

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED

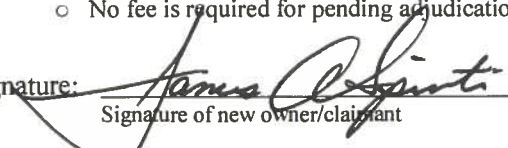
DEC 13 2013

DEPARTMENT OF
WATER RESOURCES

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?
PD 63-29431	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Raymond W Spinti and/or Isabella B Spinti
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): James A Spinti
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- | | | | |
|---------------------------|---------------------------|-----------|--------------|
| <u>3656 NW Dutton Way</u> | <u>Mountain Home</u> | <u>ID</u> | <u>83647</u> |
| Mailing address | City | State | ZIP |
| <u>208-587-3219</u> | <u>sarchery@gmail.com</u> | | |
| 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: November 14, 2013
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.

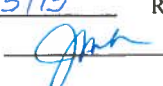
8. Signature:  Title, if applicable _____ Date 13 Dec 13

Signature: _____ Title, if applicable _____ Date _____

Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by D. Gibson Date 12/13/13 Receipt No. C098067 Receipt Amt. \$25.00

Approved by _____ Processed by  Date 12-16-13

QUITCLAIM DEED

FOR VALUE RECEIVED

Raymond W. Spinti, a widower

HEREINAFTER "GRANTOR" DOES RELEASE AND FOREVER QUITCLAIM UNTO

James A. Spinti, a single man

WHOSE ADDRESS IS: 1085 Gridley Dr

Mountain Home, Idaho 83647

HEREINAFTER "GRANTEE," AND TO HIS HEIRS AND ASSIGNS, ALL RIGHT, TITLE AND INTEREST
GRANTOR HAS OR MAY HEREAFTER ACQUIRE THE FOLLOWING DESCRIBED REAL PROPERTY:

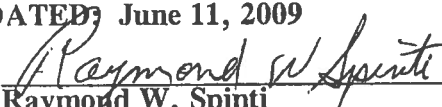
SEE ATTACHED

Reserving a life estate to Raymond W. Spinti

Instrument # 407378
Elmore County, Idaho
03:11pm Jun. 11, 2009
For: RAYMOND SPINTI
No. of Pages: 2 Fee: \$6.00
MARSA GRIMMETT, Recorder
Deputy: DLE

TO HAVE AND TO HOLD, ALL AND SINGULAR THE SAID PREMISES, TOGETHER WITH THEIR
APPURTENANCES, UNTO GRANTEE, AND TO HIS HEIRS AND ASSIGNS FOREVER.

DATED: June 11, 2009


Raymond W. Spinti

State of Idaho, County of Elmore

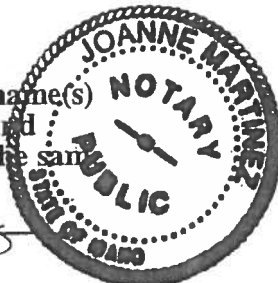
On this 11th day of June 2009,
before me, a notary public in and for said
State personally appeared

Raymond W. Spinti

known to me to be the person(s) whose name(s)
is subscribed to the within instrument and
acknowledged to me that he executed the same


Joanne Martinez

Residing at Glens Ferry
Commission Expires September 28, 2013



Cabin and real property located in Fall Creek more fully described as:

Beginning 700 feet South of the Northwest corner of the NE1/4SW1/4, Section 28, Township 2 North, Range 9 East, B.M., which is the real point of beginning; thence continuing South from the real point of beginning a distance of 100 feet to a point; thence Easterly 437 feet to an iron stake on the road right-of-way; thence Northwesterly along said road right-of-way to an iron stake, said stake being 370 feet East of the point beginning; thence Westerly 370 feet to the real point of beginning containing 0.92 acres more or less.

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed SEPTEMBER 20, 2005

State File No. 2005-07257

DECEDENT - LEGAL NAME ISABELLA B SPINTI			
SEX FEMALE	SOCIAL SECURITY NUMBER 672-20-6250	AGE 81 YEARS	DATE OF BIRTH OCTOBER 23, 1923
BIRTHPLACE CAMBRIDGE, WISCONSIN		PLACE OF RESIDENCE MOUNTAIN HOME, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) RAYMOND SPINTI	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JOHN CARGEN			BIRTHPLACE WISCONSIN
MOTHER - MAIDEN NAME FLORENCE UTNE			BIRTHPLACE WISCONSIN
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE JERRY L. ROST	
NAME AND ADDRESS OF FUNERAL FACILITY ROST FUNERAL HOME, MOUNTAIN HOME, IDAHO			
DATE OF DEATH SEPT. 14, 2005	TIME OF DEATH 1:15 P.M.	CITY, TOWN OR LOCATION OF DEATH MOUNTAIN HOME, IDAHO	COUNTY OF DEATH ELMORE
CAUSE OF DEATH (underlying cause last) LIVER CANCER			Approximate Interval Between Onset and Death
DUE TO (or as a consequence of) a.			
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 ALZHEIMERS DEMENTIA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER TIMOTHY BRININGER, 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 HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: SEPTEMBER 21, 2005

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR