

10/09

RECEIVED

SEP 25 2012

STATE OF IDAHO Department of Water Resources
DEPARTMENT OF WATER RESOURCES Eastern Region

\$25 fee per permit
For Office Use Only
Receipt Amt \$ 75.-
Receipt No. 6038057
Date 9/25/2012
\$25.- for this app.

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Dean D Jones or Carol D Jones, hereby assign to Diane J. Andersen
Current Owner(s) New Owner(s)
of, 2105 W 1500 N Malad ID 83252 208-766-2853
Full address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s). 15-7/22 to appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):
See attached papers, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of diversion location, and amount of the water in cubic feet per second.

See attached

Does the new permit holder own the property at the:

Point of Diversion? ☒ Yes ☐ No
Place of Use? ☒ Yes ☐ No

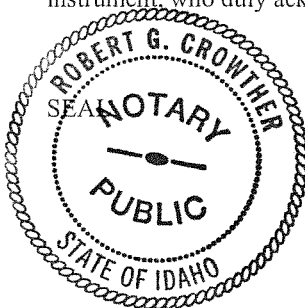
If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

Made this 24 day of Sept, 2012.

Dean D Jones Owner
Signature of Permit Holder Title (if applicable) Signature of Permit Holder Title (if applicable)

State of Idaho)
County of Oneida)ss

On this 24 day of Sept, 2012 personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.



Robert G Crowther
Notary Public
My commission expires: 9-9-17

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed AUGUST 07, 2009

State File No. 2009-06306

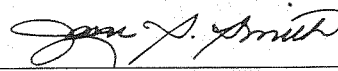
DECEDENT - LEGAL NAME CAROL DEWEY JONES			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 79 YEARS	DATE OF BIRTH MAY 27, 1930
BIRTHPLACE MALAD CITY, IDAHO		PLACE OF RESIDENCE MALAD CITY, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) DEON DANIELS	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME DEWEY THOMAS JONES			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME CHARLOTTE IONE EVANS			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE BRAD C. HORSLEY	
NAME AND ADDRESS OF FUNERAL FACILITY BENSON-HORSLEY FUNERAL HOMES, MALAD CITY, IDAHO			
DATE OF DEATH JULY 21, 2009	TIME OF DEATH 11:45 A.M.	CITY, TOWN OR LOCATION OF DEATH MALAD CITY, IDAHO	COUNTY OF DEATH ONEIDA
CAUSE OF DEATH (underlying cause last) a. METASTATIC PROSTATE CANCER			Approximate Interval Between Onset and Death 3 YEARS
b. 			
c. 			
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 RICK C. CLARK, P.A.		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 			

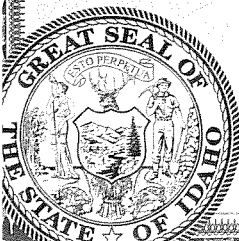
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

AUGUST 18, 2009

DATE ISSUED: _____

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


JANE S. SMITH
STATE REGISTRAR



State of Idaho
Department of Water Resources
Permit To Appropriate Water

NO. 15-07122

Proposed Priority: April 17, 1990

Maximum Diversion Rate:

0.10 CFS

This is to certify, that **CAROL D. JONES**
DEON D. JONES
RT. 1 BOX 133
MALAD CITY, ID 83252

has applied for a permit to appropriate water from:

SPRING

tributary of **SINKS**

and a permit is **APPROVED** for development of water as follows:

BENEFICIAL USE

PERIOD OF USE

RATE OF DIVERSION

IRRIGATION

04/01 to 11/01

0.10 CFS

STOCKWATER

01/01 to 12/31

0.03 CFS

Totals

0.10 CFS

LOCATION OF POINT(S) OF DIVERSION:

SESENW

Sec. 8, Township 14S, Range 36E
ONEIDA County

PLACE OF USE: IRRIGATION

TWN RGE SEC

ACRES

ACRES

ACRES

TOTAL

14S 36E 8

NESW 5

5

Total number of acres irrigated:

5

PLACE OF USE: STOCKWATER, same as IRRIGATION use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before **October 1, 1991.**
2. Subject to all prior water rights.
3. Stockwater use is for 70 cattle.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this

13th day of September, 19 90.

R. Keith Higginson

FOR R. Keith Higginson, Director



USDA Farm: 2252
FSA Tract: 522
Oneida County



Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact wetland boundaries and labels, or contact NRCS.

Farmland Ac.: 161.20
Cropland Ac.: 128.34

0 140 280 Feet

Crop Year: _____

Map Created: 09/17/2012

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 15-07122 Telephone No. 208-766-2552

2. Name(s) of Permit Holder(s): Carol D. Jones or Leon D. Jones

3. Post Office Address: Rt. 1 Box 133 Malad City, Idaho 83252

4. Source of Water: Spring

a. If ground water, well driller's name: _____ Date drilled: _____

b. Pump horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft.): _____

5. Extent of Use:

Domestic _____ (No. of households) Irrigation 5 (No. of acres)

Stockwater 70 hds (No. and type of stock) Other _____
red Hereford and black belly cross

6. Total rate and/or volume for which proof is submitted .10 cfs _____ acre/feet

7. Refer to the approval conditions on your permit and respond accordingly:

Measuring device: Required? Yes ☒ No Installed? Yes ☐ No

OR

Flow Measurement Port: Required? Yes ☒ No Installed? Yes ☐ No

8. Fee Enclosed: \$ 50.00 (See License Examination Fee Schedule)

9. Person to contact to accompany the Department representative during the field examination:

Carol D. Jones 208-766-2552
 Name Telephone No.

Rt. 1 Box 133 Malad City, Idaho 83252
 Address

10. The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho. No

8-11-91
 Date

Carol D. Jones
 Signature (and title if on behalf of a company or organization)