

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 <input type="checkbox"/> | 72-4177               | Yes <input type="checkbox"/> | 72-10276              | Yes <input type="checkbox"/> |
| 72-148                | Yes <input type="checkbox"/> | 72-10264              | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
| 72-4028               | Yes <input type="checkbox"/> | 72-10265              | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
| 72-4029               | Yes <input type="checkbox"/> | 72-10272              | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
| 72-4030               | Yes <input type="checkbox"/> | 72-10275              | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |

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

|                                                                                                                                |                                                    |                                                                              |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>DECEDENT - LEGAL NAME</b><br>DELBERT MARVIN HUGHES                                                                          |                                                    |                                                                              |                                                               |
| <b>SEX</b><br>MALE                                                                                                             | <b>SOCIAL SECURITY NUMBER</b><br>[REDACTED]        | <b>AGE</b><br>79 YEARS                                                       | <b>DATE OF BIRTH</b><br>JULY 19, 1933                         |
| <b>BIRTHPLACE</b><br>IDAHO FALLS, IDAHO                                                                                        |                                                    | <b>PLACE OF RESIDENCE</b><br>CHALLIS, IDAHO                                  |                                                               |
| <b>MARITAL STATUS AT TIME OF DEATH</b><br>MARRIED                                                                              |                                                    | <b>NAME OF SURVIVING SPOUSE (If wife, maiden name)</b><br>DONNA LENOR HORTON | <b>WAS DECEDENT EVER IN U.S. ARMED FORCES?</b><br>YES         |
| <b>FATHER - NAME</b><br>MARVIN GEORGE HUGHES                                                                                   |                                                    |                                                                              | <b>BIRTHPLACE</b><br>IDAHO                                    |
| <b>MOTHER - MAIDEN NAME</b><br>ANNA ILENE HUTCHISON                                                                            |                                                    |                                                                              | <b>BIRTHPLACE</b><br>IDAHO                                    |
| <b>METHOD OF DISPOSITION</b><br>BURIAL                                                                                         |                                                    | <b>FUNERAL SERVICE LICENSEE</b><br>TAMMY J. BOWERMAN                         |                                                               |
| <b>NAME AND ADDRESS OF FUNERAL FACILITY</b><br>JONES AND CASEY FUNERAL HOME - CHALLIS, SALMON, IDAHO                           |                                                    |                                                                              |                                                               |
| <b>DATE OF DEATH</b><br>DEC. 22, 2012                                                                                          | <b>TIME OF DEATH</b><br>3:22 P.M.                  | <b>CITY, TOWN OR LOCATION OF DEATH</b><br>IDAHO FALLS, IDAHO                 | <b>COUNTY OF DEATH</b><br>BONNEVILLE                          |
| <b>CAUSE OF DEATH (underlying cause last)</b><br>a. ASPIRATION PNEUMONIA                                                       |                                                    |                                                                              | <b>Approximate Interval Between Onset and Death</b><br>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):                                                                                            |                                                    |                                                                              |                                                               |
| <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above</b><br>NONE STATED |                                                    |                                                                              | <b>WAS AN AUTOPSY PERFORMED?</b><br>NO                        |
| <b>MANNER OF DEATH</b><br>NATURAL                                                                                              | <b>NAME OF CERTIFIER</b><br>BRENT W. MUELLER, M.D. |                                                                              | <b>TITLE</b><br>PHYSICIAN                                     |
| <b>CORONER SUBSEQUENT CERTIFICATION IF NECESSARY</b>                                                                           |                                                    |                                                                              |                                                               |
| <b>EXTERNAL CAUSES ONLY</b>                                                                                                    |                                                    |                                                                              |                                                               |
| <b>DATE OF INJURY</b>                                                                                                          | <b>TIME OF INJURY</b>                              | <b>PLACE OF INJURY</b>                                                       | <b>INJURY AT WORK?</b>                                        |
| <b>LOCATION WHERE INJURY OCCURRED</b>                                                                                          |                                                    |                                                                              |                                                               |
| <b>DESCRIPTION OF HOW INJURY OCCURRED</b>                                                                                      |                                                    |                                                                              |                                                               |

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

