

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 01 2015

Department of Water Resources
Eastern 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?
734077	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: James Hess
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Louanne Hess
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 1241 Custer Rd. Ellis, ID 83235
Mailing address City State ZIP
- 208-876-4136 germanlou@yahoo.com
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: 2003 ?
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: Louanne Hess wife of deceased 9/25/15
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 _____ Date _____ Receipt No. N/A 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 Jmk Date 10-22-15

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CHANGE IN ADDRESS

This form can be used to notify the Department of a change in
address of the owners of record for the listed water rights.
(Please print or type)

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Department of Water Resources
Eastern RegionWater Right Number(s): 73 4077Name(s): James HessOld Mailing Address: PO Box 1340
Challis, ID 83226New Mailing Address: 1211 Custer Rd
Ellis, ID 83235Telephone Number: 208 - 876 - 4136Email: germanlou@yahoo.comSignature(s) of Owner(s) Juanne Hess wife
on behalf of James Hess
(Include your title if on behalf of company or organization.)Date: 9/25/15

Send a signed original to your closest regional office:

IDWR Northern Region
7600 N. Mineral Dr., Suite 100
Coeur d'Alene, ID 83815-7763
(208) 762-2800IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190☒ IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161IDWR Southern Region
650 Addison Ave W, Suite 500
Twin Falls, ID 83301-5858
(208) 736-3033

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2014-08288

09/08/2014

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH UNDER SECTION AND 13A-27A, IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JAMES LEE HESS		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 51 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
5. DATE OF BIRTH (Mo/Day/Yr) 06/30/1963		6. BIRTHPLACE (City and State, Territory, or Foreign Country) POCATELLO, IDAHO				
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY CUSTER		7c. CITY OR TOWN ELLIS		
7d. STREET AND NUMBER 1211 CUSTER ROAD		7e. APT. NO. _____		7f. ZIP CODE 83235		
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No						
8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown						
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) LOUANNE GALE ROUFS						
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No						
11a. FATHER'S NAME (First, Middle, Last, Suffix) HAROLD EDWIN HESS			11b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS			
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) VICTORIA RICHARDSON			12b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH			
13a. INFORMANT'S NAME (Type or print) LOUANNE HESS		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1211 CUSTER ROAD ELLIS, ID 83235		
14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____						
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) DALY LEACH CREMATORY 1010 WEST MAIN STREET HAMILTON, MONTANA 59840						
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY JONES AND CASEY FUNERAL HOME - CHALLIS 501 LENA STREET SALMON, IDAHO 83467						
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: TAMMY J. BOWERMAN			17b. LICENSE NUMBER (Of licensee) M0883		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify) SPORTSMAN ACCESS						
20. FACILITY NAME (If not facility, give street and number) W 44 41MINS 12.9 SECS W 114 3MINS 23.9 SEC						
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ELLIS, ID 83235		22. COUNTY OF DEATH CUSTER				
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 2, 2014		24. TIME OF DEATH (24hr) Estimated 08:00 - 11:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 3, 2014		
26. TIME PRONOUNCED DEAD (24hr) 13:23						
PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SELF INFLICTED GUNSHOT WOUND TO THE FOREHEAD DUE TO (or as a consequence of): _____ b. _____ DUE TO (or as a consequence of): _____ c. _____ DUE TO (or as a consequence of): _____ d. _____						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown						
30. IF FEMALE (Aged 10-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 45 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year						
31. MANNER OF DEATH ☐ Natural ☐ Accident ☒ Suicide		32. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No				
33. DATE OF INJURY (Mo/Day/Yr) (Spell month) September 2, 2014		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) SPORTSMAN'S ACCESS AT ELLIS		35. INJURY AT WORK? ☐ Yes ☒ No		
36. LOCATION OF INJURY: State IDAHO City/Town or County ELLIS, CUSTER Zip Code 83235 Street and Number or Location ACROSS FROM CUSTER ROAD Apartment Number _____						
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) HE SHOT HIMSELF IN THE FOREHEAD WITH A 22 CALIBER PISTOL						
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown						
39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) 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) stated. Signature and Title of Certifier → ELECTRONICALLY SIGNED: VICKI ARMBRUSTER 39b. LICENSE NUMBER 39c. DATE SIGNED 9 / 7 / 2014 MM DD YYYY						
40a. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE						
40b. DATE SIGNED 9 / 8 / 2014 MM DD YYYY						

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:

SEP 08 2014

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

JAMES B. AYDELOTTE
STATE REGISTRAR



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 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

October 22, 2015

LOUANNE HESS
1211 CUSTER RD
ELLIS ID 83235

Re: Change of Ownership for Water Right/Permit No(s): 73-4077

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,

Jean Hersley
Technical Records Specialist II

Enclosure(s)