STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
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

Arimo 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 _____ 5-9-2014
Signature of new owner/claimant Title, if applicable Date

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

For IDWR Office Use Only:

Receipted by _____ Date _____ Receipt No. NO FEE REQUIRED Receipt Amt. _____

Approved by JB Processed by JB Date 5/15/2014

Form 42-248/42-1409(6) Rev. 07/10

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	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH
MALE	[redacted]	82 YEARS	AUGUST 30, 1929

BIRTHPLACE	PLACE OF RESIDENCE
POCATELLO, IDAHO	ROBIN, IDAHO

MARITAL STATUS AT TIME OF DEATH	NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES?
MARRIED	RHONDA MARLEY	NO

FATHER - NAME	BIRTHPLACE
FRED H. HATLEY	IDAHO

MOTHER - MAIDEN NAME	BIRTHPLACE
RACHEL JOSEPHINE NORTON	IDAHO

METHOD OF DISPOSITION	FUNERAL SERVICE LICENSEE
BURIAL	BRAD C. HORSLEY

NAME AND ADDRESS OF FUNERAL FACILITY
BENSON-HORSLEY FUNERAL HOMES, MALAD CITY, IDAHO

DATE OF DEATH	TIME OF DEATH	CITY,TOWN OR LOCATION OF DEATH	COUNTY OF DEATH
MAR. 02, 2012	9:58 A.M.	POCATELLO, IDAHO	BANNOCK

CAUSE OF DEATH (underlying cause last) — Approximate Interval Between Onset and Death

a. ISCHEMIC BOWEL — IMMEDIATE

DUE TO (or as a consequence of):

b. NON ALCOHOLIC CIRRHOSIS OF THE LIVER — MONTHS

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
VALVULAR HEART DISEASE,HYPERTENSION,BOWEL OBSTRUCTION,ENCARCERATED HERNIA

WAS AN AUTOPSY PERFORMED? NO

MANNER OF DEATH	NAME OF CERTIFIER	TITLE
NATURAL	BRADLEY M. BURTON, M.D.	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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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

PBNCO (Rev) 07/10

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SCANNED
MAY 16 2014