

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 21 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?
25-07183 <i>OK</i>	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: Melvin J. Danielson (Deceased) Arden Ricks, Connie Ricks
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Arden Ricks, Connie Ricks
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☒ and/or
- 107 N. 4400 E Rigby Idaho 83442
Mailing address City State ZIP
- 208-221-5741 connie@arcoelectric-idaho.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: 11/27/2014
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: *Arden Ricks* Title, if applicable: _____ Date: 4-9-15
 Signature: *Connie Ricks* Title, if applicable: _____ Date: 4-9-15

For IDWR Office Use Only:

Received by: *JB* Date: 4/21/2015 Receipt No. E040923 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: *JB* Processed by: *JB* Date: 4/23/2015

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 §39-1-101 AND §39-271, IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT		2. SEX	3. SOCIAL SECURITY NUMBER
	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) MELVIN J DANIELSON		MALE	
	4a. AGE-Last Birthday 90 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 08/26/1924	
	4b. UNDER 1 YEAR Months Days Hours Minutes		6. BIRTHPLACE (City and State, Territory, or Foreign Country) GARFIELD, IDAHO	
MORTICIAN: Complete/Vary and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BONNEVILLE	
	7c. CITY OR TOWN IDAHO FALLS		7d. STREET AND NUMBER 512 WHITTIER STREET	
	7e. APT. NO.		7f. ZIP CODE 83401	
	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No			
PARENTS:	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)	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) SWEDEN	
	11b. FATHER'S NAME (First, Middle, Last, Suffix) DANIEL ENOCH DANIELSON		12a. BIRTHPLACE (State, Territory, or Foreign Country) UTAH	
	12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EMMA ELIZABETH JEFFS			
INFORMANT:	13a. INFORMANT'S NAME (Type or print) CONNIE RICKS		13b. RELATIONSHIP TO DECEDENT DAUGHTER	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 107 NORTH 4400 EAST RIGBY, ID 83442			
	14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) ROSE HILL CEMETERY 2355 ROLLANDET IDAHO FALLS, IDAHO 83402	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOOD FUNERAL HOME 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402			
DISPOSITION:	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: CHRIS PETERSON		17b. LICENSE NUMBER (Of licensee) M0778	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No			
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
	20. FACILITY NAME (If not facility, give street and number) EASTERN IDAHO REGIONAL MEDICAL CENTER		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE IDAHO FALLS, ID 83404	
DATE OF DEATH:	22. COUNTY OF DEATH BONNEVILLE			
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 27, 2014		24. TIME OF DEATH (24hr) 07:40	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 27, 2014		26. TIME PRONOUNCED DEAD (24hr) 07:40	
	27. CAUSE OF DEATH 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. PSEUDOMONAS PNEUMONIA DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):		Approximate interval: Onset to Death 14 DAYS	
CAUSE OF DEATH:	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No			
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 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 ☐ Could not be determined			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
	37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable			
CERTIFIER:	TRANSPORTATION INJURY ONLY: ☐ 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 natural cause(s)/manner 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) and manner stated.		39b. LICENSE NUMBER M-03620	
	Signature and Title of Certifier: LELAND K. KRANTZ JR., M.D.		39c. DATE SIGNED 12 / 1 / 2014 MM DD YYYY	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) LELAND K. KRANTZ JR., 2001 S. WOODRUFF AVE, IDAHO FALLS, ID 83404			
REGISTRAR:	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 12 / 2 / 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: *December 2, 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



ADVANTAGE LEGAL SERVICES

Stephen A. Meikle

Idaho Professional Building

482 Constitution Way - Suite 203

Post Office Box 51137

Idaho Falls, Idaho 83405-1137

Telephone (208) 524-3333

Attorney for Personal Representative

BONNEVILLE COUNTY
IDAHO

15 JAN 23 PM 4:55

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

In the Matter of the Estate of)

MELVIN J. DANIELSON,)

Deceased.)

Probate Case No. CW-15-324

LETTERS TESTAMENTARY

Connie J. Ricks was duly appointed and qualified as general personal representative in the estate of the above-named decedent on January 23, 2015, by the Magistrate acting as registrar with all authority pertaining thereto.

Administration of the estate is unsupervised.

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

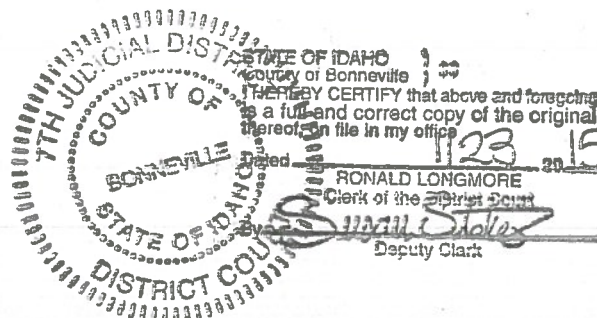
WITNESS, my signature and the Seal of this Court, this 23 day of January, 2015.

/s/ Mark Riddoch

Judge

Magistrate acting as

Registrar



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, Melvin Danielson, of Bonneville County, State of Idaho, have made, constituted and appointed and by these presents do make, constitute and appoint Connie Joan Ricks of Idaho Falls, County of Bonneville, State of Idaho, as my true and lawful attorney, and in my name and on my behalf to do anything that I could do myself including but not limited to:

1. The right to deposit, endorse, open, close, or withdraw funds to or from any of my bank accounts, depositories, or safe deposit box.
2. The right to sell, deed, buy, trade, lease, mortgage, assign, rent, or dispose of any of my real or personal property.

The powers and authorities hereby given and conferred are confined and limited to the United States of America, Canada and Mexico, and shall not be affected by my disability.

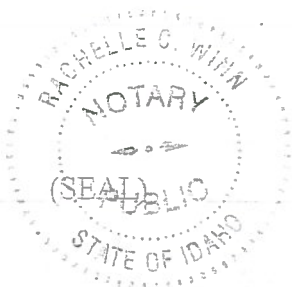
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of February, 2014.

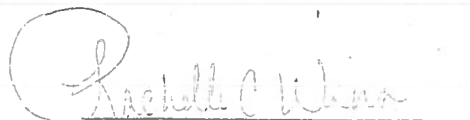

Melvin Danielson

STATE OF IDAHO)
) ss.
County of Bonneville)

On this 6th day of ~~January~~ ^{February}, 2014, before me the undersigned, a Notary Public in and for said State, personally appeared Melvin Danielson, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.




Notary Public for Idaho
Residing in: Idaho
Commission expires: 4-15-17

DEED OF DISTRIBUTION
BY PERSONAL REPRESENTATIVE

THIS DEED, made by Connie J. Ricks, as personal representative of the Estate of Melvin J. Danielson, deceased, Grantor, to Connie J. Ricks, Grantee, whose address is 107 N 4400 E, Rigby, ID 83442 as her sole and separate property.

WHEREAS, Grantor is the qualified personal representative of said estate, filed as Probate Number CV-2015-326, in Bonneville County, Idaho; and

WHEREAS, Grantee is entitled to distribution of the hereinafter described ;

THEREFORE, for valuable consideration received, Grantor conveys and releases to Grantee(s) the following real property in Rigby, Jefferson County Idaho:

TRACT 2

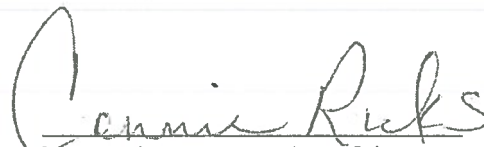
Beginning at a point that is West along the Section line 655.20 feet from the Southeast corner of Section 26, Township 4 North, Range 39 East of the Boise Meridian; running thence west along the Section line 330.05 feet; thence N. 00° 13' 45"E. 659.84 feet to the North line of the South ½ of the Southeast 1/4 of the Southeast 1/4 of said Section 26; thence N. 89° 58' 22"E. along the North line of said South ½ of the Southeast 1/4 of the Southeast 1/4 a distance of 330.05 feet; thence S. 00° 13' 45"W. 659.99 feet to the POINT OF BEGINNING. SUBJECT TO: existing County road Right-of-Way and easements of record.

TRACT 5-A

Beginning at a point that is N.00°24'31"E, along the Section line 293.38 feet from the Southeast corner of Section 26. Township 4 North, Range 39 East of the Boise Meridian; running thence S.88°41'24"W. 326.27 feet; thence N.00°13'45"E. 113.74 feet; thence S.89°35'29"E. 326.48 feet to the East line of said Section; thence S.00°24'31"W. 108.16 feet to the POINT OF BEGINNING. SUBJECT TO: existing County road Right-of-Way and easements of record.

TO HAVE AND TO HOLD, all rights, title and interest held by the Grantor in the above described property.

EXECUTED this 9 day of April, 2015.

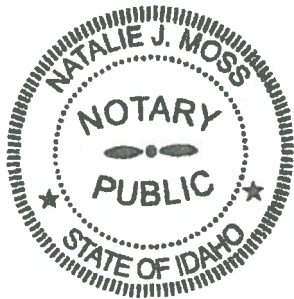

Personal Representative of the
Estate of Melvin J. Danielson,
Deceased.

Microfilm No. 4116143
411415
At 11:06 O'Clock A M
COLLEEN C. POOLE
Jefferson Co. Recorder
Fee \$ 13.00 AM Deputy
Recorded at Request of Connie Ricks

STATE OF IDAHO)
) ss.
County of Bonneville)

On this 9th day of April, 2015, before me the undersigned, a Notary Public in and for said State, personally appeared Connie J. Ricks, known to me to be the personal representative of the Estate of Melvin J. Danielson whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Natalie Moss
Notary Public for Idaho
Residing in: Menan, ID
Commission expires: 6-13-18