



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

June 15, 2015

MARY BLOUGH
8292 TUT LN
MELBA ID 83641

RE: Assignment of Permit for Water Right No. 63-32246

Dear Permit Holder:

The department acknowledges receipt of the assignment of permit for 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.

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.

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

Sincerely,

A handwritten signature in blue ink that reads "Darla Block".

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

MAY 26 2015

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

\$25 fee per permit

Received by JANReceipt amt. \$ 1.25Receipt no. C100497Date 5-26-15

DE ✓

I, Estate of Marvin E. Blough, hereby assign to Mary Blough
 of, 8292 Tut Lane, Melba, Idaho 83641 (208) 495-2274
 New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 63-33246 32246 to
 appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

_____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of
 diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion? ☒ Yes ☐ No
 Place of use? ☒ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

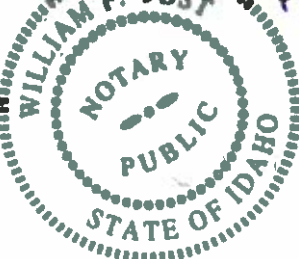
Dated this 20th day of May, 20 15.

Mary E. Blough Personal Representative of the Estate of
 Permit holder Title (if applicable) Permit holder Title (if applicable)
Marvin Blough, Deceased

State of Idaho)
 County of Canyon)ss

On this 20th day of May, 20 15, personally appeared before me the signer(s) of the above
 instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL



Notary Public

My commission expires: 9/22/15

FILE COPY

LAST WILL AND TESTAMENT

OF

MARVIN E. BLOUGH

I, MARVIN E. BLOUGH, a resident of the State of Idaho, of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any person whomsoever, declare this as my Last Will and Testament:

FIRST: I revoke all Wills and Codicils that I have previously made.

SECOND: I am married to Mary G. Blough, and all references in this Will to "my spouse" are to her.

I have four children, now living, whose names and birthdates are:

<u>NAME</u>	<u>DATE OF BIRTH</u>
Susan Leigh Blough Standley	8/4/53
Kim Desmond Blough	12/16/54
Lee Marl Blough	4/25/56
Lynn Earl Blough	8/3/57.

The term "my child" or "my children" as used in this Will shall include only those children hereinabove named, and shall not include stepchildren or stepgrandchildren, under any circumstances.

In the event that any of the aforementioned heirs predecease me and leave issue surviving me, said issue are to participate in the same manner and in the same proportion as their parents would have participated under the circumstances, had they lived.

THIRD: I hereby nominate and appoint my spouse to be Personal

Representative of this, my Last Will and Testament, to serve without bond. In the event my spouse predeceases me, or for any other reason fails to qualify or ceases to act as Personal Representative, then I nominate and appoint Julius Glover to be Personal Representative of this, my Last Will and Testament, to serve without bond.

FOURTH: I hereby give my Personal Representative full power to manage and settle my estate without intervention of any Court or Courts, including the power to sell, without public or private notice, and without prior application to the Magistrate Court or any other Court, and manage, control and in any way use and deal with any and all property of my estate without intervention of any Court or Courts.

FIFTH: In the event my spouse survives me for at least thirty (30) days, I give, devise and bequeath to my spouse a recreational cabin for her use and for the term of her natural life, and upon her death, the unused remainder to my children in equal shares.

This life estate shall include the power to sell, mortgage or otherwise encumber any of said property and use the proceeds thereof for her maintenance and support, and deal with all the property in the same manner and as fully and completely as I could do, if living, and to invest and reinvest or to use the proceeds of such sale as she may see fit and proper, and if she shall dispose of all or any part of my property and use any part of the proceeds thereof, she shall in no event be required to account to anyone therefor.

SIXTH: In the event my spouse survives me for at least thirty (30) days, I give, devise and bequeath to my spouse my entire estate, wheresoever situated and however held, owned by me at the time of my death, or in which I may have an interest.

SEVENTH: In the event my spouse does not survive me for at least thirty

(30) days, I give and bequeath certain items of tangible personal property which I have not otherwise specifically disposed of by this Will, by a separate written statement or list which is in my handwriting or which I have signed. The aforementioned written statement or list may have been prepared before the execution of this Will or may hereafter be prepared. Such written statement must be prepared in accordance with the provisions of Idaho Code § 15-2-513, and may be altered after its preparation.

EIGHTH: In the event my spouse does not survive me for thirty (30) days, I give, devise and bequeath the rest and residue of my estate, wheresoever situated and however held, owned by me at the time of my death, or in which I may have an interest, to my children in equal shares.

NINTH: I direct that all inheritance, estate or other death taxes that may by reason of my death be attributable to my probate estate or any portion of it shall be paid by my Personal Representative out of the residue of my estate disposed of by this Will.

TENTH: I direct my Personal Representative to pay the expenses of my last illness and all funeral, probate, legal and accounting expenses relating to my estate from the residue of my estate.

ELEVENTH: If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in the estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided herein as if the contesting beneficiary had predeceased me without issue.

TWELFTH: In the event I have placed names of any persons herein named

as beneficiaries, or any other persons, on bonds, certificates of deposit, stocks, checking and/or savings accounts, or any other investment of the same or similar nature, such names are for convenience only and by naming said persons, there is no presumption of any gift being made. It is my intent that all assets owned by me be distributed in accordance with this Last Will and Testament.

IN WITNESS WHEREOF, I, **MARVIN E. BLOUGH**, the Testator, sign my name to this instrument this 13th day of October, 2003, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.



Testator

We, CAROL D. TRIMBLE and GERALD V. GUENTZ, witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument in our presence as his Last Will and that he signs it willingly, and that he executes it as his free and voluntary act for the purposes therein expressed, and that each of us, in the presence and hearing of the Testator, hereby signs this Will as witness to the Testator's signing, and that to the best of the knowledge of each witness the Testator is 18 years of age or older, of sound mind, and under no

constraint or undue influence.

Carol D. Trimble

Witness

Address: 124 W. Louisiana Avenue
Nampa, Idaho 83686

Gerald V. Guentz

Witness

Address: 8322 Track Road
Nampa, Idaho 83686

STATE OF IDAHO)
) ss.
County of Canyon)

Subscribed, sworn to and acknowledged before me by **MARVIN E. BLOUGH, the Testator**, and subscribed and sworn to before me by **CAROL D. TRIMBLE** and **GERALD V. GUENTZ**, witnesses, this 13th day of October, 2003.



[Signature]
Notary Public for Idaho
Residing at Meridian, Idaho
My commission expires: 10/9/2003

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 MARCH 12, 2014

State File No. 2014-02232

DECEDENT - LEGAL NAME MARVIN EARL BLOUGH			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 86 YEARS	DATE OF BIRTH JULY 27, 1927
BIRTHPLACE LITTLE RIVER, KANSAS		PLACE OF RESIDENCE MELBA, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) MARY GLOVER	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JOHN EARL BLOUGH			BIRTHPLACE NEBRASKA
MOTHER - MAIDEN NAME ONA MARIE RATHBURN			BIRTHPLACE KANSAS
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE HEATHER W. FELKEL	
NAME AND ADDRESS OF FUNERAL FACILITY CREMATION SOCIETY OF IDAHO, BOISE, IDAHO			
DATE OF DEATH MAR. 07, 2014	TIME OF DEATH 11:59 P.M.	CITY, TOWN OR LOCATION OF DEATH MELBA, IDAHO	COUNTY OF DEATH CANYON
CAUSE OF DEATH (underlying cause last) a. PANCREATIC CARCINOMA			Approximate Interval Between Onset and Death 10 MONTHS
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 CORONARY ARTERY DISEASE; HYPERTENSION			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER MICHAEL M. DEE, 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			

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: MARCH 12, 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

PS-1000 (Rev. 10/12)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

