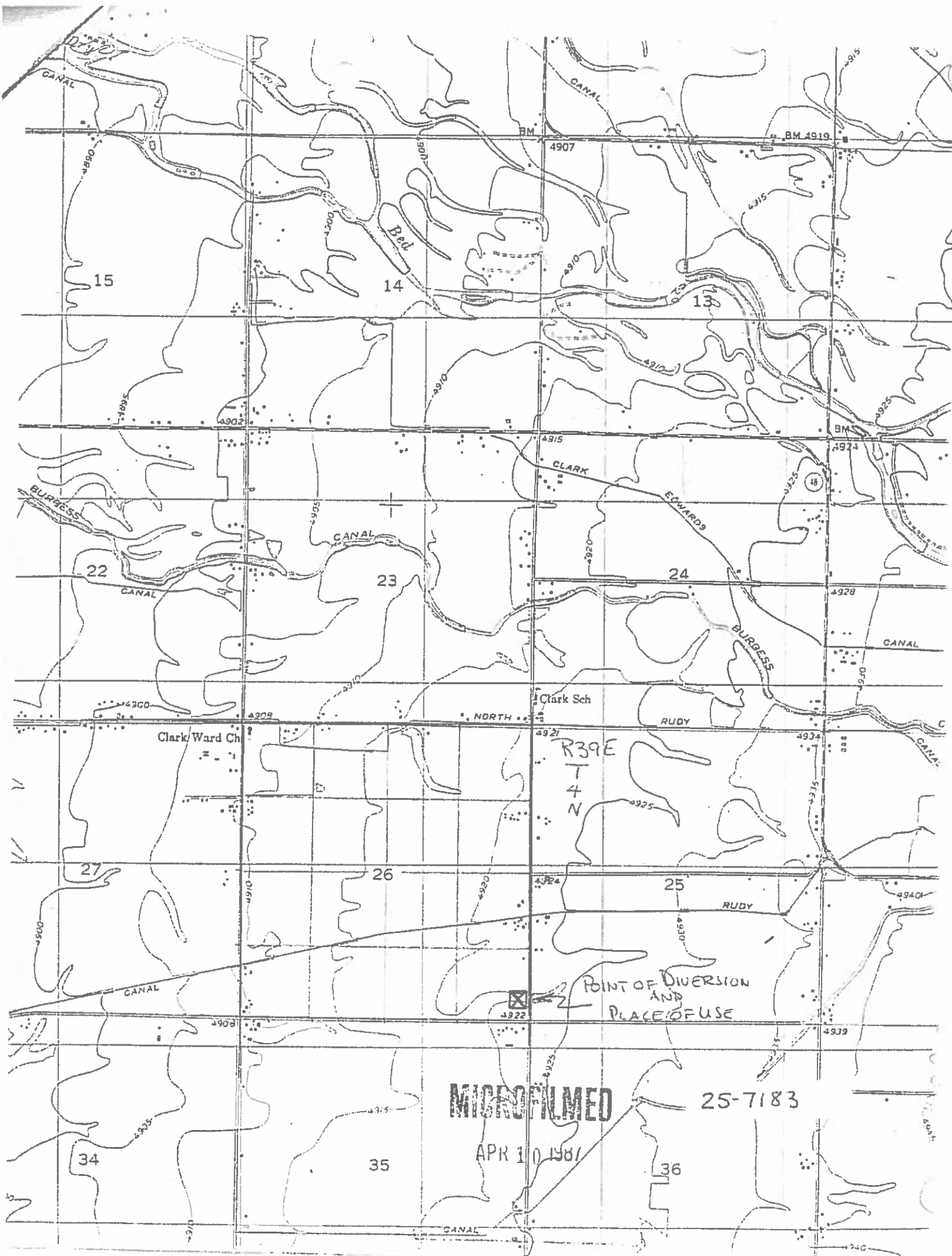
POINT OF DIVERSION

Signed at Waka Falls, this 4 day of November, 1982

y of November, 1982.
Richard J. Daniels
(Signature)

Witness my hand this 17 day of November, 19 82

L. Glen Sayton
Chief, Operations Bureau





State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

March 4, 2016

Connie Ricks
107 N 4400 E
Rigby ID 83442

RE: Change of Ownership for Water Right No(s). 25-7183

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s) to you. The department has modified its records to reflect the change in ownership and has enclosed computer-generated reports for your records.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing an ownership change notice, the department does not review the history of water use to determine if the right has been deliberately abandoned or forfeited through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Sections 42-222 and 42-223, Idaho Code.

Also, please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

Jonie Barg
Technical Records Specialist

Enclosure(s)

cc: Water District 120