

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 11 2015

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?
# 63-17094	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: Juanita^{M.} & Richard^{D.} Nelson
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): SHARON C Nelson
New owner(s) as listed on the conveyance document
- Mailing address: P.O. Box 7745 City: Boise State: ID ZIP: 83707
- Telephone: 208-333-0011 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: 3rd of October 28-2000 2000 marked
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: Sharon C Nelson Title, if applicable: _____ Date: Dec 11, 2015
 Signature of new owner/claimant
- Signature: _____ Title, if applicable: _____ Date: _____
 Signature of new owner/claimant

For IDWR Office Use Only:

Received by C101286 Date 12-11-15 Receipt No. C101286 JStacy Receipt Amt. 25.00

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 Jmk Date 12-28-15



GRANT DEED

THIS GRANT DEED is made and entered into the 29 day of August, 2012, by and between RICHARD DALE NELSON and SHARON C. NELSON, Trustees, or their successors in trust, under THE RESTATED RICHARD DALE NELSON TRUST, dated the 3rd day of April, 2002, and any amendments thereto (Grantor) and RICHARD D. NELSON and SHARON C. NELSON, husband and wife, (Grantee). Grantee's current address is 8202 S. Cloverdale Road, Boise, Idaho 83709.

The Grantor for good and valuable consideration, receipt and sufficiency whereof is hereby acknowledged, hereby grants, bargains, sells and conveys unto Grantee and to Grantee's successors, heirs and assigns the following-described premises situated in Ada County, State of Idaho:

The N $\frac{1}{2}$ W $\frac{1}{2}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 10, T.2N., R.1E., B.M., Ada County, Idaho.

SUBJECT to easements, reservations and restrictions of record or apparent.

TOGETHER with all and singular the tenements, hereditaments, and appurtenances thereto belonging or in any way appertaining, and the reversions, remainder and remainders, rents, issues and profits thereof and also all of the estate, right, title, interest in and to the above property, possession, claim and demand whatsoever, as well in law as in equity, in or to the premises, and every part or parcel thereof with the appurtenances.

TO HAVE AND TO HOLD all and singular the premises and the appurtenances forever.

One of the purposes of this Deed is to convey the above property to the Grantees as their community property with the same force and effect as if the property had been acquired during the parties' marriage with community funds regardless of the fact that the property was formerly the separate property of Richard Dale Nelson.

IN WITNESS WHEREOF, the Grantors have executed this instrument the day and year first above written.

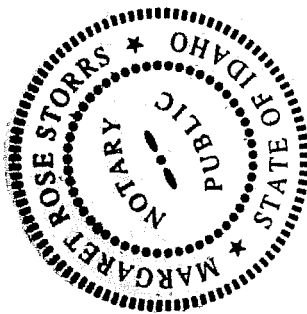
Sharon C. Nelson, Trustee

Richard Dale Nelson, Trustee

STATE OF IDAHO)
) ss.
County of Ada)

On this 29 day of August, 2012, before me, a Notary Public for the State of Idaho, personally appeared RICHARD DALE NELSON and SHARON C. NELSON, known or identified to me to be the persons whose names are subscribed to the within instrument as Trustees of the Restated Richard Dale Nelson Trust, dated the 3rd day of April, 2002, and acknowledged to me that they executed this instrument as the trustees.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.



Margaret Rose Storrs
Notary Public for the State of Idaho
Residing at Boise, Idaho
My Commission Expires: 05/14/2016

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 27, 2013

State File No. 2013-10929

DECEDENT - LEGAL NAME RICHARD DALE NELSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 88 YEARS	DATE OF BIRTH MAY 25, 1925
BIRTHPLACE ALBION, NEBRASKA		PLACE OF RESIDENCE BOISE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) SHARON KRATZ	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME CLARENCE MCKINLEY NELSON			BIRTHPLACE NEBRASKA
MOTHER - MAIDEN NAME ELLA VIOLA RICHARDS			BIRTHPLACE NEBRASKA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE CURTIS J. SMITH	
NAME AND ADDRESS OF FUNERAL FACILITY ACCENT FUNERAL HOME, MERIDIAN, IDAHO			
DATE OF DEATH NOV. 22, 2013	TIME OF DEATH 12:01 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. [REDACTED]			Approximate Interval Between Onset and Death YEARS
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
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 SAMUEL P. BASS, M.D.		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.

DATE ISSUED: NOVEMBER 27, 2013

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



CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

DEC 14 2015

DEPARTMENT OF
WATER RESOURCES

JUN - 1 2000

State of Idaho CERTIFICATE OF DEATH

State File No.

Local Reg. No.

3743

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL SHALL BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2114 & 39-2115

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

DECEDENT - NAME FIRST Juanita		MIDDLE Mae		LAST Nelson		SEX Female	DATE OF DEATH (Month, Day, Year) May 22, 2000
SOCIAL SECURITY NUMBER [REDACTED]		AGE - Last Birthday (Years) 73	UNDER 1 YEAR MONTHS 7	UNDER 1 DAY DAYS 22	DATE OF BIRTH (Month, Day, Year) Sept. 15, 1926		BIRTHPLACE (City and State or Foreign Country) Boise, Idaho
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) ☐ (1) Inpatient ☐ (2) ER/Outpatient ☐ (3) DDA ☐ (4) Long-Term Care Facility ☐ (5) Own Residence ☐ (6) Other Private Residence ☐ (7) Other (Specify)					
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 8114 S. Cloverdale Rd.				CITY, TOWN OR LOCATION OF DEATH Boise		COUNTY OF DEATH Ada	
MARITAL STATUS - Married Never Married Widowed Divorced (Specify) Married		SURVIVING SPOUSE (If wife give maiden name) Richard D. Nelson		DECEDENT'S USUAL OCCUPATION (Give kind or words of work done) Registered Nurse		KIND OF BUSINESS, INDUSTRY Hospital/Education	
RESIDENCE STATE Idaho	COUNTY Ada	CITY, TOWN OR LOCATION Boise	STREET AND NUMBER 8202 S. Cloverdale Road		ZIP CODE 83709		
INSIDE CITY LIMITS? ☒ Yes ☐ No	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) ☐ College (1-4 or 5+) ☒		

PARENTS

FATHER - NAME Bruce Montgomery	BIRTHPLACE Idaho	MOTHER - FULL MAIDEN NAME Grace Matthews	BIRTHPLACE Idaho
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INFORMANT

INFORMANT'S NAME (Type Print) Richard D. Nelson	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8202 S. Cloverdale Road, Boise, Idaho 83709
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DISPOSITION

METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Terrace Lawn Cemetery	LOCATION - City or Town, State Boise, Idaho
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CAUSE OF DEATH

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		LICENSE NUMBER (or Licensee's NAME AND ADDRESS OF FACILITY) M-745 Accent Funeral Home 1303 E. 1st Street, Meridian, Idaho 83642
TIME OF DEATH 1530 p.m.	DATE OF DEATH (Month, Day, Year) May 22, 2000	WAS CASE REFERRED TO CORNER? ☒ Yes ☐ No
MANNER OF DEATH (Check One) ☐ Natural ☐ Homicide ☐ Suicide ☒ Accident		Approximate Interval Between Onset and Death ---
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. [REDACTED] b. [REDACTED] c. [REDACTED] d. [REDACTED]		
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. [REDACTED]		
WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

CERTIFIER (Check only one) ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒ 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 as stated.		
SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		LICENSE NUMBER ---
NAME AND ADDRESS OF CERTIFIER (Type Print) Erwin Sonnenberg, Coroner		DATE SIGNED (Month, Day, Year) 5-31-00
DATE OF INJURY (Mo, Day, Yr) 5-22-00		
HOUR OF INJURY 1530		
DESCRIBE HOW INJURY OCCURRED [REDACTED]		
INJURY AT WORK? IF TRANSPORTATION ACCIDENT, Specify ☐ Yes ☒ No ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		LOCATION (Street or House Number, City/Town, or County, and State) 8114 S. Cloverdale Boise, ID

CORONER'S REVIEW AREA

CORONER'S ACTION ☒ I have reviewed and/or amended, and certified.		CORONER'S SIGNATURE <i>[Signature]</i>	DATE SIGNED (Month, Day, Year) JUN - 1 2000
REGISTRAR <i>[Signature]</i>			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

JUN - 1 2000

[Signature]





State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

GARY SPACKMAN
Director

C.L. "BUTCH" OTTER
Governor

December 28, 2015

SHARON C NELSON
PO BOX 7745
BOISE ID 83707

Re: Change of Ownership for Water Right/Permit No(s): 63-17094

Dear Water Right Holder(s):

The Department acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records to reflect this change in ownership and has enclosed a computer-generated report 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 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 § 42-222 and §42-223, Idaho.

Also note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address of the owner of a water right, to the Department. Notice of the change must be provided to the Department within 120 days of the change. Change reporting forms are available from any office of the Department, or at www.idwr.idaho.gov.

Thank you for your patience. If you have any questions concerning the enclosed information, please feel free to contact me at (208) 287-4942.

Sincerely,

A handwritten signature in black ink that reads "Jean Hersley".

Jean Hersley
Technical Records Specialist II

Enclosure(s)