

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 09 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. *Shift in imagery*

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
25-122580*	Yes ☐		Yes ☐		Yes ☐
25-4152B*	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: William Logston
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): TAMMY LOGSTON
Name of each new owner as listed on the conveyance document

New owner continued ☐ Name connector ☐ and ☐ or ☐ and/or ☐
1012 GRAY'S LAKE RD
Mailing address
WAYAN ID 83285
City State ZIP
208 574-4601
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: Sept. 1 2012

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. *Recorded Deed*
- 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 #

25-4152B

7. Signature: Tammy Logston Title, if applicable: 6-9-14
Signature of new owner/claimant Date

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

For IDWR Office Use Only:

Received by: JB Date: 6/9/2014 Receipt No. E039899 Receipt Amt. \$50.
Approved by: JB Processed by: JB Date: 6/23/2014

Dwight E. Baker
BAKER & HARRIS
266 W Bridge
Blackfoot, ID 83221
Telephone: (208) 785-2310
Facsimile: (208) 785-6749
Email: debaker@bakerharrisllaw.com
Idaho State Bar No. 1350

Attorneys for Tammy V. Logston

STATE OF IDAHO
COUNTY OF BINGHAM
I hereby certify that the foregoing instrument is a full,
true and correct copy of the original on file in the
office of the undersigned Clerk of the Magistrate's
Division, District Court of the Seventh Judicial District
of Idaho, for Bingham County.
Date 10.01.12
By SARA J. STAUB
Clerk, District Court, Magistrate's Division
Deputy Clerk

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BINGHAM
MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE OF

WILLIAM "BILL" JOSEPH
LOGSTON,

Deceased.

Case No. CV-2012- 2009

**LETTERS OF
ADMINISTRATION**

(I.C. 15-3-602 and 15-3-702)

Tammy V. Logston is hereby appointed personal representative of the Estate of William "Bill" Joseph Logston, deceased, with all authority pertaining thereto. Administration of the estate is unsupervised.

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

SCOTT H. HANSEN

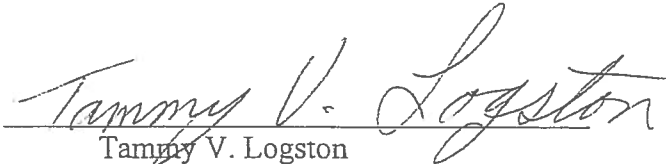
WITNESS: Honorable _____, Magistrate of the District Court, County of Bingham, State of Idaho, with the seal of the Court affixed this 1st day of September, 2012.

SCOTT H. HANSEN

Magistrate

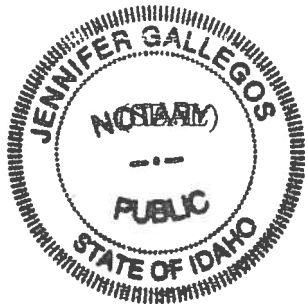
STATE OF IDAHO)
) ss.
County of Bingham)

The undersigned, hereby accepts the appointment to the office of personal representative of the Estate of William Joseph Logston, deceased, and do solemnly swear that I will perform, according to law, the duties of personal representative of said estate.



Tammy V. Logston
1012 Gray's Lake Road
Wayan, ID 83285

SUBSCRIBED AND SWORN to before me this 26th day of September, 2012.





NOTARY PUBLIC
Residing at Blackfoot
My Commission Expires: 12.3.13

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPARTMENT OF HEALTH AND WELFARE
RANGED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §§20-2119 AND §§20-224, ICAD, 2005

Local Reg. No. _____

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) WILLIAM JOSEPH LOGSTON		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 67 (Years)		4b. UNDER 1 YEAR Months _____ Days _____	
	4c. UNDER 1 DAY Hours _____ Minutes _____		5. DATE OF BIRTH (Mo/Day/Yr) 01/24/1945	
	6. BIRTHPLACE (City and State; Territory, or Foreign Country) WIELUTA, KANSAS			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BONNEVILLE	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7d. STREET AND NUMBER 1012 GRAYS LAKE ROAD		7e. APT. NO. 83285	7f. ZIP CODE 83285
	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) TAMMY V. OWENS	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) WILLIAM LOGSTON	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) MISSOURI		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) STELLA HEISTER	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
INFORMANT: DISPOSITION	13a. INFORMANT'S NAME (Type or print) TAMMY LOGSTON		13b. RELATIONSHIP TO DECEASED WIFE	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1012 GRAYS LAKE RD WAYAN, ID 83285			
	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) BLACKFOOT CREMATORY 132 S. SHILLING AVE. BLACKFOOT, IDAHO 83221	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PERRY L. HAWKER		17b. LICENSE NUMBER (Of licensee) M0734	
PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ COA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) _____			
	19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____			
	20. FACILITY NAME (If not facility, give street and number) 1012 GRAYS LAKE ROAD		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE WAYAN, ID 83285	
	22. COUNTY OF DEATH BONNEVILLE			
CERTIFIER: Complete Within 72 Hours of Death	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 14, 2012		24. TIME OF DEATH (24hr) 16:00	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 14, 2012		26. TIME PRONOUNCED DEAD (24hr) 16:00	
	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. HEART DISEASE DUE TO (or as a consequence of): _____ b. LUNG DISEASE DUE TO (or as a consequence of): _____ c. _____ DUE TO (or as a consequence of): _____ d. _____ Approximate Interval: Onset to Death 1 MONTH 1 MONTH			
	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? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER REGISTRAR	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 ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined			
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) September 14, 2012		33. TIME OF INJURY (24hr) 16:00	
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 1012 GRAYS LAKE ROAD		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____ 38a. WAS DECEASED: ☐ Driver/Operator ☐ Passenger ☐ Child safety seat ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 38b. WHAT SAFETY DEVICES(S) DID DECEASED USE/EMPLOY? ☐ Driver/Operator ☐ Passenger ☐ Child safety seat ☐ 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 KAY POWELL, N.P. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KAY POWELL, 98 POPLAR STREET BLACKFOOT, ID 83221		39b. LICENSE NUMBER NP-0343 39c. DATE SIGNED 9 / 19 / 2012 MM DD YYYY		
40a. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE		40b. DATE SIGNED 9 / 19 / 2012 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: **September 19, 2012**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

Dwight E. Baker
BAKER & HARRIS
266 W Bridge
Blackfoot, ID 83221
Telephone: (208) 785-2310
Facsimile: (208) 785-6749
Email: debaker@bakerharrisllaw.com
Idaho State Bar No. 1350

Attorneys for Tammy V. Logston

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BINGHAM
MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE OF

WILLIAM "BILL" JOSEPH
LOGSTON,

Deceased.

Case No. CV-2012- 2009

**PERSONAL REPRESENTATIVES
DEED**

THIS DEED, made by TAMMY V. LOGSTON, as Personal Representative of the Estate
of William "Bill" Joseph Logston, deceased, Grantor, and Tammy V. Logston, a widow, Grantee,
whose address is 1012 Gray's Lake Road, Wayan, Idaho 83285.

WHEREAS, Grantor is the qualified Personal Representative of said estate, filed as
Probate Case Number CV-2012- 2009, in Bingham County, Idaho; and

THEREFORE, for valuable consideration received, Grantor sells and conveys to Grantee
the following-described real property in Bonneville County, Idaho:

Beginning at a point that is N 89°40'17" W 2475.60 feet along the
Section line and S 0°02'26" E 1912.68 feet from the Northeast
corner of Section 20, Township 3 South, Range 43 E.B.M.,
Bonneville County, Idaho (the location of said corner being as
determined by the Department of Interior Surveyors in 1978, and

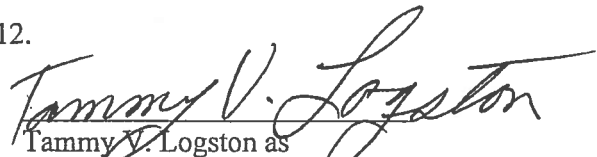
PERSONAL REPRESENTATIVES DEED - 1

as perpetuated and recorded in November 1985), thence S 0° 02'26" E 2066.15 feet to the North right-of-way fence of an existing County Road; thence S 89° 58'20" E 2378.63 feet along said right of way fence; thence N 2°29'40" W 1456.20 feet along an existing fence line; thence N 1°39'28" E 411.21 feet along said fence line; thence N 85°45'51" E 301.43 feet along said fence line; thence N 3°07'57" W 178.17 feet along said fence line; thence N 89°58'20" W 2619.49 feet to the point of beginning, containing 112.31 acres.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Subject to all existing rights-of-ways for public highways, protective covenants, utility lines, existing roadways, irrigation ditches and all building, zoning and other restrictions of use and all encumbrances of record.

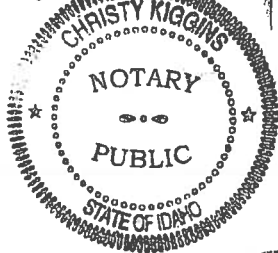
EXECUTED this 29th day of November, 2012.


Tammy V. Logston as
Personal Representative of
The Estate of William "Bill" Joseph Logston

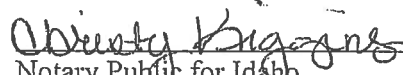
STATE OF IDAHO)
) ss:
County of Bingham)

On this 29th day of November, 2012, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared TAMMY V. LOGSTON, known to me to be the Personal Representative of the Estate of William "Bill" Joseph Logston and the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in capacity as Personal Representative of the Estate of William "Bill" Joseph Logston.

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



(SEAL)


Notary Public for Idaho
Residing at ~~Blackfoot, Idaho~~ Pocatello, Idaho
My Commission Expires 01/12/2016

PERSONAL REPRESENTATIVES DEED - 2