

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

NOV 16 2015

Notice of Change in Water Right Ownership WATER RESOURCES
WESTERN REGION

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?
63-23150	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: Ardith L. Zauha & Stanley A. Zauha Trust
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Thomas A. Zauha
New owner(s) as listed on the conveyance document
- 3511 Tucker Rd. Boise Name connector ☐ and ☐ or ☐ and/or
Mailing address City ID 83703
208-342-2144 State ZIP
Telephone tz83703@lycos.com 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: 6/13/2008
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):
 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.

8. Signature: Thomas A. Zauha Title, if applicable _____ Date 11/11/2015
Signature of new owner/claimant

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

For IDWR Office Use Only:

Received by [Signature] Date 11/16/15 Receipt No. WD43683 Receipt Amt. \$25⁰⁰
 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 X Approved by [Signature] Processed by [Signature] Date 12/3/15

The delegation of power and authority herein contained may be terminated with respect to any financial institution or securities broker by written notice signed by any Co-Trustee and delivered in person or by certified mail to such financial institution or securities broker, but until and unless such notice of termination is so given all actions taken, and all documents signed, by a Co-Trustee pursuant to the foregoing delegation of power and authority shall be binding upon this trust, the trust estate of the trust, all Co-Trustees of the trust, and all present and future beneficiaries of the trust, with the same force and effect as if all Co-Trustees had joined in taking such action or signing such documents.

7.2 Succession to Office of Trustee By Original Co-Trustee. If at any time either of the originally designated Co-Trustees shall resign or shall for any other reason cease to, or become unable to, act as a Co-Trustee hereunder, the remaining Co-Trustee shall act as sole Trustee.

7.3 Successor Co-Trustees. KEVIN R. ZAUHA and JOAN A. ZAUHA are hereby designated as Successor Co-Trustees under this Trust Agreement. Successor Co-Trustees shall succeed to the office of Trustee if at any time the original Trustee (or, in the case of Co-Trustees, all of the Co-Trustees) shall resign or shall for any other reason cease to, or become unable to, act as Trustee hereunder; provided, however, upon assuming the office of Trustee by reason of the incompetency or incapacity of Trustee, the Successor Co-Trustees shall continue to serve as Trustee only until such time as the original Trustee or one of the original Co-Trustees (then being competent and able to act in his or her own behalf) shall request in writing, delivered to Successor Co-Trustees, that Successor Co-Trustees cease to do so. The succession to the office of Trustee by Successor Co-Trustees under the foregoing circumstances shall be automatic, without the necessity for a vesting order from any Court. Upon succession to the office of Trustee, Successor Co-Trustees shall automatically have all the title, interest, rights, and powers, including discretionary rights and powers, of the former Trustee, all without any assignment or other act by any person. If a Successor Co-Trustee shall be unable or unwilling to serve as Co-Trustee when required to do so, or having assumed such office shall thereafter cease to, or for any reason become unable to, act as Co-Trustee, an Alternate Successor Co-Trustee shall automatically succeed to the office of Co-Trustee to fill the vacancy in the same manner, and with like powers and authority, as provided herein with respect to the originally designated Successor Co-Trustee. The following persons are designated as Alternate Successor Co-Trustees, and shall succeed to the office of Co-Trustee to fill vacancies in the order in which their names appear: THOMAS A. ZAUHA and JANELLE M. ZAUHA. If at any time there shall be no Alternate Successor Co-Trustee appointed hereunder who is able and willing to fill a vacancy in the office of Co-Trustee, the vacancy shall not be filled and the remaining Successor Co-Trustee(s) shall serve as Trustee.

7.4 Total Vacancy in Office of Trustee. If at any time there shall exist a total vacancy in the office of Trustee as to which the identity of the successor Trustee has not been expressly provided for in this Trust Agreement, whether such vacancy shall result from the resignation or removal of the Trustee, or otherwise, such vacancy shall be filled by appointment as follows: The appointment shall be made by Grantors, or by the surviving Grantor, if either Grantor is living, competent, and able to act in such Grantor's own behalf; or if both Grantors are deceased such appointment shall be made by a majority in interest of the adult and otherwise legally competent beneficiaries to whom income may then be payable and legal guardians of the estates of any minor or incompetent beneficiaries to whom income may then be payable; or if neither living Grantor shall be competent and able to act in such Grantor's own behalf such appointment shall be made by those persons who would at such time be entitled to make such

SUCCESSOR CO-TRUSTEES:

Kevin R. Zauha
KEVIN R. ZAUHA

Joan A. Zauha
JOAN A. ZAUHA

STATE OF IDAHO

COUNTY OF Ada

) ss.

On this 10th day of September, 1998, before me, the undersigned, a Notary Public in and for said State, personally appeared STANLEY A. ZAUHA and ARDITH L. ZAUHA, known or identified to me to be the persons whose names are subscribed to the foregoing instrument individually and as Co-Trustees of THE STANLEY AND ARDITH ZAUHA TRUST, and acknowledged to me that they executed the same individually and as such Co-Trustees.

C. Ann Chase
Notary Public for Idaho

Residing at: Boise, Idaho

Comm. Expires: Nov 2003

Seller's Closing Statement

File 293825

6/6/08 12:02 PM

Pioneer Title Company of Ada County (208) 377-2700**Seller's Closing Statement**

Seller(s) The Stanley and Ardith Zauha Trust, 5193 W. Catalpa Crt., Boise, ID 83713
 Buyer(s) Thomas A. Zauha, 3511 W. Tucker Rd., Boise, ID 83703
 Lender
 Property of the Southwest 1/4 of Section 28, Township 4, Range 2, Ada County, Idaho
 3511 W. Tucker Rd., Boise, ID 83703
 Closing date 6/13/2008 Proration date 6/13/2008
 Bank 14 - Wells Fargo Bank, N.A.
 Escrow Unit 1 - Rifleman
 Escrow Officer Tami DeJournett

	Debit	Credit
Contract Sales Price		203,000.00
Prorations:		
County taxes est. 2008 at \$1793.40 per year to		
From 1/1/2008 to 6/13/2008 @ \$4.90000/day.....	803.60	
Other Adjustments:		
25% Inherited Equity in home	50,750.00	
Title Charges:		
Settlement or closing fee to Pioneer Title Company of Ada County		
Title insurance to Pioneer Title Company of Ada County \$457.00	327.00	
Owner's coverage to Pioneer Title Company of Ada County		
Liability amount \$203,000.00.....	457.00	
Recording Fees/Transfer Charges:		
Recording fees: to Pioneer Title Company of Ada County		
Deed \$5.00.....	3.00	
Subtotal:	52,340.60	203,000.00
Balance due to Seller:	150,659.40	
Totals:	203,000.00	203,000.00

THE UNDERSIGNED, by the execution hereof, hereby (i) acknowledge that they have read the above and foregoing Closing Statement, (ii) acknowledge that the same is true and correct, and (iii) authorize and direct the Closing Agent to receive all amounts and disburse all amounts pursuant to the foregoing Closing Statement.

The Stanley and Ardith Zauha Trust

By: Stan A. Zauha, Co-Trustee

By: Don A. Zauha Co-Trustee

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed **NOVEMBER 09, 1998**

State File No. **1998-07322**

DECEDENT - NAME ARDITH LUCILLE ZAUHA				AGE 82 YEARS	
DATE OF DEATH NOV. 02, 1998		SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH OCT. 04, 1916	
BIRTHPLACE NEBRASKA					
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS MARRIED		SURVIVING SPOUSE (If wife, maiden name) STANLEY A. ZAUHA	
CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO					
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION BOISE			
FATHER - NAME GUSTAF ELMER JOHNSON				BIRTHPLACE IOWA	
MOTHER - FULL MAIDEN NAME ETHEL WINSTROM				BIRTHPLACE IOWA	
NAME AND ADDRESS OF MORTUARY GIBSON FUNERAL HOME, BOISE, IDAHO					
FUNERAL SERVICE LICENSEE THOMAS J. HOWELL					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 1:05 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) PANCREAS CANCER				Approximate interval Between Onset and Death 5 MONTHS	
DUE TO (or as a consequence of): a.					
DUE TO (or as a consequence of): b.					
DUE TO (or as a consequence of): c.					
DUE TO (or as a consequence of): d.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE LISTED					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER WILLIAM H. KREISLE, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME RONALD C STOSE	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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

DECEMBER 14, 2007

DATE ISSUED:

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed **NOVEMBER 23, 2007**

State File No. **2007-09315**

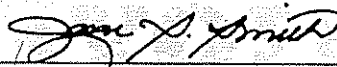
DECEDENT - LEGAL NAME STANLEY ANDREW ZAUHA			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 89 YEARS	DATE OF BIRTH NOVEMBER 25, 1917
BIRTHPLACE FULLERTON, NEBRASKA		PLACE OF RESIDENCE BOISE, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME ANDREW ZAUHA (ZAUCHA)			BIRTHPLACE POLAND
MOTHER - MAIDEN NAME CATHERINE CZARNIK			BIRTHPLACE POLAND
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE AMIE CANTRELL	
NAME AND ADDRESS OF FUNERAL FACILITY CLOVERDALE FUNERAL HOME, INC., BOISE, IDAHO			
DATE OF DEATH NOV. 12, 2007	TIME OF DEATH 7:05 P.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. ACUTE CVA			Approximate Interval Between Onset and Death 1 WEEK
b. ATRIAL FIBRILLATION			YEARS
c. HYPERTENSION			YEARS
d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above SUBDURAL HEMATOMA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER ALAN MATTHEW MADERIOUS, 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			

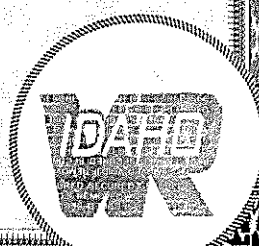
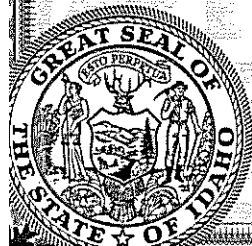
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DATE ISSUED: **DECEMBER 05, 2007**

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

PDNCO (Rev) 11/05


JANE S. SMITH
STATE REGISTRAR





State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region • 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

December 3, 2015

THOMAS A ZAUHA
3511 TUCKER RD
BOISE ID 83703

RE: Notice of Ownership Change in Water Right No. 63-23150

Dear Applicants,

The Department acknowledges the 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.

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 Sections 42-222 and 42-223, Idaho Code.

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, or at www.idwr.idaho.gov.

If you have any questions concerning the enclosed information, please feel free to contact this office at 208-334-2190.

Sincerely,

Chad Jones
Office Specialist II
Western Regional Office

Enclosures