

RECEIVED

MAR 23 2015

Department of Water Resources  
Eastern RegionSTATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESNo Split \$ 275. -  
Split \$ 875. -

## 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.

| Water Right/Claim No. | Split?                       | Water Right/Claim No. | Split?                       | Water Right/Claim No. | Split?                       |
|-----------------------|------------------------------|-----------------------|------------------------------|-----------------------|------------------------------|
| 34-28B OK             | Yes <input type="checkbox"/> | 34-910 OK             | Yes <input type="checkbox"/> | 34-10632 OK           | Yes <input type="checkbox"/> |
| 34-618 OK             | Yes <input type="checkbox"/> | 34-2409B OK           | Yes <input type="checkbox"/> | 34-10633 OK           | Yes <input type="checkbox"/> |
| 34-37318 OK           | Yes <input type="checkbox"/> | 34-12034 OK           | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
| 34-663B OK            | Yes <input type="checkbox"/> | 34-10631 OK           | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
| 34-664 OK             | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |

2. Previous Owner's Name:

Vaughn & Theola Jensen  
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

LARRY JENSEN GARY JENSEN  
Name of each new owner as listed on the conveyance document

New owner continued

Name connector ☒ and ☐ or ☐ and/or

3243 N KING MTN RD

Mailing address

MOORE

City

208-554-3421 H

208-569-2661 C

Telephone

ID

State

83255

ZIP

LarryJensen@hotmail.com  
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: Feb 26 2014

6. 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.

SUPPORT DATA

IN FILE # 34-28B

7. Signature:

Larry B. Jensen  
Signature of new owner/claimantOwner  
Title, if applicable3/23/2015  
Date

- Signature:

[Signature]  
Signature of new owner/claimantOwner  
Title, if applicable3/23/2015  
Date

For IDWR Office Use Only:

Received by

[Signature]

Date

3/23/2015

Receipt No.

E040798

Receipt Amt.

\$275. -

Approved by

[Signature]

Processed by

[Signature]

Date

4/1/2015

SCANNED

APR 08 2015

| Type | Basin | Sequence | Suffix  | Application Number | Basis   | Status | Priority Date | Div. Rate (cfs) | Source         |
|------|-------|----------|---------|--------------------|---------|--------|---------------|-----------------|----------------|
| WR   |       | 34       | 28 B    |                    | Decreed | Active | 8/31/1884     | 0.44            | BIG LOST RIVER |
| WR   |       | 34       | 61 D    |                    | Decreed | Active | 8/10/1883     | 0.43            | BIG LOST RIVER |
| WR   |       | 34       | 373 D   |                    | Decreed | Active | 5/12/1886     | 1.77            | BIG LOST RIVER |
| WR   |       | 34       | 663 B   |                    | Decreed | Active | 6/1/1896      | 0.06            | BIG LOST RIVER |
| WR   |       | 34       | 664     |                    | Decreed | Active | 6/1/1898      | 1.3             | BIG LOST RIVER |
| WR   |       | 34       | 910     |                    | Decreed | Active | 6/1/1895      | 0.8             | BIG LOST RIVER |
| WR   |       | 34       | 2409 B  |                    | Decreed | Active | 4/6/1961      | 2.2             | GROUND WATER   |
| WR   |       | 34       | 10631   |                    | Decreed | Active | 10/10/1935    | 0.05            | GROUND WATER   |
| WR   |       | 34       | 10632   |                    | Decreed | Active | 10/3/1949     | 0.04            | GROUND WATER   |
| WR   |       | 34       | 10633   |                    | Decreed | Active | 9/3/1918      | 0.04            | GROUND WATER   |
| WR   |       | 34       | 12034 B |                    | Decreed | Active | 6/20/1972     | 0.53            | GROUND WATER   |

I Vernon Childers here by give all my water Rights  
 To Larry + Gary Jensen. ~~my~~ my property is Located - Township 4 North  
 Range 26 EAST.  
 Section 23

STATE OF IDAHO }  
 COUNTY OF BUTTE }

ss.

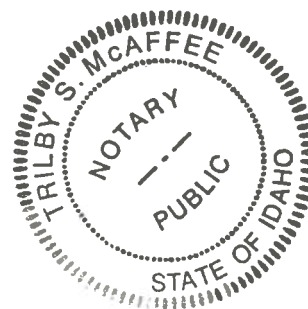
Vernon Childers

On this 12 day of May  
 in the year 2014, before me, a Notary Public,  
 personally appeared Vernon Childers  
 known or identified to me to be the person whose name  
 subscribed to the within instrument, and acknowledged  
 to me that he executed the same.

Notary Public Trilby S. McAfee

Residing at Arco, Idaho

Commission Expires 1-28-2015



NO. \_\_\_\_\_  
RECORDED

1051462

FEB 26 2014

A.M. 1:12 P.M.  
BUTTE COUNTY RECORDER

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by Larry Jensen, as personal representative of the estate of Vaughn and Theola A. Jensen, deceased, Grantor, to Larry Jensen whose current address is 3243 N. King Mountain Road; Moore, ID 83255 and Gary Jensen, whose current address is 3289 W. 3175 N.; Moore, ID 83255 Grantees.

WHEREAS, Grantor is the qualified personal representative of said estate, filed as Case No. CV 13-27, in Butte County, Idaho;

THEREFORE, for valuable consideration received, Grantor quitclaims, transfers, and conveys to Grantees the following described real property in Butte County, Idaho:

Township 5 North, Range 26 E.B.M., Butte County, Idaho, being more particularly described as follows:

Parcel A:  
Section 22: W1/2SW1/4

Parcel B:  
Section 27: NW1/4NW1/4, EXCEPT beginning at the Southwest corner of the NW1/4NW1/4, thence East 581 feet to the Real Point of Beginning; thence North 195 feet to a point; thence East 187 feet to a point; thence South 195 feet to a point; thence West 187 feet to the Real Point of Beginning.

Parcel C:  
SW1/4NW1/4, EXCEPT the following: Beginning at the Northwest corner of the SW1/4NW1/4 of Township 5 North, Range 26 EBM, Section 27; thence running East a distance of 290 feet; thence South, a distance of 150 feet; thence West a distance of 290 feet; thence North a distance of 150 feet to the Point of Beginning.

Parcel D:  
Section 23: N1/2SW1/4, EXCEPT the following: Commencing at a point S. 65°51'50" W., 2879.2 feet (or 1177.32 S. and 2627.49 W.) of the E1/4 corner of Section 23, Township 5 North, Range 26 EBM, and running thence S. 88°24'W., 298.35 feet; thence S. 3°38'E., 146.0 feet; thence N. 88°24'E., 298.35 feet; thence N. 3°38'W., 146.0 feet, to the Point of Beginning.

ALSO EXCEPTING: Commencing at a point that is S. 71°29'53"W., 3108.86 feet (or 986.59 feet S. and 2948.27 feet W.) of the E1/4 corner of Section 23, Township 5 North, Range 26 EBM and running thence N. 15°38'E, 70.0 feet; thence S. 88°44'W., 316.0 feet; thence S. 15°38'W., 140.0 feet; thence 88° 44'E., 316.0 feet; thence N.15°38'E., 70.0 feet to the Point of Beginning.

with all appurtenances.

PERSONAL REPRESENTATIVE'S DEED

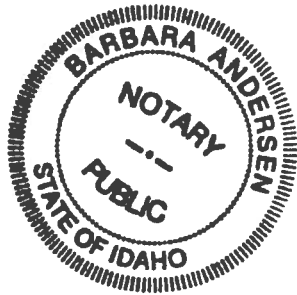
EXECUTED this 27 day of FEB., 2014.

[Signature]  
Personal Representative of the Estate  
Of Vaughn and Theola A. Jensen, Deceased

STATE OF Idaho )  
COUNTY OF Butte ) :ss

On this 27<sup>th</sup> day of February, 2014 before me, the undersigned, a notary public in and for said state, personally appeared, Larry Jensen, known or identified to me to be the person whose name is subscribed to the within instrument, as Personal Representative of the Estate of Theola A. Jensen, deceased, and acknowledged to me that he executed the same as such Personal Representative.

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



Barbara Andersen  
NOTARY PUBLIC  
Residing at: Moore, ID  
My Commission Expires: 11-29-2018

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: SEPTEMBER 02, 1998

STATE FILE NUMBER: 98-05773

DECEDENT: VAUGHN LOUIS JENSEN

DATE OF DEATH: AUG. 19, 1998  
TIME OF DEATH: 6:45 A.M.

PLACE OF DEATH: MOORE, IDAHO

DATE OF BIRTH: SEPT. 03, 1922

PLACE OF BIRTH: IDAHO

AGE: 75 YEARS

SEX: MALE

VETERAN? YES

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN): THEOLA ADAMS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE: MOORE, IDAHO

FATHER: JOSEPH JENSEN

FATHERS BIRTHPLACE: UTAH

MOTHER (MAIDEN): LAURA SOPHIA SORENSEN

MOTHERS BIRTHPLACE: UTAH

MORTUARY: MARVEL MEMORIAL CHAPEL

MORTICIAN: C. W. MARVEL

ARCO, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: JOEL V. DYE, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

GASTRIC CARCINOMA

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

MANNER OF DEATH: NATURAL

NO. 033564  
RECORDED

SEP 15 1998

AM 2:45 PM  
BUTTE COUNTY RECORDER  
*Jayla Moore*

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: SEPTEMBER 03, 1998

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

JANE S. SMITH  
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  
**CERTIFICATE OF DEATH**

Date Filed **FEBRUARY 28, 2013**

State File No. **2013-01983**

|                                                                                                                                |                                                |                                                                                                             |                                              |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>THEOLA ETTA JENSEN</b>                                                                             |                                                |                                                                                                             |                                              |
| SEX<br><b>FEMALE</b>                                                                                                           | SOCIAL SECURITY NUMBER<br>[REDACTED]           | AGE<br><b>89 YEARS</b>                                                                                      | DATE OF BIRTH<br><b>SEPTEMBER 13, 1923</b>   |
| BIRTHPLACE<br><b>LESLIE, IDAHO</b>                                                                                             |                                                | PLACE OF RESIDENCE<br><b>MOORE, IDAHO</b>                                                                   |                                              |
| MARITAL STATUS AT TIME OF DEATH<br><b>WIDOWED</b>                                                                              |                                                | NAME OF SURVIVING SPOUSE (if wife, maiden name)<br><br>WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>NO</b> |                                              |
| FATHER - NAME<br><b>GEORGE WILLIAM ADAMS</b>                                                                                   |                                                |                                                                                                             | BIRTHPLACE<br><b>IDAHO</b>                   |
| MOTHER - MAIDEN NAME<br><b>MARY FRANCETTA LORDS</b>                                                                            |                                                |                                                                                                             | BIRTHPLACE<br><b>UTAH</b>                    |
| METHOD OF DISPOSITION<br><b>BURIAL</b>                                                                                         |                                                | FUNERAL SERVICE LICENSEE<br><b>MICHAEL D. ANDERSON</b>                                                      |                                              |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>ANDERSON FAMILY FUNERAL HOME, ARCO, IDAHO</b>                                       |                                                |                                                                                                             |                                              |
| DATE OF DEATH<br><b>FEB. 20, 2013</b>                                                                                          | TIME OF DEATH<br><b>2:30 P.M.</b>              | CITY, TOWN OR LOCATION OF DEATH<br><b>ARCO, IDAHO</b>                                                       | COUNTY OF DEATH<br><b>BUTTE</b>              |
| CAUSE OF DEATH (underlying cause last)<br>a. <b>CARDIOPULMONARY ARREST</b>                                                     |                                                |                                                                                                             | Approximate Interval Between Onset and Death |
| DUE TO (or as a consequence of)<br>b. <b>SEPSIS</b>                                                                            |                                                |                                                                                                             |                                              |
| DUE TO (or as a consequence of)<br>c. <b>PNEUMONIA</b>                                                                         |                                                |                                                                                                             |                                              |
| DUE TO (or as a consequence of)<br>d.                                                                                          |                                                |                                                                                                             |                                              |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                                |                                                                                                             | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>       |
| MANNER OF DEATH<br><b>NATURAL</b>                                                                                              | NAME OF CERTIFIER<br><b>JENNA JENSEN, N.P.</b> |                                                                                                             | TITLE<br><b>PHYSICIAN</b>                    |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY                                                                                  |                                                |                                                                                                             |                                              |
| <b>EXTERNAL CAUSES ONLY</b>                                                                                                    |                                                |                                                                                                             |                                              |
| DATE OF INJURY                                                                                                                 | TIME OF INJURY                                 | PLACE OF INJURY                                                                                             | INJURY AT WORK?                              |
| LOCATION WHERE INJURY OCCURRED                                                                                                 |                                                |                                                                                                             |                                              |
| DESCRIPTION OF HOW INJURY OCCURRED                                                                                             |                                                |                                                                                                             |                                              |

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**FEBRUARY 28, 2013**

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



SCANNED  
APR 01 2013

