

RECEIVED

AUG 07 2012

DEPARTMENT OF
WATER RESOURCESSTATE 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?
47-7578	Yes ☐		Yes ☐		Yes ☐
47-7579	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: H.H. Thompson
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Russell Thompson
Name of each new owner as listed on the conveyance document

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

4592 River Road

Mailing address

Buhl ID 83316

City State ZIP

208-543-6565

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: 9/2004
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: Russell Thompson Title, if applicable _____ Date 8/3/12

Signature: _____ Title, if applicable _____ Date _____

Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by SB7 Date 8/7/2012 Receipt No. 0095849 Receipt Amt. \$50-

Approved by _____ Processed by _____ Date _____

COPY

Last Will and Testament

OF

HARLON HERSCHEL THOMPSON, a/k/a H. H. THOMPSON

I, HARLON HERSCHEL THOMPSON, a/k/a H. H. THOMPSON, of Twin Falls County, Idaho, make my LAST WILL AND TESTAMENT. I revoke all previous Wills and Codicils.

I.

I divorced PATTY BIERPHOL on September 2, 1995. I have seven children: namely, JAMES HARLON THOMPSON of Oklahoma; LUCRICA HOPE THOMPSON SCOTT of Oklahoma; LILA KATHLEEN THOMPSON MATHIS of Kimberly, Idaho; JOHN WARREN THOMPSON of Idaho; RICHARD ANDREW THOMPSON of Filer, Idaho; MIKE ALLEN THOMPSON of Twin Falls, Idaho; and RUSSELL BILL THOMPSON of Kimberly, Idaho, from a prior marriage. All my possessions are my separate property and were acquired prior to my marriage to PATTY BIERPHOL.

II

I give all of my estate to my son, RUSSELL BILL THOMPSON, of Kimberly, Idaho.

151 Harlon Herschel Thompson
HARLON HERSCHEL THOMPSON
a/k/a H. H. THOMPSON

I nominate my son, RUSSELL BILL THOMPSON, as
Personal Representative, without bond.

IN WITNESS WHEREOF, I have hereunto subscribed my name in
Twin Falls, County of Twin Falls, State of Idaho, on October 19,
1999, and have also verified by my signature at the foot of each page
preceding.

15/ Tomi L. Crumrine
WITNESS

15/ Harlon Herschel Thompson
HARLON HERSCHEL THOMPSON
a/k/a H. H. THOMPSON

Residing at: Twin Falls, Idaho

15/ Emily Roe
WITNESS

Residing at: Twin Falls, Idaho

STATE OF IDAHO)
 : ss.
County of Twin Falls.)

We, HARLON HERSCHEL THOMPSON, a/k/a H. H. THOMPSON,
Tomi L. Crumrine and Emily Roe,
the testator and the witnesses, respectively, whose names are signed
to the foregoing instrument, being first duly sworn, do hereby
declare to the undersigned authority that the testator signed and
executed the instrument as his Last Will and that he executed it as
his free and voluntary act for the purposes therein expressed; that

each of the witnesses, in the presence and hearing of the testator, signed the Will as witnesses and that to the best of their knowledge the testator at that time was an adult of sound mind and under no constraint or influence.

By Tomi L. Crumrine
WITNESS

By Harlon Herschel Thompson
HARLON HERSCHEL THOMPSON
a/k/a H. H. THOMPSON

By Emily Roe
WITNESS

Subscribed, sworn to, and acknowledged before me by HARLON HERSCHEL THOMPSON, a/k/a H. H. THOMPSON, the testator, and subscribed and sworn to before me by Tomi L. Crumrine and Emily Roe, witnesses, on October 19, 1999.

(Seal)

By Paul M. Books
Notary Public for Idaho
Commission Expires: 10/10/2003

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §25-2101, AND §25-211, IDAHO CODE.

Local Reg. No. SD-482

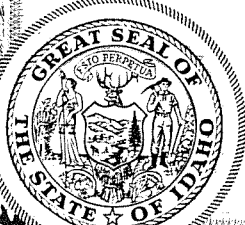
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Harlon Herschel Thompson		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 79 (Years)	4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0	5. DATE OF BIRTH (Mo/Day/Yr) August 3, 1925	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Marietta, OK	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho	7b. COUNTY Twin Falls	7c. CITY OR TOWN Buhl		
	7d. STREET AND NUMBER 4592 River Road		7e. APT. NO. 83316-	7f. ZIP CODE 83316-	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No
MORTICIAN: Complete/Verify and File Within 5 Days of Death	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	11a. FATHER'S NAME (First, Middle, Last, Suffix) Virgil Thompson		11b. BIRTHPLACE (State, Territory, or Foreign Country) Texas	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Lilla Holt	12b. BIRTHPLACE (State, Territory, or Foreign Country) Unknown			
	13a. INFORMANT'S NAME (Type or print) Russell Thompson	13b. RELATIONSHIP TO DECEDENT Son	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4592 River Road Buhl, ID 83316-		
DISPOSITION	* 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Parke's Crematory 2551 Kimberly Road, Twin Falls, ID 83301		
	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Parke's Magic Valley Funeral Home & 2551 Kimberly Road Twin Falls, ID 83301				
PLACE OF DEATH	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]				
	* 17b. LICENSE NUMBER (Of licensee) M-799		18. WAS CORONER CONTACTED? ☒ Yes ☐ No		
DATE OF DEATH	* 19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)				
	* 20. FACILITY NAME (If not facility, give street and number) 4592 River Road		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Buhl, 83316-		* 22. COUNTY OF DEATH Twin Falls
CAUSE OF DEATH	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 29, 2004		24. TIME OF DEATH 12:17 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 29, 2004
			26. TIME PRONOUNCED DEAD 12:17 (24hr)		
CERTIFIER: Complete Within 72 Hours of Death	27. CAUSE OF DEATH				
	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chronic Obstructive Pulmonary Disease b. Coronary Heart Failure				
	Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) c. Chronic Obstructive Pulmonary Disease d. Coronary Heart Failure				
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
ITEMS 32-38 TO BE USED BY EXTERNAL AGENCIES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY 12:17 (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)
	35. INJURY AT WORK? ☐ Yes ☐ No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable				
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify)		38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety device(s) did decedent use/employ? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☒ CORONER - On the basis of examination and/or investigation and my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER		
	Signature and Title of Certifier Cherrell Jacobsen		39c. DATE SIGNED 10-1-04		
	* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Cherrell Jacobsen 453 Pearce Street, Twin Falls, ID 83301		40b. DATE SIGNED 10-1-04		
REGISTRAR	40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this field supersedes that of the physician, and the coroner becomes the certifier of record. [Signature]		41b. DATE SIGNED 10-1-04		
	41a. REGISTRAR'S SIGNATURE [Signature]				

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: Oct 1, 2004

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

JANE S. SMITH
STATE REGISTRAR





0 125 250 500 Feet

THOMPSON, RUSSELL WATER SYSTEM MAP FSA 2011 AERIAL

BROCKWAY ENGINEERING, PLLC.
ALR - JUNE 26, 2012

Legend

- Well
- Irrigation_ 1989=2.06 ac.
- Thompson_Parcel
- Township/Range
- Sections
- QQ

