

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
MAY 06 2014
DEPT. OF WATER RESOURCES
SOUTHERN 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?
37-21582	Yes ☐		Yes ☐		Yes ☐
37-21585	Yes ☐		Yes ☐		Yes ☐
37-21588	Yes ☐		Yes ☐		Yes ☐
37-21591	Yes ☐		Yes ☐		Yes ☐
37-21580	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: CARLA MILLER, JERRY MILLER
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): CARLA MILLER
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

Mailing address _____ City _____ State _____ ZIP _____

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. 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.

8. Signature: Carla J. Miller _____ 5-1-14
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 _____ Date _____ Receipt No. _____ Receipt Amt. _____
Approved by _____ Processed by _____ Date _____

SUPPORT DATA
IN FILE # 37-21580

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed JULY 20, 2009

State File No. 2009-05754

DECEDENT - LEGAL NAME

JERRY MAX MILLER

SEX

MALE

SOCIAL SECURITY NUMBER

[REDACTED]

AGE

72 YEARS

DATE OF BIRTH

DECEMBER 21, 1936

BIRTHPLACE

TOPEKA, KANSAS

PLACE OF RESIDENCE

BELLEVUE, IDAHO

MARITAL STATUS AT TIME OF DEATH

MARRIED

NAME OF SURVIVING SPOUSE (If wife, maiden name)

CARLA BARKER

WAS DECEDENT EVER IN
U.S. ARMED FORCES?

YES

FATHER - NAME

ERWIN E. MILLER

BIRTHPLACE

KANSAS

MOTHER - MAIDEN NAME

JUANITA FAY SHIPMAN

BIRTHPLACE

KANSAS

METHOD OF DISPOSITION

BURIAL

FUNERAL SERVICE LICENSEE

RUSSELL D. MIKEL

NAME AND ADDRESS OF FUNERAL FACILITY

WOOD RIVER CHAPEL, HAILEY, IDAHO

DATE OF DEATH

JULY 13, 2009

TIME OF DEATH

8:00 P.M.

CITY, TOWN OR LOCATION OF DEATH

BELLEVUE, IDAHO

COUNTY OF DEATH

BLAINE

CAUSE OF DEATH (underlying cause last)

METASTATIC UROTHELIAL CA

Approximate Interval Between
Onset and Death

3 YEARS

DUE TO (or as a consequence of):

b.

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

MANNER OF DEATH

NATURAL

NAME OF CERTIFIER

ROYAL A. MCCLURE, 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.

JULY 23, 2009

DATE ISSUED: _____

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

