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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Department of Water Resources

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
 Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
75-10012					

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s) _____
4. New Owner/Claimant(s) GLORIA CAULELE
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 24 N. "L" St. Apt #1
- City, State and ZIP Code SALT LAKE CITY, UTAH 84103
- New Telephone Number (801) 359-8237
5. Date you acquired the property _____

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6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) Gloria Canupher
(include title if applicable) _____

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

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For Office Use Only

Received by <u>JBarnon</u>	Date <u>3/14/01</u>	Fee <u>\$25.00</u>
Received by <u>JBarnon</u>	Date <u>3/14/01</u>	Receipt No. <u>C052700</u>
Processed by _____	AJ Date _____	WR _____ Date _____

STATE OF UTAH — DEPARTMENT OF HEALTH

JUN 11 1999

STATE OF UTAH - DEPARTMENT OF HEALTH

143 99 004970

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEDENT (First, Middle, Last) John D. Caulfield			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) May 26, 1999	3b. TIME OF DEATH (24 hr. clock) 0745
4. DATE OF BIRTH (Mo., Day, Yr.) November 29, 1910		5. AGE - Last Birthday 88	6. BIRTHPLACE (City & State or Foreign Country) Bingham Canyon, Utah		7. SOCIAL SECURITY NUMBER 528-07-5996
8a. PLACE OF DEATH (check only) ☐ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. D.O.A. ☒ 4. Other (Specify)			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Wood Park Care Center		
9. CITY, TOWN OR LOCATION OF DEATH Salt Lake City			10. COUNTY OF DEATH Salt Lake		
11. SURVIVING SPOUSE (if wife, give maiden name) Gloria Halvorsen					
12. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? ☒ 1. Yes ☐ 2. No			13. MARITAL STATUS ☒ 1. Never Married ☐ 2. Married ☐ 3. Widowed ☐ 4. Divorced		
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Salesman			15. KIND OF BUSINESS OR INDUSTRY Insurance/Investments		
16a. RESIDENCE - STREET AND NUMBER 5340 Cottonwood Lane			16b. CITY, TOWN OR COMMUNITY Salt Lake City		16c. COUNTY Salt Lake
17. INSIDE CITY LIMITS? ☒ 1. Yes ☐ 2. No			18. ZIP CODE 84117		19. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) ☐ 1. Mexican ☐ 2. Cuban ☐ 3. Puerto Rican ☐ 4. Other (Specify)
20. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White			21. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) College (13-16 or 17+) 18		
22. FATHER'S NAME (First, Middle, Last) Thomas J. Caulfield			23. MAIDEN NAME OF MOTHER (First, Middle, Last) Mary Ellen O'Brien		
24. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Gloria Caulfield, Wife 5340 Cottonwood Lane, Salt Lake City, Utah 84117					
25. METHOD OF DISPOSITION ☒ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☐ 6. Removal			26a. DATE OF DISPOSITION June 02, 1999		26b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Mt. Calvary Cemetery
27. SIGNATURE OF FUNERAL SERVICE LICENSEE Michael P. O'Donnell			28. LICENSEE NUMBER 22-114112-0902		29. FUNERAL HOME (Name and address) Neil O'Donnell and Sons Mortuary
30. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 5/25/99			31. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____ 372 East 100 South Salt Lake City, UT 84111		
32. CERTIFIER ☒ 1. CERTIFYING 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. ☐ 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.					
33. SIGNATURE AND TITLE OF CERTIFIER [Signature]			34. LICENSE NUMBER 183426		35. DATE SIGNED (Month, Day, Year) 5/27/99
36. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Rachel Stubbs M.D., 3855 South 700 East, Salt Lake City, Utah 84106					
37. REGISTRAR'S SIGNATURE [Signature]			38a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) May 28, 1999		38b. DATE FILED (Mo., Day, Yr.) May 28, 1999
39. 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, CHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Natural Causes - not otherwise specified					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Natural Causes - not otherwise specified DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.					
40. PART II - Other Significant Conditions Contributing to death, but not resulting in the underlying cause given in Part I: 5					
41. IN YOUR OPINION, TO WHAT DO YOU ATTRIBUTE THE CAUSE OF DEATH? ☐ 1. Probably contributed to the cause of death. ☒ 5. NON USER ☐ 2. Was the underlying cause of death. ☐ 6. UNKNOWN IF USER ☐ 3. Did not contribute to the cause of death. ☐ 4. Is unknown in relation to the cause of death.			42. WAS AN AUTOPSY PERFORMED? ☐ 1. Yes ☒ 2. No		43. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☐ 2. No
44. MANNER OF DEATH ☒ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined ☐ 6. Pending Investigation			45a. DATE OF INJURY (Mo., Day, Yr.)		45b. TIME OF INJURY (24 hour clock)
46. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)			47. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.		
48. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in Item 31)					

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

JUL 08 1999

SL970954



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

SRBA PARTIAL DECREE 75-100124

Issued on 09-15-2000.

This is not an official copy.

Contact IDWR or the Court for a Certified Copy.

Choose Landscape Orientation when printing.

NAME AND ADDRESS:	GLORIA CAULFIELD J D CAULFIELD 5340 COTTONWOOD LANE SALT LAKE CITY, UT 84117		
SOURCE:	SPRING	TRIBUTARY: SINKS	
QUANTITY:	0.04 CFS	THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED GALLONS PER DAY.	
PRIORITY DATE:	09/17/1954		
POINT OF DIVERSION:	T18N R17E S27	NENWNW	Within Lemhi County
PURPOSE AND PERIOD OF USE:	PURPOSE OF USE Domestic 1 HOME	PERIOD OF USE 01-01 TO 12-31	QUANTIT 0.04 C
PLACE OF USE:	Domestic T18N R17E S27	NWNW	Within Lemhi C

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NO
DETERMINATION OF HISTORICAL BENEFICIAL USE.

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISION
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFIC
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN TH
ENTRY OF A FINAL UNIFIED DECREE. I.C. SECTION 42-1412(6).

[Return to SRBA Home Page](#)

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State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

August 20, 2001

GLORIA CAULFIELD
24 N. L ST #1
SALT LAKE CITY UT 84103

RE: Change of Ownership for Water Right 75-10012

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right to you. The department has modified its records to reflect the change in ownership and has enclosed a computer-generated report for your records. Also enclosed is a receipt for the \$25.00 filing fee.

Please 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.

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

Sincerely,


for Jeff Peppersack, Manager
Water Right Permits Section

JP:klt

Enclosures

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