

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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MAY 12 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?
29-403 OK	Yes ☐	29-4187 OK	Yes ☐		Yes ☐
29-404 OK	Yes ☐	29-4365 OK	Yes ☐		Yes ☐
29-405 OK	Yes ☐	29-13422 OK	Yes ☐		Yes ☐
29-406 OK	Yes ☐	29-13423 OK	Yes ☐		Yes ☐
29-4102 OK	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Cheryl, Sheldon or Jack Hatley
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Cheryl or Sheldon Hatley
Name of each new owner as listed on the conveyance document

New owner continued ☐ Name connector ☐ and ☒ or ☐ and/or
13589 S Thacker
Mailing address
Armo ID 83214
City State ZIP
208-254-9168
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: _____

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

SUPPORT DATA
IN FILE # 29-403

7. Signature: Sheldon Hatley Title, if applicable _____ Date 5-9-2014
Signature of new owner/claimant

Signature: Cheryl Hatley Title, if applicable _____ Date 5-9-14
Signature of new owner/claimant

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. NO FEE REQUIRED Receipt Amt. _____
Approved by JB Processed by JB Date 5/15/2014

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

Date Filed **MARCH 07, 2012**

State File No. **2012-01993**

DECEDENT - LEGAL NAME JACK MILTON HATLEY			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 82 YEARS	DATE OF BIRTH AUGUST 30, 1929
BIRTHPLACE POCATELLO, IDAHO		PLACE OF RESIDENCE ROBIN, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) RHONDA MARLEY	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME FRED H. HATLEY			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME RACHEL JOSEPHINE NORTON			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE BRAD C. HORSLEY	
NAME AND ADDRESS OF FUNERAL FACILITY BENSON-HORSLEY FUNERAL HOMES, MALAD CITY, IDAHO			
DATE OF DEATH MAR. 02, 2012	TIME OF DEATH 9:58 A.M.	CITY/TOWN OR LOCATION OF DEATH POCATELLO, IDAHO	COUNTY OF DEATH BANNOCK
CAUSE OF DEATH (underlying cause last) a. ISCHEMIC BOWEL			Approximate Interval Between Onset and Death IMMEDIATE
b. DUE TO (or as a consequence of): NON ALCOHOLIC CIRRHOSIS OF THE LIVER			MONTHS
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 VALVULAR HEART DISEASE, HYPERTENSION, BOWEL OBSTRUCTION, ENCARCERATED HERNIA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER BRADLEY M. BURTON, 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.

DATE ISSUED: MARCH 07, 2012

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

PINCO (Rev) 07/10

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SCANNED

MAY 16 2014