

RECEIVED

APR 30 2015

DEPT OF WATER RESOURCES
SOUTHERN REGIONSTATE OF IDAHO
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?
47-16417	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: Far Away Farms, Lena Ormonde, Antonio Ormonde
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Far Away Farms, Antonio Ormonde
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 14657 Chandler St Eastvale CA 92880
Mailing address City State ZIP
- 909-735-8045 coronacattleinc@gmail.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: _____
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: Antonio Ormonde _____ 4/30/15
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. _____ 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 _____ **SCANNED**

JUN 16 2015

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015000479

CERTIFICATE OF DEATH

3201519000123

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LENA		2. MIDDLE FATIMA		3. LAST (Family) ORMONDE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/19/1953		5. AGE Yrs. 61	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 01/02/2015		8. HOUR (24 Hour) 1359	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK	
12. MARITAL STATUS/SIDP (at time of death) MARRIED		13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		14. YEARS IN OCCUPATION 32	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SECRETARY		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SLAUGHTER HOUSE		17. YEARS IN OCCUPATION 32	
18. DECEASED'S RESIDENCE (Street and number, or location) 14657 CHANDLER ST.		19. CITY EASTVALE		20. COUNTY/PROVINCE RIVERSIDE	
21. ZIP CODE 92880		22. YEARS IN COUNTRY 48		23. STATE/FOREIGN COUNTRY CA	
24. INFORMANT'S NAME, RELATIONSHIP ANTONIO ORMONDE, HUSBAND		25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 14657 CHANDLER ST., EASTVALE, CA 92880			
26. NAME OF SURVIVING SPOUSE/SIDP - FIRST ANTONIO		27. MIDDLE GILBERTO		28. LAST (BIRTH NAME) ORMONDE	
29. NAME OF FATHER/PARENT - FIRST ANTONIO		30. MIDDLE -		31. LAST MACHADO	
32. NAME OF MOTHER/PARENT - FIRST LENA		33. MIDDLE -		34. LAST (BIRTH NAME) LOPES	
35. DISPOSITION DATE mm/dd/yyyy 01/09/2015		36. PLACE OF FINAL DISPOSITION CRESTLAWN MEMORIAL PARK 11500 ARLINGTON AVE., RIVERSIDE, CA 92505		37. TYPE OF DISPOSITIONS BU	
38. SIGNATURE OF EXAMINER PAUL BROWN		39. LICENSE NUMBER FD1343		40. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD	
41. DATE OF DEATH mm/dd/yyyy 01/06/2015		42. LICENSE NUMBER EMB9116		43. DATE OF DEATH mm/dd/yyyy 01/06/2015	
44. PLACE OF DEATH CITY OF HOPE HELFORD CLINICAL RESEARCH HOSP		45. IF OTHER THAN HOSPITAL, SPECIFY ONE ☒ P ☐ ERVOP ☐ DOA ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other		46. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ P ☐ ERVOP ☐ DOA ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other	
47. COUNTY LOS ANGELES		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1500 DUARTE RD		49. CITY DUARTE	
50. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) LUNG CANCER		51. TIME ELAPSED BETWEEN ONSET AND DEATH 2 YRS		52. DEATH REPORTED TO DOCTOR? ☐ YES ☒ NO	
53. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE OF DEATH ON LINE A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		54. BIOPSY PERFORMED? ☐ YES ☒ NO		55. AUTOPSY PERFORMED? ☐ YES ☒ NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		57. USED IN DETERMINING CAUSE? ☐ YES ☐ NO		58. USED IN DETERMINING CAUSE? ☐ YES ☐ NO	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		60. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK		61. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK	
62. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since mm/dd/yyyy 12/24/2013		63. SIGNATURE AND TITLE OF CERTIFIER KAREN LYNN RECKAMP M.D.		64. LICENSE NUMBER A75041	
65. Decedent Last Seen Alive mm/dd/yyyy 01/02/2015		66. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KAREN LYNN RECKAMP M.D. 1500 DUARTE RD, DUARTE, CA 91010		67. DATE 01/06/2015	
68. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Investigation ☐ Could not be determined		69. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK		70. INJURY DATE mm/dd/yyyy	
71. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		72. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK		73. INJURY DATE mm/dd/yyyy	
74. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		75. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK		76. INJURY DATE mm/dd/yyyy	
77. LOCATION OF INJURY (Street and number, or location, and city, and zip)		78. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK		79. INJURY DATE mm/dd/yyyy	
80. SIGNATURE OF CORONER / DEPUTY CORONER		81. DATE mm/dd/yyyy		82. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
83. STATE REGISTRAR		84. DATE mm/dd/yyyy		85. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
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470. STATE REGISTRAR		471. DATE mm/dd/yyyy		472. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
473. STATE REGISTRAR		474. DATE mm/dd/yyyy		475. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
476. STATE REGISTRAR		477. DATE mm/dd/yyyy		478. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
479. STATE REGISTRAR		480. DATE mm/dd/yyyy		481. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
482. STATE REGISTRAR		483. DATE mm/dd/yyyy		484. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
485. STATE REGISTRAR		486. DATE mm/dd/yyyy		487. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
488. STATE REGISTR					



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

June 12, 2015

ANTONIO ORMONDE
FAR AWAY FARMS
14657 CHANDLER ST
EASTVALE CA 92880

RE: Change of Ownership for Water Right Nos. 47-16417

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)

SCANNED
JUN 16 2015