

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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DEC 07 2012
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?
47-7115D	Yes ☐		Yes ☐		Yes ☐
47-10678	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

FRANK AND EVELYN POPPAY
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

EVELYN POPPAY
Name of each new owner as listed on the conveyance document

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

4586 RIVER ROAD

Mailing address

BUHL, ID 83316

City

State

ZIP

543-4646

Telephone

Email

4. If the water rights and/or adjudication claims were split, how did the division occur?

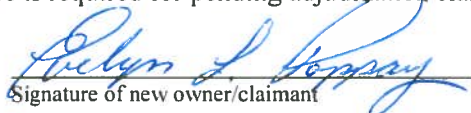
- ☒ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: MAY 28, 2011

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:


Signature of new owner/claimant

Title, if applicable

Date

12-7-12

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by

Date

Receipt No.

Receipt Amt.

Approved by

Processed by

Date

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 JUNE 06, 2011

State File No. 2011-04961

DECEDENT - LEGAL NAME FRANK JUNIOR POPPAY			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 85 YEARS	DATE OF BIRTH JULY 16, 1925
BIRTHPLACE KIOWA, OKLAHOMA		PLACE OF RESIDENCE BUHL, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) EVELYN BROWN	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME FRANK POPPY			BIRTHPLACE OKLAHOMA
MOTHER - MAIDEN NAME LINOLA MOORE			BIRTHPLACE MISSOURI
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE STEPHEN BONAR	
NAME AND ADDRESS OF FUNERAL FACILITY FARMER FUNERAL CHAPEL, BUHL, IDAHO			
DATE OF DEATH MAY 28, 2011	TIME OF DEATH 4:33 P.M.	CITY, TOWN OR LOCATION OF DEATH BUHL, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a STAPHYLOCOCCAL PNEUMONIA			Approximate Interval Between Onset and Death 1 WEEK
DUE TO (or as a consequence of) b CHRONIC RENAL FAILURE			YEARS
DUE TO (or as a consequence of) c DIABETES MELLITUS			YEARS
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 DAN L. NOFZIGER, 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.

JUNE 06, 2011

DATE ISSUED:

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

PSNCO (Rev.) 07/10

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

