

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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MAY 13 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?
21-4016 OK	Yes ☐	Yes ☐		Yes ☐	Yes ☐
21-4018 OK	Yes ☐	Yes ☐		Yes ☐	Yes ☐
21-7521 OK Application	Yes ☐	Yes ☐		Yes ☐	Yes ☐
(Remove James on JS)	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: James Nedrow John Nedrow
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): John Nedrow
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- Mailing address 3079 EAST 1200 NORTH City ASTORIA State Id ZIP 83420
- Telephone 208 652 3416 Email jkned@ida.net

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.

SUPPORT DATA

IN FILE # 21-4016

8. Signature: John Nedrow Title, if applicable _____ Date 5/13/2015
Signature of new owner/claimant
- Signature: _____ Title, if applicable _____ Date _____
Signature of new owner/claimant

For IDWR Office Use Only: **NO FEE REQUIRED**

Received by _____ Date _____ Receipt No. _____ Receipt Amt. _____

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing

Name on W-9 _____ Approved by JB Processed by JB W-9 received? Yes ☐ No ☐ Date 5/13/2015

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 **DECEMBER 28, 2011**

State File No. **2011-11494**

DECEDENT - LEGAL NAME JAMES ROLAND NEDROW			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 90 YEARS	DATE OF BIRTH OCTOBER 25, 1921
BIRTHPLACE ORA DISTRICT, IDAHO		PLACE OF RESIDENCE ASHTON, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) DOROTHY ANN GOEBEL	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME SIMON ALBERT NEDROW			BIRTHPLACE KANSAS
MOTHER - MAIDEN NAME MAMIE ETHELYN MCBEE			BIRTHPLACE MISSOURI
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE BRUCE W. BAXTER	
NAME AND ADDRESS OF FUNERAL FACILITY BAXTER FUNERAL HOME, ASHTON, IDAHO			
DATE OF DEATH DEC. 25, 2011	TIME OF DEATH 12:30 A.M.	CITY, TOWN OR LOCATION OF DEATH ASHTON, IDAHO	COUNTY OF DEATH FREMONT
CAUSE OF DEATH (underlying cause last) a INCIDENT TO AGE			Approximate Interval Between Onset and Death
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 STEVEN H. LOFGRAN, 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.

DECEMBER 28, 2011

DATE ISSUED: _____

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

PBNC0 (Rev) 07/10

