

RECEIVED

JAN 24 2014

DEPT. OF WATER RESOURCES
SOUTHERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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?
51-7196	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Virginia Canavero / Christine Adamo

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): VIRGINIA CANAVERO

Name of each new owner as listed on the conveyance document

VIRGINIA CANAVERO

New owner continued ☐ Name connector ☐ and ☐ or ☐ and/or

58409 Mansford Ave

Mailing address

ROBERSON

City

208 851-2252 NA

Telephone

Email

ID

State

83302

ZIP

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.

7. Signature: Virginia Canavero

Signature of new owner/claimant

Title, if applicable

Date

1-23-14

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 _____

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2013-048416

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) THELMA CHRISTINE ADAMO			2. AKA'S (IF ANY)			3. DATE OF DEATH DECEMBER 17, 2013		
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER: [REDACTED]	6. DATE OF BIRTH 04/25/1947	7. AGE 66	8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY		10. HOURS 11. MINUTES
12. PLACE OF DEATH - HOSPITAL: ☐ INPATIENT ☐ E.R./OUTPATIENT ☐ DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: ☐ NURSING HOME OR LONG TERM CARE FACILITY ☐ RESIDENCE ☒ HOSPICE FACILITY ☐ OTHER					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): HOSPICE OF ARIZONA - DEL WEBB				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: SUN CITY WEST 85375			16. COUNTY OF DEATH: MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CLINTON, ARKANSAS			18. MARITAL STATUS AT TIME OF DEATH: DIVORCED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)			
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 17276 N POTOMAC LN			21. CITY AND COUNTY: SURPRISE, MARICOPA		22. STATE ARIZONA		23. ZIP CODE 85374	
24. EVER IN THE ARMED FORCES NO			25. WAS DECEDENT OF HISPANIC ORIGIN? ☒ NO, NOT SPANISH, HISPANIC OR LATINO ☐ YES, MEXICAN, MEXICAN AMERICAN, CHICANO ☐ YES, PUERTO RICAN ☐ YES, CUBAN ☐ YES, OTHER (SPECIFY) ☐ UNKNOWN			26. DECEDENT'S RACE(S): ☒ WHITE ☐ BLACK, AFRICAN AMERICAN ☐ NATIVE HAWAIIAN ☐ ASIAN INDIAN ☐ CHINESE ☐ FILIPINO ☐ JAPANESE ☐ GUAMANIAN OR CHAMORRO ☐ KOREAN ☐ VIETNAMESE ☐ SAMOAN ☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ OTHER ASIAN (SPECIFY) ☐ OTHER PACIFIC ISLANDER (SPECIFY) ☐ OTHER (SPECIFY) ☐ UNKNOWN		
27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:			28. OCCUPATION: NURSE					
29. FATHER'S NAME (FIRST, MIDDLE, LAST) THOMAS THEODORE SCROGGINS			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) EDITH PEARL OSBURN					
31. INFORMANT'S NAME THELMA CHRISTINE ADAMO			32. RELATIONSHIP SELF			33. INFORMANT'S MAILING ADDRESS: 17276 N POTOMAC LN, SURPRISE, ARIZONA 85374		
34. NAME AND ADDRESS OF FUNERAL FACILITY: BIOLOGICAL RESOURCE CENTER 2602 S. 24TH ST., PHOENIX, AZ			35. FUNERAL DIRECTOR: KRISTEN L. WESTWOOD, FUNERAL DIRECTOR			36. LICENSE NUMBER: F0968		
37. METHOD(S) OF DISPOSITION: DONATION/CREMATION			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: BIOLOGICAL RESOURCE CENTER, PHOENIX, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: LIFEPLAN CREMATORY, PHOENIX, ARIZONA		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I								
IMMEDIATE CAUSE OF DEATH 40. A LUNG CANCER (IV) UNKNOWN CELL TYPE			41. APPROXIMATE INTERVAL: MONTHS			42. B		
DUE TO OR AS A CONSEQUENCE OF: 44. C			43. APPROXIMATE INTERVAL:			45. APPROXIMATE INTERVAL:		
DUE TO OR AS A CONSEQUENCE OF: 46. D			47. APPROXIMATE INTERVAL:			48. D		
CAUSE OF DEATH PART II								
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:			49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH	
			52. TIME OF DEATH 1340		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION								
☒ Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Medical Examiner/Tribal Law Enforcement Authority - 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.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH: DEBJOTI SENSARMA, M.D.				56. DATE CERTIFIED: 12/18/2013	
57. CERTIFIER'S ADDRESS: 1132 S. OAKLAND AVE. MESA, AZ 85206			58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ				59. DATE REGISTERED 12/24/2013	

DATE ISSUED: 12/30/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
Revised 12/2012.

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR FRASURE VOIDS THIS DOCUMENT

KHALEEL HUSSAINI
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services