

Jonie Bary
525-7161

STATE 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.

Received 12/8/2014 JB

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
35-2659	Yes ☐		Yes ☐		Yes ☐
35-7002	Yes ☐		Yes ☐		Yes ☐
35-10056	Yes ☐		Yes ☐		Yes ☐
35-12394	Yes ☐		Yes ☐		Yes ☐
35-12395	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

William & Kathryn Thiel
Name of current water right holder/claimant

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

William Thiel
Name of each new owner as listed on the conveyance document

New owner continued Name connector ☐ and ☐ or ☐ and/or

1371N 115N THIEL RD.
Mailing address

IDAHO FALLS
City

ID. 83402
State ZIP

(208) 523 6347
Telephone

PAPASFORBELIZE@gmail.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: _____

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):
 - o \$25 per undivided water right.
 - o \$100 per split water right.
 - o No fee is required for pending adjudication claims.

SUPPORT DATA

IN FILE # 35-2659

7. Signature: William Thiel
Signature of new owner/claimant

Title, if applicable

Date

Signature: _____
Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only: NO FEE REQUIRED

Received by _____ Date _____

Receipt No. _____

Receipt Amt. _____

Approved by JB Processed by JB

Date 12/11/2014

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed MAY 15, 2000

State File No. 2000-03335

DECEDENT - NAME KATHRYN ELISE THIEL AKA: KATI ELISE THIEL				AGE 60 YEARS	
DATE OF DEATH APR. 30, 2000		SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH JULY 23, 1939	BIRTHPLACE TEXAS
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	MARITAL STATUS MARRIED	SURVIVING SPOUSE (if wife, maiden name) WILLIAM JOHN THIEL		CITY, TOWN OR LOCATION OF DEATH IDAHO FALLS, IDAHO	
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION IDAHO FALLS			
FATHER - NAME HAROLD GEORGE GREGORY					BIRTHPLACE ILLINOIS
MOTHER - FULL MAIDEN NAME WILMA AUGUSTA HEINKE					BIRTHPLACE NEBRASKA
NAME AND ADDRESS OF MORTUARY WOOD FUNERAL HOME, IDAHO FALLS, IDAHO					
FUNERAL SERVICE LICENSEE RYAN J. REEVES					
METHOD OF DISPOSITION CREMATION		TIME OF DEATH 11:24 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) PRIMARY PERITONEAL CARCINOMATOSIS					Approximate Interval Between Onset and Death JAN 2000
DUE TO (or as a consequence of) a					
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 INTESTINAL OBSTRUCTION					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER JAMES LEE RICHARDS, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY			INJURY AT WORK?
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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.

MAY 05, 2009

DATE ISSUED: _____

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


JANE S. SMITH
STATE REGISTRAR

