

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
AUG 24 2012
DEPT. OF WATER RESOURCES
SOUTH

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?
37-7357	Yes ☐	37-10715	Yes ☐	37-10709	Yes ☐
37-7952	Yes ☐	37-10714	Yes ☐	37-10710	Yes ☐
37-11625	Yes ☐	37-10713	Yes ☐		Yes ☐
37-11624	Yes ☐	37-10712	Yes ☐		Yes ☐
37-11622	Yes ☐	37-10711	Yes ☐		Yes ☐

2. Previous Owner's Name: Manning, Patterson - Patterson Land Livestock
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): James M Patterson Patterson Land Livestock Inc
Name of each new owner as listed on the conveyance document

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

1460 S 2050 E
Mailing address

Gooding Idaho 83330
City State ZIP

934-5693 539-5693
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: James M Patterson Pres 8/24/12
Signature of new owner/claimant Title, if applicable Date
- 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 _____

CERTIFICATE OF VITAL RECORD

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

Date Filed MARCH 10, 2004

State File No. 2004-01656

DECEDENT - LEGAL NAME MANNING BROWN PATTERSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 92 YEARS	DATE OF BIRTH JANUARY 20, 1912
BIRTHPLACE PALMYRA, ILLINOIS		PLACE OF RESIDENCE GOODING, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) MILDRED BROWN	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JOHN THOMAS PATTERSON			BIRTHPLACE ILLINOIS
MOTHER - MAIDEN NAME MARY LINDER			BIRTHPLACE ILLINOIS
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DALE A. TURNER	
NAME AND ADDRESS OF FUNERAL FACILITY DEMARAY FUNERAL SERVICE, GOODING, IDAHO			
DATE OF DEATH MAR. 03, 2004	TIME OF DEATH 8:42 A.M.	CITY, TOWN OR LOCATION OF DEATH GOODING, IDAHO	COUNTY OF DEATH GOODING
CAUSE OF DEATH (underlying cause last) a. UROSEPSIS			Approximate Interval Between Onset and Death 3 DAYS
DUE TO (or as a consequence of): b. RENAL FAILURE			3 DAYS
DUE TO (or as a consequence of): c.			
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 REID WAYNE LOFGAN, D.O.		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 HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: MARCH 11, 2004

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

No. C 49544	Due no later than May 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PATTERSON LAND AND LIVESTOCK COMPANY, INC. JAMES M PATTERSON 1460 A SOUTH 2050 EAST GOODING ID 83330		JAMES M PATTERSON 1460-A SOUTH 2050 EAST GOODING ID 83330			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JOHN S PATTERSON	1460-A SOUTH 2050 EAST	GOODING	ID	USA	83330
PRESIDENT	JAMES M PATTERSON	1460-A SOUTH 2050 EAST	GOODING	ID	USA	83330
5. Organized Under the Laws of: ID C 49544		6. Annual Report must be signed.* Signature: Diane M Miller Name (type or print): Diane M Miller Date: 03/12/2012 Title: Bookkeeper				
Processed 03/12/2012		* Electronically provided signatures are accepted as original signatures.				