

RECEIVED

DEC 12 2014

DEPT OF WATER RESOURCES
SOUTHERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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?
37-433D	Yes ☐	Yes ☐	37-469	Yes ☐	Yes ☐
37-434D	Yes ☐	Yes ☐	37-470	Yes ☐	Yes ☐
37-435D	Yes ☐	Yes ☐	37-893A	Yes ☐	Yes ☐
37-436E	Yes ☐	Yes ☐	37-2554	Yes ☐	Yes ☐
37-468	Yes ☐	Yes ☐	37-12054	Yes ☐	Yes ☐

2. Previous Owner's Name: Nancy Sherbine and William L. Sherbine
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): William L. Sherbine
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- | | | | |
|--------------------------|-----------------|-----------|--------------|
| <u>153 Baseline Road</u> | <u>Bellevue</u> | <u>ID</u> | <u>83313</u> |
| Mailing address | City | State | ZIP |
| <u>(208) 731-5114</u> | <u>None</u> | | |
| 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: December 8, 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: William L. Sherbine Title, if applicable: _____ Date: Dec 8, 2014
 Signature of new owner/claimant

Signature: _____ Title, if applicable: _____ Date: _____
 Signature of new owner/claimant

For IDWR Office Use Only:

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

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 _____

SUPPORT DATA

IN FILE # 37-433D

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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SOUTHERN REGION

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Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
37-12055	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-12058	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-22016	Yes ☐	Yes ☐		Yes ☐	Yes ☐
37-4114	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

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Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): William L. Sherbine
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
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| Mailing address | City | State | ZIP |
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☐ 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: William L. Sherbine Dec 8, 2014
 Signature of new owner/claimant Title, if applicable Date
- Signature: _____
 Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

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

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 _____

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 19, 2014**

State File No **2014-01497**

DECEDENT - LEGAL NAME NANCY RAE SHERBINE			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 74 YEARS	DATE OF BIRTH APRIL 27, 1939
BIRTHPLACE HAILEY, IDAHO		PLACE OF RESIDENCE HAILEY, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) W.L. SHERBINE	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME THOMAS MIZER BRAASE			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME PAULINE LEE			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE RUSSELL D. MIKEL	
NAME AND ADDRESS OF FUNERAL FACILITY WOOD RIVER CHAPEL, HAILEY, IDAHO			
DATE OF DEATH FEB. 16, 2014	TIME OF DEATH 2:24 P.M.	CITY, TOWN OR LOCATION OF DEATH KETCHUM, IDAHO	COUNTY OF DEATH BLAINE
CAUSE OF DEATH (underlying cause last) a SUDDEN DEATH			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 CARDIOMYOPATHY, HYPERTENSION			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DAN S. FAIRMAN, 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.

FEBRUARY 19, 2014

DATE ISSUED: _____

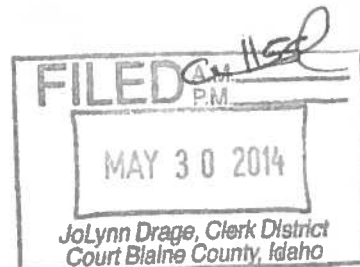
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PRNC (3) Rev 02.12

JAMES B. AYDELOTTE
STATE REGISTRAR



Elizabeth L. Mathieu, Esq. TEP
Mathieu & Ranum, PLLC
PO Box 2950
Hailey, ID 83333
(208) 928-6975
Idaho State Bar No. 8606



Attorney for William Lumir Sherbine

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

IN THE MATTER OF THE ESTATE OF
NANCY RAE SHERBINE, Deceased.

Case No. CV2014-370

LETTERS TESTAMENTARY

1. WILLIAM LUMIR SHERBINE of 153 Baseline Road, Bellevue, ID 83313 was duly appointed and qualified as general personal representative of the estate of the above named decedent on this day, by the magistrate acting as registrar with all authority pertaining thereto.

2. Administration of the estate is unsupervised.

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

WITNESS my signature and seal of this court this 29 day of May, 2014.

STATE OF IDAHO } ss
County of Blaine

I do hereby certify that the foregoing is a full, true and correct copy of the original thereof, on file in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed by official seal this 30 day of May 2014

JOLYNN DRAGE
Clerk District Court

Deputy

Honorable R. Ted Israel
Magistrate Judge