

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 14 2014

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.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
25-4033 <i>OK</i>	Yes ☐		Yes ☐		Yes ☐
25-4034A <i>OK</i>	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Raymond & Voneal I Ostler
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Raymond Ostler Family Trust / Sharon Curtis Trustee
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 5454 W Spaulding St. Boise ID 83705
Mailing address City State ZIP
- 208-376-7347 sharon.curtis6@gmail.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: March 11, 2014
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 # 25-4033

8. Signature: Sharon Curtis Trustee 7/11/14
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 [Signature] Date 7/14/2014 Receipt No. E040943 Receipt Amt. \$50.-
 Approved by [Signature] Processed by [Signature] Date 7/18/2014

Instrument # 1419388
IDAHO FALLS, BONNEVILLE, IDAHO
6-18-2012 02:41:19 No. of Pages: 2
Recorded for : FULLER & FULLER
RONALD LONGMORE Fee: 13.00
Ex-Officio Recorder Deputy
Index to: DEED, WARRANTY

51

WARRANTY DEED

FOR VALUE RECEIVED

RAYMOND OSTLER and VONEAL I. OSTLER, Grantors,

do hereby grant, bargain, sell and convey unto

RAYMOND OSTLER and VONEAL I. OSTLER, as Trustees, or their successors in trust, under the RAYMOND OSTLER FAMILY TRUST by Trust Agreement dated the 12TH day of June, 2012.

whose current address is: PO Box 21, Thatcher, ID 83283, the Grantees, the following described premises in Bonneville County, Idaho to wit:

**Township 4 South, Range 43 East of the Boise Meridian,
Section 23: SW1/4SE1/4. Together with all grazing rights associated with this
property (BIA grazing rights and Grays Lake Wildlife Refuge)**

SUBJECT TO all easements, rights of way, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments as agreed to by parties above.

TO HAVE AND TO HOLD the said premises, with its appurtenances, unto the said Grantees, and to the Grantees' heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances except current years taxes, levies, and assessments, and except U.S. Patent reservations, restrictions, easements of record and easements visible upon the premises, and that Grantor will warrant and defend the same from all claims whatsoever.

Together with appurtenances.

THE TRUSTEE SHALL HAVE ALL RIGHTS TO TRANSFER THE PROPERTY HEREIN SET FORTH PURSUANT TO THE TRUST AGREEMENT.

THE SUCCESSOR OR CHANGE OF TRUSTEE MAY BE EVIDENCED BY DEED OR AMENDMENT TO TRUST AGREEMENT OR AFFIDAVIT OF DEATH.

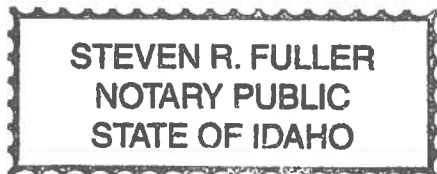
DATED: June 12, 2012.


RAYMOND OSTLER


VONEAL I. OSTLER

STATE OF IDAHO }
County of Franklin }ss

On this 12th day of June, 2012 before me, the undersigned, a Notary Public in and for said State, personally appeared **RAYMOND OSTLER** and **VONEAL I. OSTLER** known or identified to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.




NOTARY PUBLIC for State of Idaho
Residing at: Preston, Idaho
Comm. Exp: 01/31/17

AFFIDAVIT OF DEATH

**RAYMOND HARRIS OSTLER and
MAIDA VONEAL I. OSTLER**

STATE OF IDAHO)
) ss.
County of Franklin)

The undersigned affiant, a daughter of the late Raymond Harris Ostler and Maida Voneal I. Ostler, hereby deposes and says:

1. I am the daughter of the above-named individuals, Raymond Harris Ostler and Maida Voneal I. Ostler, and the named Successor Trustee under the Raymond Ostler Family Trust, dated the 12th day of June, 2012.

2. The said Raymond Harris Ostler died on the 27TH day of April, 2013 in Thatcher, Franklin County, Idaho. The said Maida Voneal I. Ostler died on the 11th day of March, 2014 in Boise, Ada County, Idaho.

3. Attached are true and accurate copies of the original Death Certificates of the decedents.

4. The decedents established by declaration of trust agreement dated the 12th day of June, 2012 the Raymond Ostler Family Trust. Certain real property was conveyed into said trust by deed dated the 12th day of June, and recorded on the 18th day of June, 2012, as Instrument No. 1419388, in the records of Bonneville County, Idaho.

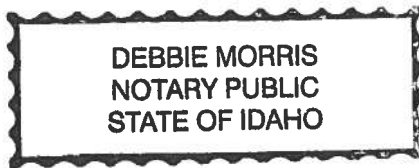
5. The Grantors of said Trust Agreement appointed **SHARON CURTIS** as the Successor Trustee of said Trust.

6. This affidavit is to confirm that pursuant to the terms of said trust agreement **SHARON CURTIS** is now the acting Trustee of said Trust and is authorized to act in behalf of and in the name of said Trust with full authority and all powers to convey property and to act as Trustee as set forth in said Trust agreement.

DATED this 2nd day of May, 2014.

Sharon Curtis
SHARON CURTIS

SUBSCRIBED AND SWORN to before me this 2nd day of May, 2014.



Debbie Morris
NOTARY PUBLIC for State of Idaho
Residing at: Lewiston, UT
Comm. Expires: 7/19/16

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2013-04011

05/01/2013

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 §39-2-14 AND §39-2-11, IDAHO CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) RAYMOND HARRIS OSTLER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
MORTICIAN: Complete/Verify and File Within 5 Days of Death	4a. AGE-Last Birthday 82 (Years)		4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0	
	4c. UNDER 1 DAY Hours: 0 Minutes: 0		5. DATE OF BIRTH (Mo/Day/Yr) 07/31/1930	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) NEPHI, UTAH			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY FRANKLIN	
PARENTS	7c. CITY OR TOWN THATCHER		7d. STREET AND NUMBER 6004 EAST THATCHER ROAD	
	7e. APT. NO. 83283		7f. ZIP CODE 83283	
	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No			
	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) VONEAL INGRAM	
INFORMANT	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) UTAH	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH			
	12a. FATHER'S NAME (First, Middle, Last, Suffix) ARTHUR G. OSTLER		12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LOLA WORTHINGTON	
	13a. INFORMANT'S NAME (Type or print) VONEAL I. OSTLER		13b. RELATIONSHIP TO DECEDENT SPOUSE	
DISPOSITION	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) TURNER CEMETERY TURNER, IDAHO 83241	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SIMS FUNERAL HOME 139 EAST SECOND SOUTH SODA SPRINGS, IDAHO 83276			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: F. DARRIN SIMS		17b. LICENSE NUMBER (Of licensee) M0812	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ COA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)			
	19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ COA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) 6004 EAST THATCHER ROAD		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE THATCHER, ID 83283	
	22. COUNTY OF DEATH FRANKLIN			
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 27, 2013		24. TIME OF DEATH (24hr) Estimated 14:00 - 15:15	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 27, 2013		26. TIME PRONOUNCED DEAD (24hr) 17:45	
	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. SELF-INFLICTED GUNSHOT TO HEAD DUE TO (or as a consequence of): b. c. d. Sequentially 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).			
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: 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 ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days of death			
CAUSE OF DEATH	31. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accidental ☐ Pending investigation ☒ Suicide ☐ Could not be determined		32. INJURY AT WORK? ☐ Yes ☒ No	
	33. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 27, 2013		34. TIME OF INJURY (24hr) Estimated 14:00 - 15:15	
	35. LOCATION OF INJURY: State IDAHO City/Town or County THATCHER, FRANKLIN Zip Code 83283 Street and Number or Location 6004 EAST THATCHER ROAD Apartment Number		36. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) DECEDENT SHOT HIMSELF IN HEAD BEHIND A HAYSTACK BEHIND HIS HOME	
	37. TRANSPORTATION 38a. WAS DECEDENT: ☐ 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. Signature and Title of Certifier ELECTRONICALLY SIGNED: DOUGLAS S. WEBB 39b. LICENSE NUMBER 39c. DATE SIGNED 4 / 30 / 2013 MM DD YYYY	
CERTIFIER	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DOUGLAS S. WEBB, 109 EAST ONEIDA PRESTON, ID 83263		40a. REGISTRAR'S SIGNATURE James B. Aydelotte	
	40b. DATE SIGNED 5 / 1 / 2013 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: **MAY 01 2013**

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

JAMES B. AYDELOTTE
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 **MARCH 14, 2014**

State File No. **2014-02334**

DECEDENT - LEGAL NAME

MAIDA VONEAL OSTLER

SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 82 YEARS	DATE OF BIRTH APRIL 22, 1931
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BIRTHPLACE MORONI, UTAH	PLACE OF RESIDENCE BOISE, IDAHO
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MARITAL STATUS AT TIME OF DEATH WIDOWED	NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
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FATHER - NAME JOHN FLORAN INGRAM	BIRTHPLACE UTAH
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MOTHER - MAIDEN NAME VIRGINIA ALICE ELIASON	BIRTHPLACE UTAH
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METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE DORN R. RADEMACHER
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NAME AND ADDRESS OF FUNERAL FACILITY
RELYEA FUNERAL CHAPEL, BOISE, IDAHO

DATE OF DEATH MAR. 11, 2014	TIME OF DEATH 7:55 P.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
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CAUSE OF DEATH (underlying cause last) a. DIASTOLIC HEART FAILURE	Approximate Interval Between Onset and Death 5 YEARS
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DUE TO (or as a consequence of): b. COR PULMONALE	5 YEARS
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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 NONE STATED	WAS AN AUTOPSY PERFORMED? NO
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MANNER OF DEATH NATURAL	NAME OF CERTIFIER MICHAEL D. HEDEMARK, M.D.	TITLE PHYSICIAN
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CORONER SUBSEQUENT CERTIFICATION IF NECESSARY

EXTERNAL CAUSES ONLY

DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
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LOCATION WHERE INJURY OCCURRED

DESCRIPTION OF HOW INJURY OCCURRED

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PRNCO (REV) 02/12

James B. Galt
JAMES B. AYDELOTTE
STATE REGISTRAR