

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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NOV 04 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?
36-16148	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: Notch Butte Farms, John Lezamiz, Robert Shillington, Kelley Shillington
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Notch Butte Farms LLC, John Lezamiz, Robert Shillington
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 847 Canyon Springs Rd. Twin Falls ID 83301
Mailing address City State ZIP
- 208-308-5710
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: October 28, 2015
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: [Signature] Member 10/28/15
Signature of new owner/claimant Title, if applicable Date
- Signature: [Signature] _____ _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. _____ 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 _____

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2011-030645

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) KELLEY JEAN SHILLINGTON			2. AKA'S (IF ANY)			3. DATE OF DEATH AUGUST 05, 2011		
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 04-18-1982	7. AGE 40	8. UNDER 1 YEAR 8. MONTHS 9. DAYS		10. OVER 1 YEAR 10. HOURS 11. MINUTES		
12. PLACE OF DEATH - HOSPITAL: ☒ INPATIENT ☐ OUTPATIENT ☐ DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: ☐ NURSING HOME OR LONG TERM CARE FACILITY ☐ RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): SCOTTSDALE HEALTHCARE-SHEA			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: SCOTTSDALE 85280			16. COUNTY OF DEATH: MARICOPA		
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): TWIN FALLS, IDAHO			18. MARITAL STATUS AT TIME OF DEATH: MARRIED			19. NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE): ROBERT SHILLINGTON		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 3158 HEATHERWOOD RD.			21. CITY AND COUNTY: TWIN FALLS, TWIN FALLS			22. STATE: IDAHO		23. ZIP CODE: 83301
24. WAS DECEDENT OF HISPANIC ORIGIN? ☒ NO, NOT SPANISH, HISPANIC OR LATINO ☐ YES, MEXICAN, MEXICAN AMERICAN, CHICANO ☐ YES, PUERTO RICAN ☐ YES, CUBAN ☐ YES, OTHER (SPECIFY)			25. DECEDENT'S RACE(S): ☒ WHITE ☐ BLACK, AFRICAN AMERICAN ☐ NATIVE HAWAIIAN ☐ ASIAN INDIAN ☐ CHINESE ☐ FILIPINO ☐ JAPANESE ☐ GUAMANIAN OR CHAMORRO ☐ KOREAN ☐ VIETNAMESE ☐ SAMOAN ☐ AMERICAN INDIAN OR ALASKA NATIVE			26. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE		
27. OCCUPATION: HOMEMAKER			28. FATHER'S NAME (FIRST, MIDDLE, LAST): EARL MORRISON					
29. INFORMANT'S NAME: ROBERT SHILLINGTON			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): LINDA SUE WILLIAMS			31. INFORMANT'S MAILING ADDRESS: 3158 HEATHERWOOD RD, TWIN FALLS, IDAHO 83301		
32. NAME AND ADDRESS OF FUNERAL FACILITY: GREEN ACRES MORTUARY & CEMETERY 401 N. HAYDEN ROAD, SCOTTSDALE, AZ			33. FUNERAL DIRECTOR: JACK SEYLER, FUNERAL DIRECTOR			34. LICENSE NUMBER: F1368		
35. METHOD(S) OF DISPOSITION: REMOVAL/CREMATION			36. NAME AND LOCATION OF 1st DISPOSITION FACILITY: WHITE CREMATORY, TWIN FALLS, IDAHO			37. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I								
38. IMMEDIATE CAUSE OF DEATH: PENDING			39. A			40. APPROXIMATE INTERVAL: UNKNOWN		
41. DUE TO OR AS A CONSEQUENCE OF:			42. B			43. APPROXIMATE INTERVAL:		
44. C			45. APPROXIMATE INTERVAL:			46. APPROXIMATE INTERVAL:		
47. D			48. APPROXIMATE INTERVAL:			49. APPROXIMATE INTERVAL:		
CAUSE OF DEATH PART II								
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE(S) GIVEN ABOVE:			51. INJURY? UNKNOWN			52. INJURY AT WORK? UNKNOWN		
			53. MANNER OF DEATH: PENDING INVESTIGATION			54. TIME OF DEATH: 2219		
			55. WAS AN AUTOPSY PERFORMED? YES			56. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES		
CAUSE AND MANNER OF DEATH CERTIFICATION								
57. CERTIFYING PHYSICIAN/NURSE/PRACTITIONER/PHYSICIAN'S ASSISTANT - To the best of my knowledge, death occurred due to the cause(s) and manner stated.			58. NAME OF PERSON COMPLETING CAUSE OF DEATH: JOHN HU, M.D.			59. DATE CERTIFIED: 08-09-2011		
60. Medical Examiner/Toxicologist/Law Enforcement Authority - 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 stated.			61. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ			62. DATE REGISTERED: 08-22-2011		
63. CERTIFIER'S ADDRESS: 701 WEST JEFFERSON STREET PHOENIX, AZ 85007								

Date Issued: 08-25-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.
Revised 04/2010

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

PATRICIA ADAMS
ASSISTANT STATE REGISTRARArizona
Department of
Health Services



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, Idaho 83301-5858

Phone: (208) 736-3033 • Fax: (208) 736-3037 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

November 5, 2015

JOHN LEZAMIZ
NOTCH BUTTE FARMS LLC
ROBERT SHILLINGTON
847 CANYON SPRINGS RD
TWIN FALLS ID 83301

RE: Change of Ownership for Water Right Nos. 36-16148

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s). The department has modified its records to reflect the change in ownership and has enclosed computer-generated reports 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.

Also, please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

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

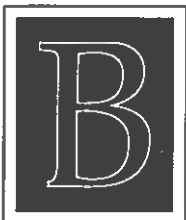
Sincerely,

A handwritten signature in cursive script, reading 'Trish Fawcett'.

Trish Fawcett
Technical Records Specialist

Enclosure(s)

Cc: Greg Sullivan, Brockway Engineering PLLC



BROCKWAY
ENGINEERING
P.L.L.C.

Hydraulics

Hydrology

Water Resources

RECEIVED

NOV 04 2015

DEPT OF WATER RESOURCES
SOUTHERN REGION

November 2, 2015

Trish Fawcett
Idaho Department of Water Resources
650 Addison Ave. W., Ste. 500
Twin Falls, ID 83301

Re: Notch Butte Farms LLC

Dear Mrs. Fawcett:

Notch Butte Farms LLC, John Lezamiz and Robert Shillington desire to update the ownership of water right 36-16148. Kelley Shillington is listed as a current owner but she has been deceased since August 5, 2011. John Lezamiz and Robert Shillington are managing members of Notch Butte Farms LLC. Please remove Kelley Shillington from the current owner list.

Please contact me if you have any questions.

Sincerely,

Greg Sullivan, M.S., Engineer

Cc: John Lezamiz

Enc: Change of Ownership Form, Kelley Shillington Death Certificate

CHARLES E.
BROCKWAY,
Ph.D., P.E.

CHARLES G.
BROCKWAY,
Ph.D., P.E.

2016 NORTH
WASHINGTON
STREET • SUITE 4

TWIN FALLS,
IDAHO 83301

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FAX: 736•8506