

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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APR 03 2014

Notice of Change in Water Right Ownership

Department of Water Resources
Eastern Region

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?
34-13836	Yes ☒		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Craig Clark
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Gregory Daniels
New owner(s) as listed on the conveyance document
- Mailing address: 5760 Veil Drive City: Idaho Falls State: ID ZIP: 83406
Telephone: 208-569-4431 Email: dapoppa49@hotmail.com
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 described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:
- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
 - If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
 - New lessor(s) of record will receive payment after the following rental season.
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.

SUPPORT DATA

IN FILE # 34-13836

8. Signature: Gregory D. Daniels Title, if applicable: _____ Date: 4-3-14
Signature of new owner/claimant
- Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant

For IDWR Office Use Only:

Received by: [Signature] Date: 4/3/14 Receipt No. E039691 Receipt Amt. 100 -
 Approved by: [Signature] Processed by: SB Date: 10/20/2014

I-19721C

The United States of America

To all to whom these presents shall come, Greeting:

WHEREAS

Gregory G. Daniels and Teresa L. Daniels

are entitled to a Land Patent pursuant to the Act of October 21, 1976 (Section 203, 90 Stat. 2750; 43 U.S.C. 1713), for the following-described lands:

Boise Meridian, Idaho

T. 4 N., R. 24 E.,
sec. 20, SW $\frac{1}{4}$ NE $\frac{1}{4}$.

Containing 40.00 acres.

NOW KNOW YE, that there is, therefore, granted by the UNITED STATES, unto the above-named claimants the land above described; TO HAVE AND TO HOLD the said land with all the rights, privileges, immunities and appurtenances, of whatsoever nature, thereunto belonging, unto the said claimants, their successors and assigns, forever;

EXCEPTING AND RESERVING TO THE UNITED STATES:

1. A right-of-way thereon for ditches or canals constructed by the authority of the United States. Act of August 30, 1890, 26 Stat. 391; 43 U.S.C. 945.
2. All mineral deposits in the lands so patented pursuant to the Act of October 21, 1976 (90 Stat. 2757; 43 U.S.C. 1719), and to it, or persons authorized by it, the right to prospect, mine and remove such deposits from the same under applicable law and such regulations as the Secretary of the Interior may prescribe.

SUBJECT TO:

1. Those rights for a transmission line granted to Lost River Electric Cooperative, Inc., its successors or assigns, by Right-of-Way No. I-011644, pursuant to the Act of March 4, 1911, 36 Stat. 1253, as amended, 43 U.S.C. 961.
2. Those rights for an existing highway exercised under R.S. 2477 and noted under serial number I-19999.

The patentees agree that they take the real estate subject to the existing grazing use of Milton H. Reese, holder of grazing authorization No. 3055. The rights of Milton H. Reese to graze domestic livestock on the real estate according to the conditions and terms of grazing authorization

Patent Number

11-84-0036

Witness my hand and the Great Seal of the United States at Washington, D.C. this 11th day of April, 1977.

James S. Shohel
Acting Deputy State Director for Operations

No. 3055 shall cease on February 28, 1990. The patentees are entitled to receive annual grazing fees from Milton H. Reese in an amount not to exceed that which would be authorized under the Federal grazing fee published annually in the Federal Register.

IN TESTIMONY WHEREOF, the undersigned authorized officer of the Bureau of Land Management, in accordance with the provisions of the Act of June 17, 1948 (62 Stat. 476), has, in the name of the United States, caused these letters to be made Patent, and the Seal of the Bureau to be hereunto affixed.

GIVEN under my hand, in Boise, Idaho
the THIRD day of APRIL in the year
of our Lord one thousand nine hundred and EIGHTY-FOUR
and of the Independence of the United States the two hundred
and EIGHTH

By Vincent S. Strobel
Acting Deputy State Director for Operations

Patent Number 11-84-0036

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

RECEIVED

JUN 09 2014

Department of Water Resources
Eastern Region

#27a-b,31 changed, Part 2,32-37 completed per supplemental 11-09-09 kms

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2009-8847

11/02/2009

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHOULD BE USED AS PROOF OF DEATH UNDER § 15-2-114 AND § 15-2-114. IDAHO CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	TERESA LYNNE DANIELS		FEMALE		[REDACTED]	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	4a. AGE-Last Birthday		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
	51 (Years)		Months Days		Hours Minutes	
FOR INSTRUCTIONS SEE HANDBOOKS	5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State, Territory, or Foreign Country)			
	09/07/1958		BUTTE, MONTANA			
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY		7c. CITY OR TOWN	
	IDAHO		BONNEVILLE		IDAHO FALLS	
PARENTS	7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
	2205 BODILY STREET				83401	
INFORMANT	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		GREGORY GRANT DANIELS			
DISPOSITION	10. EVER IN U.S. ARMED FORCES?		11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)	
	☐ Yes ☒ No		ERNEST BENJAMIN YOUNG		IDAHO	
PLACE OF DEATH	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)		13a. INFORMANT'S NAME (Type or print)	
	EVELYN PERNY BIRGITH ERIKSEN		NORWAY		GREG DANIELS	
CAUSE OF DEATH	13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		14. METHOD OF DISPOSITION	
	HUSBAND		2205 BODILY STREET IDAHO FALLS, ID 83401		☒ Burial ☐ Cremation ☐ Donation ☐ Enolombment ☐ Removal from Idaho ☐ Other (Specify)	
CAUSE OF DEATH	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		17a. LICENSE NUMBER (Of license)	
	VICTOR CEMETERY VICTOR, IDAHO 83455		WOOD FUNERAL HOME 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83401		M1170	
CAUSE OF DEATH	17b. LICENSE NUMBER (Of license)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?		19a. IF DEATH OCCURRED IN A HOSPITAL:	
			☒ Yes ☐ No		☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)	
CAUSE OF DEATH	20. FACILITY NAME (If not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		22. COUNTY OF DEATH	
	2205 BODILY STREET		IDAHO FALLS, ID 83401		BONNEVILLE	
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	
	October 26, 2009		Estimated 06:30 - 07:30 (24hr)		October 26, 2009	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD		27. CAUSE OF DEATH		28. DATE PRONOUNCED DEAD	
	12:45 (24hr)		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.		29. DATE PRONOUNCED DEAD	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. POSITIONAL APNEA - Asphyxiation		Approximate Interval: Onset to Death	
	DUE TO (or as a consequence of)		b. SLEEP APNEA - Positional Apnea		Minutes	
CAUSE OF DEATH	Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)		c. Sleep Apnea		Minutes	
	DUE TO (or as a consequence of)		d.		Years	
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?		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
	Prescribed Medications		☐ Yes ☒ No		☐ Yes ☒ No	
CAUSE OF DEATH	29. DID TOBACCO USE CONTRIBUTE TO DEATH?		30. IF FEMALE (Aged 10-64):		31. MANNER OF DEATH	
	☐ Yes ☐ Probably ☒ No ☐ Unknown		☒ 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		☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	
CAUSE OF DEATH	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
	10-26-09		0300 (24hr)		Home	
CAUSE OF DEATH	35. INJURY AT WORK?		36. LOCATION OF INJURY:		37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)	
	☐ Yes ☒ No		State Idaho City/Town or County Idaho Falls Zip Code		Sleeping without C-Pap - Assumed a position face down between pillows	
CAUSE OF DEATH	38. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?		39a. CERTIFIER (Check only one, based on official capacity for this certificate)		39b. LICENSE NUMBER	
	☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		☐ Physician ☐ Physician Assistant ☐ Advanced Practice Professional Nurse ☒ Coroner			
CAUSE OF DEATH	39c. DATE SIGNED		40a. REGISTRAR'S SIGNATURE		40b. DATE SIGNED	
	10 / 30 / 2009		[Signature]		11 / 2 / 2009	
CAUSE OF DEATH	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		40c. REGISTRAR'S SIGNATURE		40d. DATE SIGNED	
	JONATHAN D. WALKER, 525 EIGHTH STREET IDAHO FALLS, ID 83401		[Signature]		11 / 2 / 2009	

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.

NOV 09 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

