

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAY 02 2013

DEPT. OF WATER RESOURCES
SOUTHERN 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?
72-147	Yes ☐	72-4177	Yes ☐	72-10276	Yes ☐
72-148	Yes ☐	72-10264	Yes ☐		Yes ☐
72-4028	Yes ☐	72-10265	Yes ☐		Yes ☐
72-4029	Yes ☐	72-10272	Yes ☐		Yes ☐
72-4030	Yes ☐	72-10275	Yes ☐		Yes ☐

2. Previous Owner's Name: Delbert M Hughes and Donna Lenor Hughes
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Donna Lenor Hughes
Name of each new owner as listed on the conveyance document

New owner continued Name connector ☐ and ☐ or ☐ and/or
Hc 61 Box 3054

Mailing address
Challis ID 83226
City State ZIP

(208) 879-2365 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.

7. Signature: Donna Hughes Title, if applicable: _____ Date: 4-27-2013
Signature of new owner/claimant

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

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. _____ Receipt Amt. _____
Approved by _____ Processed by _____ Date _____

4-10-2013

A request for information about
water rights for Delbert / Donna
Hughes ranches at Challis, Idaho.

Thank you very much,

Donna Hughes
HC 61 Box 3054
Challis, Idaho 83226

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 DECEMBER 31, 2012

State File No. 2012-11598

DECEDENT - LEGAL NAME DELBERT MARVIN HUGHES			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 79 YEARS	DATE OF BIRTH JULY 19, 1933
BIRTHPLACE IDAHO FALLS, IDAHO		PLACE OF RESIDENCE CHALLIS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) DONNA LENOR HORTON	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME MARVIN GEORGE HUGHES			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME ANNA ILENE HUTCHISON			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE TAMMY J. BOWERMAN	
NAME AND ADDRESS OF FUNERAL FACILITY JONES AND CASEY FUNERAL HOME - CHALLIS, SALMON, IDAHO			
DATE OF DEATH DEC. 22, 2012	TIME OF DEATH 3:22 P.M.	CITY, TOWN OR LOCATION OF DEATH IDAHO FALLS, IDAHO	COUNTY OF DEATH BONNEVILLE
CAUSE OF DEATH (underlying cause last) a. ASPIRATION PNEUMONIA			Approximate Interval Between Onset and Death 2 DAYS
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
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 BRENT W. MUELLER, 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.

JANUARY 02, 2013

DATE ISSUED: _____

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

PRNCO (REV) 02/12

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

