

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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JUN 25 2013

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?
29-13117 OK	Yes ☐		Yes ☐		Yes ☐
29-10594 OK	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: JAY & Goldie O. Anthony — Deceased 2009
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Jay N. Anthony
Name of each new owner as listed on the conveyance document

* Wife is deceased
Needs to be
Taken OFF - ALL
ELSE STAYS THE
SAME

New owner continued Name connector ☐ and ☐ or ☐ and/or
Mailing address P.O. Box 201 - Upper Park City, Idaho
City Idaho State Ida ZIP 83245
Telephone 775-3754 Email JayAnthony54@yahoo.com

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: Same - Change as wife Goldie is deceased

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: Jay N. Anthony Owner of 29-13117 & 22-13
Signature of new owner/claimant Title, if applicable Date

Signature: _____ Title, if applicable _____ Date _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only: Returned Unprocessed
Received by _____ Date _____ Receipt No. _____
Approved by JB Processed by JB Date 8/13/2013
Form 42-248/42-1409(6) Rev. 07/10

RECEIVED
AUG 13 2013
Department of Water Resources
Eastern Region
IN FILE # 29-10594

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed AUGUST 18, 2009

State File No. 2009-06634

DECEDENT - LEGAL NAME GOLDIE ELAINE ANTHONY			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 73 YEARS	DATE OF BIRTH FEBRUARY 01, 1936
BIRTHPLACE RIGBY, IDAHO		PLACE OF RESIDENCE INKOM, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) JAY N ANTHONY	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JAMES OLSON			BIRTHPLACE SWEDEN
MOTHER - MAIDEN NAME MERZIE LEWIS			BIRTHPLACE NORTH CAROLINA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE JARED M. CLINGER	
NAME AND ADDRESS OF FUNERAL FACILITY COLONIAL FUNERAL HOME, POCATELLO, IDAHO			
DATE OF DEATH AUG. 15, 2009	TIME OF DEATH 8:15 A.M.	CITY, TOWN OR LOCATION OF DEATH INKOM, IDAHO	COUNTY OF DEATH BANNOCK
CAUSE OF DEATH (underlying cause last) a DEMENTIA OF THE ALZHEIMERS TYPE			Approximate Interval Between Onset and Death 7 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 EARL E. HOLMSTEAD, 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: AUGUST 02, 2013

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