

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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DEC 28 2015

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?
43-153B	Yes ☐	Yes ☐		Yes ☐	Yes ☐
43-154	Yes ☐	Yes ☐		Yes ☐	Yes ☐
43-155	Yes ☐	Yes ☐		Yes ☐	Yes ☐
43-2431	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: LARRY & DORIS B EDWARDS
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): LARRY EDWARDS
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- PO BOX 126 ALMO ID 83112
Mailing address City State ZIP
- (208) 824-5583 _____
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).
N/A ☐ Filing fee (see instructions for further explanation): SUPPORT DATA
 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.
- IN FILE # 43-153B
8. Signature: Larry Edwards OWNER 12-23-15
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 DM Date _____ Receipt No. _____ Receipt Amt. N/A

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

Date Filed MAY 13, 2008

State File No. 2008-03837

DECEDENT - LEGAL NAME DORIS MERYL TRACY EDWARDS			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 78 YEARS	DATE OF BIRTH OCTOBER 26, 1929
BIRTHPLACE BURLEY, IDAHO		PLACE OF RESIDENCE ALMO, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) LARRY KEITH EDWARDS	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ELIAS DEWEY BOWERS			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME ANINE JOHANNE ANDERSEN			BIRTHPLACE DENMARK
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE JEFFREY H. RASMUSSEN	
NAME AND ADDRESS OF FUNERAL FACILITY RASMUSSEN FUNERAL HOME, BURLEY, IDAHO			
DATE OF DEATH MAY 02, 2008	TIME OF DEATH 3:10 P.M.	CITY, TOWN OR LOCATION OF DEATH BURLEY, IDAHO	COUNTY OF DEATH CASSIA
CAUSE OF DEATH (underlying cause last) a. CARDIOPULMONARY ARREST			Approximate Interval Between Onset and Death IMMEDIATE
DUE TO (or as a consequence of) b. HYPOXIA			HOURS
DUE TO (or as a consequence of) c. PNEUMONIA			DAYS
DUE TO (or as a consequence of) d. SENILE DEMENTIA			YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER MICHAEL P. KLETT, D.O.		TITLE PHYSICIAN
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.

MAY 14, 2008

DATE ISSUED: _____

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

