

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 27 2016

DEPT OF WATER RESOURCES  
SOUTHERN 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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 47-8                  | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 47-2435               | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 47-194                | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 47-7663J              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 47-202                | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 47-17176              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 47-2095               | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 47-2243               | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Bruce & Joan Kunkel  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Joan D. Kunkel  
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- 1645 N 2500 E Twin Falls Id. 83301  
Mailing address City State ZIP
- 655-14275  
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):
- ☐ \$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.

#### SUPPORT DATA

IN FILE # 47-8

8. Signature: Joan Kunkel J Jan. 27<sup>th</sup> 2016  
Signature of new owner/claimant Title, if applicable Date
- Signature: \_\_\_\_\_ Title, if applicable Date

#### For IDWR Office Use Only:

Received by \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. N/A 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 NOVEMBER 02, 2015

State File No. 2015-10642

|                                                                                                                                |                                                  |                                                                        |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>BRUCE COLUMBUS KUNKEL</b>                                                                          |                                                  |                                                                        |                                                                 |
| SEX<br><b>MALE</b>                                                                                                             | SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>      | AGE<br><b>88 YEARS</b>                                                 | DATE OF BIRTH<br><b>JANUARY 28, 1927</b>                        |
| BIRTHPLACE<br><b>TWIN FALLS, IDAHO</b>                                                                                         |                                                  | PLACE OF RESIDENCE<br><b>TWIN FALLS, IDAHO</b>                         |                                                                 |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>                                                                              |                                                  | NAME OF SURVIVING SPOUSE (If wife, maiden name)<br><b>JOAN DUNKLEY</b> | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>YES</b>           |
| FATHER - NAME<br><b>BERYL SOLOMON KUNKEL</b>                                                                                   |                                                  |                                                                        | BIRTHPLACE<br><b>MISSOURI</b>                                   |
| MOTHER - MAIDEN NAME<br><b>CLARISSA BELLE EMLY</b>                                                                             |                                                  |                                                                        | BIRTHPLACE<br><b>INDIANA</b>                                    |
| METHOD OF DISPOSITION<br><b>CREMATION</b>                                                                                      |                                                  | FUNERAL SERVICE LICENSEE<br><b>TRENT R. STIMPSON</b>                   |                                                                 |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>REYNOLDS FUNERAL CHAPEL, TWIN FALLS, IDAHO</b>                                      |                                                  |                                                                        |                                                                 |
| DATE OF DEATH<br><b>OCT. 30, 2015</b>                                                                                          | TIME OF DEATH<br><b>4:40 A.M.</b>                | CITY, TOWN OR LOCATION OF DEATH<br><b>TWIN FALLS, IDAHO</b>            | COUNTY OF DEATH<br><b>TWIN FALLS</b>                            |
| CAUSE OF DEATH (underlying cause last)<br><b>a HEART FAILURE</b>                                                               |                                                  |                                                                        | Approximate Interval Between Onset and Death<br><b>2 MONTHS</b> |
| DUE TO (or as a consequence of):<br><b>b CARDIOHYOPATHY</b>                                                                    |                                                  |                                                                        | <b>14 YEARS</b>                                                 |
| DUE TO (or as a consequence of):<br><b>c HYPERTENSION</b>                                                                      |                                                  |                                                                        | <b>DECADES</b>                                                  |
| DUE TO (or as a consequence of):<br><b>d</b>                                                                                   |                                                  |                                                                        |                                                                 |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                                  |                                                                        | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                          |
| MANNER OF DEATH<br><b>NATURAL</b>                                                                                              | NAME OF CERTIFIER<br><b>AARON B. BROWN, M.D.</b> |                                                                        | TITLE<br><b>PHYSICIAN</b>                                       |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY                                                                                  |                                                  |                                                                        |                                                                 |
| <b>EXTERNAL CAUSES ONLY</b>                                                                                                    |                                                  |                                                                        |                                                                 |
| 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.

**NOVEMBER 02, 2015**

DATE ISSUED: \_\_\_\_\_

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

