

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 14 2015

Notice of Change in Water Right Ownership

DEPT OF WATER RESOURCES
SOUTHERN 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?
02-4028	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: _____

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): JIM A. DUGGAN
 New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
57 BELL RAPIDS RD. HAGERMAN IDA 83332
 Mailing address City State ZIP
208-731-0997
 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):
 - ☐ \$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: Jim A. Duggan Title, if applicable: _____ Date: 9/14/15
 Signature of new owner/claimant
 Signature: _____ Title, if applicable: _____ Date: _____
 Signature of new owner/claimant

For IDWR Office Use Only:

Received by DM Date 9-14-2015 Receipt No. SD35009 Receipt Amt. \$25-
 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 _____

DISTRICT COURT
TWIN FALLS CO. IDAHO
FILED

2015 MAR 17 AM 11:15

BY _____ CLERK

DEPUTY

DENNIS S. VOORHEES
THE VOORHEES LAW FIRM
Attorney at Law
112 Shoshone Street East
P.O. Box Z
Twin Falls, Idaho 83303-0090
Phone: (208) 736-6000
ISB No. 2281

Attorney for: Personal Representative

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN THE MATTER OF THE ESTATE OF)

CASE NO. CV-2015-10660

MAC CARROL DUGGAN,

LETTERS TESTAMENTARY

Deceased.

1. **Wright Dwight Duggan** was duly appointed and qualified as Personal Representative of the estate of the above-named decedent on the date indicated below by the Court with all authority pertaining thereto. The Personal Representatives mailing address is as follows: 975 2nd Avenue West, Twin Falls, Idaho 83301

2. Administration of the estate is unsupervised.

3. These letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

4. The decedent died on **October 15, 2014**, at the age of **88** years.

WITNESS, my signature and the Seal of this Court, this 17 day of March 2015.

State of Idaho
County of Twin Falls, 3-20-15
I hereby certify the foregoing to be a full, true
and correct copy of the original on file in the
above entitled action.

KRISTINA GLASCOCK
CLERK OF THE DISTRICT COURT

17
R. MICHAEL REDMAN
MAGISTRATE JUDGE 269

By [Signature]
LETTERS TESTAMENTARY COURT SERVICES

REQUEST TRANSFER WATER RIGHT

I, Wright Dwight Duggan, duly appointed as Personal Representative of the
Mac C. Duggan Estate request the transfer of Water Right # 02-04-02-8 to

Jim A. Duggan
#57 Bell Rapids Road
Hagerman, Idaho
83332

Wright Dwight Duggan

Wright Dwight Duggan
Personal Representative
Mac C. Duggan Estate

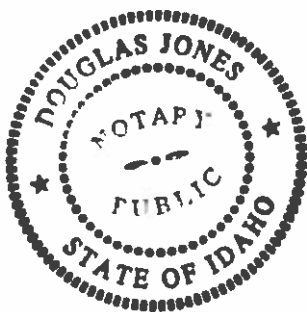
STATE OF IDAHO)
) ss.
County of Twin Falls)

On this 14 day of Sept, 2015, before me,

Wright Dwight Duggan, a notary public, personally appeared

Douglas Jones, known or identified by me to be the

person whose name is subscribed to the instrument above, and acknowledged to me that
he executed the same.



Douglas Jones

Notary Public of Idaho

Residing at: 561 TD

My commission expires 8/8/2019

REQUEST TRANSFER WATER RIGHT

I, Wright Dwight Duggan, duly appointed as Personal Representative of the
Mac C. Duggan Estate request the transfer of Water Right # 02-04-02-8 to

Jim A. Duggan
#57 Bell Rapids Road
Hagerman, Idaho
83332

Wright Dwight Duggan

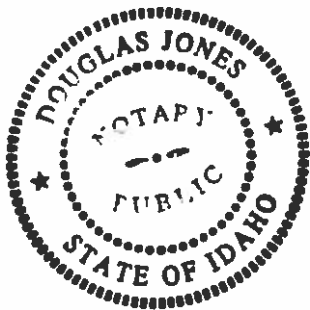
Wright Dwight Duggan
Personal Representative
Mac C. Duggan Estate

STATE OF IDAHO)
) ss.
County of Twin Falls)

On this 14 day of Sept, 2015, before me,

Wright Dwight Duggan, a notary public, personally appeared
Douglas Jones, known or identified by me to be the

person whose name is subscribed to the instrument above, and acknowledged to me that
he executed the same.



Douglas Jones

Notary Public of Idaho

Residing at: 541 ID

My commission expires 8/8/2019

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed: OCTOBER 22, 2014

State File No. 2014-09918

DECEDENT - LEGAL NAME MAC CARROLL DUGGAN			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 88 YEARS	DATE OF BIRTH DECEMBER 05, 1925
BIRTHPLACE ADRIAN, MISSOURI		PLACE OF RESIDENCE HAGERMAN, 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 DON C. DUGGAN			BIRTHPLACE MISSOURI
MOTHER - MAIDEN NAME GLADYS MAY TEETER			BIRTHPLACE MISSOURI
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE KEVIN L. ROSENAU	
NAME AND ADDRESS OF FUNERAL FACILITY ROSENAU FUNERAL HOME AND CREMATORY, TWIN FALLS, IDAHO			
DATE OF DEATH OCT. 15, 2014	TIME OF DEATH 12:34 P.M.	CITY, TOWN OR LOCATION OF DEATH BUHL, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a. CVA			Approximate Interval Between Onset and Death 1 WEEK
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DARYL G. FICKLIN, D.O.		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			

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: OCTOBER 22, 2014

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §§20-101 AND 20-174, 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) LAVERNE THERESA DUGGAN		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 79 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) 05/08/1932
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) TWIN FALLS, IDAHO				
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY TWIN FALLS	7c. CITY OR TOWN HAGERMAN	
	7d. STREET AND NUMBER 53 BELL RAPIDS ROAD		7e. APT. NO. _____	7f. ZIP CODE 83332	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
MORTICIAN: Complete/Verify and File Within 5 Days of Death		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) MAC C. DUGGAN			
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) VERN WEST		11b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS
			12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) HELEN METZLER		12b. BIRTHPLACE (State, Territory, or Foreign Country) COLORADO
INFORMANT	13a. INFORMANT'S NAME (Type or print) MAC C. DUGGAN		13b. RELATIONSHIP TO DECEDENT HUSBAND		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 53 BELL RAPIDS ROAD HAGERMAN, ID 83332
	DISPOSITION		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) PARKE'S MAGIC VALLEY CREMATORY 2551 KIMBERLY ROAD TWIN FALLS, IDAHO 83301					
		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PARKE'S MAGIC VALLEY FUNERAL HOME 2551 KIMBERLY ROAD TWIN FALLS, IDAHO 83301			
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MICHAEL D. PARKE		17b. LICENSE NUMBER (Of licensee) M0799		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No
	19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____				
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) 53 BELL RAPIDS ROAD		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE HAGERMAN, ID 83332		22. COUNTY OF DEATH TWIN FALLS
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) July 4, 2011		24. TIME OF DEATH (24hr) 10:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) July 4, 2011
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 10:00				
	PART I: Enter the <u>chain of events</u> - 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. METASTATIC ADENOCARCINOMA COLORECTAL CANCER DUE TO (or as a consequence of) _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____ s. _____ t. _____ u. _____ v. _____ w. _____ x. _____ y. _____ z. _____ AA. _____ AB. _____ AC. _____ AD. _____ AE. _____ AF. _____ AG. _____ AH. _____ AI. _____ AJ. _____ AK. _____ AL. _____ AM. _____ AN. _____ AO. _____ AP. _____ AQ. _____ AR. _____ AS. _____ AT. _____ AU. _____ AV. _____ AW. _____ AX. _____ AY. _____ AZ. _____ BA. _____ BB. _____ BC. _____ BD. _____ BE. _____ BF. _____ BG. _____ BH. _____ BI. _____ BJ. _____ BK. _____ BL. _____ BM. _____ BN. _____ BO. _____ BP. _____ BQ. _____ BR. _____ BS. _____ BT. _____ BU. _____ BV. _____ BW. _____ BX. _____ BY. _____ BZ. _____ CA. _____ CB. _____ CC. _____ CD. _____ CE. _____ CF. _____ CG. _____ CH. _____ CI. _____ CJ. _____ CK. _____ CL. _____ CM. _____ CN. _____ CO. _____ CP. _____ CQ. _____ CR. _____ CS. _____ CT. _____ CU. _____ CV. _____ CW. _____ CX. _____ CY. _____ CZ. _____ DA. _____ DB. _____ DC. _____ DD. _____ DE. _____ DF. _____ DG. _____ DH. _____ DI. _____ DJ. _____ DK. _____ DL. _____ DM. _____ DN. _____ DO. _____ DP. _____ DQ. _____ DR. _____ DS. _____ DT. _____ DU. _____ DV. _____ DW. _____ DX. _____ DY. _____ DZ. _____ EA. _____ EB. _____ EC. _____ ED. _____ EE. _____ EF. _____ EG. _____ EH. _____ EI. _____ EJ. _____ EK. _____ EL. _____ EM. _____ EN. _____ EO. _____ EP. _____ EQ. _____ ER. _____ ES. _____ ET. _____ EU. _____ EV. _____ EW. _____ EX. _____ EY. _____ EZ. _____ FA. _____ FB. _____ FC. _____ FD. _____ FE. _____ FF. _____ FG. _____ FH. _____ FI. _____ FJ. _____ FK. _____ FL. _____ FM. _____ FN. _____ FO. _____ FP. _____ FQ. _____ FR. _____ FS. _____ FT. _____ FU. _____ FV. _____ FW. _____ FX. _____ FY. _____ FZ. _____ GA. _____ GB. _____ GC. _____ GD. _____ GE. _____ GF. _____ GG. _____ GH. _____ GI. _____ GJ. _____ GK. _____ GL. _____ GM. _____ GN. _____ GO. _____ GP. _____ GQ. _____ GR. _____ GS. _____ GT. _____ GU. _____ GV. _____ GW. _____ GX. _____ GY. _____ GZ. _____ HA. _____ HB. _____ HC. _____ HD. _____ HE. _____ HF. _____ HG. _____ HH. _____ HI. _____ HJ. _____ HK. _____ HL. _____ HM. _____ HN. _____ HO. _____ HP. _____ HQ. _____ HR. _____ HS. _____ HT. _____ HU. _____ HV. _____ HW. _____ HX. _____ HY. _____ HZ. _____ IA. _____ IB. _____ IC. _____ ID. _____ IE. _____ IF. _____ IG. _____ IH. _____ II. _____ IJ. _____ IK. _____ IL. _____ IM. _____ IN. _____ IO. _____ IP. _____ IQ. _____ IR. _____ IS. _____ IT. _____ IU. _____ IV. _____ IW. _____ IX. _____ IY. _____ IZ. _____ JA. _____ JB. _____ JC. _____ JD. _____ JE. _____ JF. _____ JG. _____ JH. _____ JI. _____ JJ. _____ JK. _____ JL. _____ JM. _____ JN. _____ JO. _____ JP. _____ JQ. _____ JR. _____ JS. _____ JT. _____ JU. _____ JV. _____ JW. _____ JX. _____ JY. _____ JZ. _____ KA. _____ KB. _____ KC. _____ KD. _____ KE. _____ KF. _____ KG. _____ KH. _____ KI. _____ KJ. _____ KK. _____ KL. _____ KM. _____ KN. _____ KO. _____ KP. _____ KQ. _____ KR. _____ KS. _____ KT. _____ KU. _____ KV. _____ KW. _____ KX. _____ KY. _____ KZ. _____ LA. _____ LB. _____ LC. _____ LD. _____ LE. _____ LF. _____ LG. _____ LH. _____ LI. _____ LJ. _____ LK. _____ LL. _____ LM. _____ LN. _____ LO. _____ LP. _____ LQ. _____ LR. _____ LS. _____ LT. _____ LU. _____ LV. _____ LW. _____ LX. _____ LY. _____ LZ. _____ MA. _____ MB. _____ MC. _____ MD. _____ ME. _____ MF. _____ MG. _____ MH. _____ MI. _____ MJ. _____ MK. _____ ML. _____ MM. _____ MN. _____ MO. _____ MP. _____ MQ. _____ MR. _____ MS. _____ MT. _____ MU. _____ MV. _____ MW. _____ MX. _____ MY. _____ MZ. _____ NA. _____ NB. _____ NC. _____ ND. _____ NE. _____ NF. _____ NG. _____ NH. _____ NI. _____ NJ. _____ NK. _____ NL. _____ NM. _____ NN. _____ NO. _____ NP. _____ NQ. _____ NR. _____ NS. _____ NT. _____ NU. _____ NV. _____ NW. _____ NX. _____ NY. _____ NZ. _____ OA. _____ OB. _____ OC. _____ OD. _____ OE. _____ OF. _____ OG. _____ OH. _____ OI. _____ OJ. _____ OK. _____ OL. _____ OM. _____ ON. _____ OO. _____ OP. _____ OQ. _____ OR. _____ OS. _____ OT. _____ OU. _____ OV. _____ OW. _____ OX. _____ OY. _____ OZ. _____ PA. _____ PB. _____ PC. _____ PD. _____ PE. _____ PF. _____ PG. _____ PH. _____ PI. _____ PJ. _____ PK. _____ PL. _____ PM. _____ PN. _____ PO. _____ PP. _____ PQ. _____ PR. _____ PS. _____ PT. _____ PU. _____ PV. _____ PW. _____ PX. _____ PY. _____ PZ. _____ QA. _____ QB. _____ QC. _____ QD. _____ QE. _____ QF. _____ QG. _____ QH. _____ QI. _____ QJ. _____ QK. _____ QL. _____ QM. _____ QN. _____ QO. _____ QP. _____ QQ. _____ QR. _____ QS. _____ QT. _____ QU. _____ QV. _____ QW. _____ QX. _____ QY. _____ QZ. _____ RA. _____ RB. _____ RC. _____ RD. _____ RE. _____ RF. _____ RG. _____ RH. _____ RI. _____ RJ. _____ RK. _____ RL. _____ RM. _____ RN. _____ RO. _____ RP. _____ RQ. _____ RR. _____ RS. _____ RT. _____ RU. _____ RV. _____ RW. _____ RX. _____ RY. _____ RZ. _____ SA. _____ SB. _____ SC. _____ SD. _____ SE. _____ SF. _____ SG. _____ SH. _____ SI. _____ SJ. _____ SK. _____ SL. _____ SM. _____ SN. _____ SO. _____ SP. _____ SQ. _____ SR. _____ SS. _____ ST. _____ SU. _____ SV. _____ SW. _____ SX. _____ SY. _____ SZ. _____ TA. _____ TB. _____ TC. _____ TD. _____ TE. _____ TF. _____ TG. _____ TH. _____ TI. _____ TJ. _____ TK. _____ TL. _____ TM. _____ TN. _____ TO. _____ TP. _____ TQ. _____ TR. _____ TS. _____ TT. _____ TU. _____ TV. _____ TW. _____ TX. _____ TY. _____ TZ. _____ UA. _____ UB. _____ UC. _____ UD. _____ UE. _____ UF. _____ UG. _____ UH. _____ UI. _____ UJ. _____ UK. _____ UL. _____ UM. _____ UN. _____ UO. _____ UP. _____ UQ. _____ UR. _____ US. _____ UT. _____ UU. _____ UV. _____ UW. _____ UX. _____ UY. _____ UZ. _____ VA. _____ VB. _____ VC. _____ VD. _____ VE. _____ VF. _____ VG. _____ VH. _____ VI. _____ VJ. _____ VK. _____ VL. _____ VM. _____ VN. _____ VO. _____ VP. _____ VQ. _____ VR. _____ VS. _____ VT. _____ VU. _____ VV. _____ VW. _____ VX. _____ VY. _____ VZ. _____ WA. _____ WB. _____ WC. _____ WD. _____ WE. _____ WF. _____ WG. _____ WH. _____ WI. _____ WJ. _____ WK. _____ WL. _____ WM. _____ WN. _____ WO. _____ WP. _____ WQ. _____ WR. _____ WS. _____ WT. _____ WU. _____ WV. _____ WW. _____ WX. _____ WY. _____ WZ. _____ XA. _____ XB. _____ XC. _____ XD. _____ XE. _____ XF. _____ XG. _____ XH. _____ XI. _____ XJ. _____ XK. _____ XL. _____ XM. _____ XN. _____ XO. _____ XP. _____ XQ. _____ XR. _____ XS. _____ XT. _____ XU. _____ XV. _____ XW. _____ XX. _____ XY. _____ XZ. _____ YA. _____ YB. _____ YC. _____ YD. _____ YE. _____ YF. _____ YG. _____ YH. _____ YI. _____ YJ. _____ YK. _____ YL. _____ YM. _____ YN. _____ YO. _____ YP. _____ YQ. _____ YR. _____ YS. _____ YT. _____ YU. _____ YV. _____ YW. _____ YX. _____ YY. _____ YZ. _____ ZA. _____ ZB. _____ ZC. _____ ZD. _____ ZE. _____ ZF. _____ ZG. _____ ZH. _____ ZI. _____ ZJ. _____ ZK. _____ ZL. _____ ZM. _____ ZN. _____ ZO. _____ ZP. _____ ZQ. _____ ZR. _____ ZS. _____ ZT. _____ ZU. _____ ZV. _____ ZW. _____ ZX. _____ ZY. _____ ZZ. _____				

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: **JUL 08 2011**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR





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

September 15, 2015

JIM A DUGGAN
57 BELL RAPIDS RD
HAGERMAN ID 83332

RE: Change of Ownership for Water Right Nos. 2-4028

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)