

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
JUN 05 2012
Department of Water Resources
Eastern 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?
23-4019 OK	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Alan Courchaine and/or Albert Jessen
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Evelyn Courchaine
Name of each new owner as listed on the conveyance document

New owner continued Name connector ☐ and ☐ or ☐ and/or
P.O. Box 93
Mailing address
P.O. Box 93 Swan Valley Id. 83449
City State ZIP
208-483-2752 None
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: MARCH 1968
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: Evelyn Courchaine
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 [Signature] Date 6/5/2012 Receipt No. E037672 Receipt Amt. \$25.-
Approved by [Signature] Processed by [Signature] Date 6/6/2012

383 297

THIS INDENTURE, Made this 18th day of March, in the year of our Lord one thousand nine hundred and Sixty-eight, between MYRTLE L. BERGGREN, formerly Myrtle L. Kruse, a married woman, acting in her sole and separate right as to her sole and separate property, the , County of Bonneville, State of Idaho the part t of the first part, and ALAN COURCHAINE or EVELYN COURCHAINE, his wife, of the , County of Bonneville, State of Idaho the part ies of the second part.

WITNESSETH, That the said party of the first part, for and in consideration of the sum of TEN and no/100-----DOLLARS, lawful money of the United States of America, and other good and valuable consideration, to her in hand paid by the said part ies of the second part, the receipt whereof is hereby acknowledged, has granted, bargained and sold; and by these presents do es grant, bargain, sell, convey and confirm unto the said part ies of the second part, and to their heirs and assigns forever, all of the following described real estate, situated in the , County of Bonneville, State of Idaho, to-wit:

The South Half of the Southwest Quarter (S $\frac{1}{2}$ SW $\frac{1}{4}$), and the Northwest Quarter of the Southwest Quarter (NW $\frac{1}{4}$ SW $\frac{1}{4}$) of Section Three (3); The Southeast Quarter (SE $\frac{1}{4}$) of Section Four (4); The North Half (N $\frac{1}{2}$) and the Southwest Quarter (SW $\frac{1}{4}$) of Section Nine (9); all in Township Two (2) North, Range Forty-three (43), East Boise Meridian.

TOGETHER with all water and water rights, ditch and ditch rights, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

SUBJECT TO Mortgage to Federal Land Bank Association of Idaho Falls, with a principal balance of \$15,218.87, which parties of the second part expressly assume and agree to pay according to the tenor thereof.

SIMULTANEOUSLY with the execution of this deed, second parties have delivered to first party a Real Estate Mortgage in the amount of \$84,781.13 which represents a portion of the purchase price.

TOGETHER, With all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof; and all estate, right, title and interest in and to the said property, as well in law as in equity, of the said party of the first part.

TO HAVE AND TO HOLD, All and singular the above mentioned and described premises, together with the appurtenances, unto the part ies of the second part, and to their heirs and assigns forever, and the said party of the first part, and her heirs, the said premises in the quiet and peaceable possession of the said parties of the second part their heirs and assigns, against the said party of the first part, and her heirs, and against all and every person and persons whomsoever, lawfully claiming or to claim the same shall and will WARRANT and by these presents forever DEFEND.

City of Los Angeles

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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF DEATH. THE ORIGINAL SHALL REMAIN IN THE OFFICE OF THE REGISTRAR.

DECEDENT	1 DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2 SEX	3 SOCIAL SECURITY NUMBER
	ALAN PAUL COURCHAINE		MALE	[REDACTED]
PARENTS	4a AGE Last Birthday	4b UNDER 1 YEAR	4c UNDER 1 DAY	5 DATE OF BIRTH (Mo/Day/Yr)
	87 (Years)			06/05/1924
INFORMANT	7a RESIDENCE - STATE OR FOREIGN COUNTRY	7b COUNTY	8 BIRTHPLACE (City and State, Territory, or Foreign Country)	
	IDAHO	BONNEVILLE	WINNER, SOUTH DAKOTA	
DISPOSITION	7d STREET AND NUMBER	7e CITY OR TOWN	7f APT. NO.	7g ZIP CODE
	319 PINE CREEK RD	SWAN VALLEY		83449
MORTICIAN	8 MARITAL STATUS AT TIME OF DEATH	9 SURVIVING SPOUSE'S NAME (If wife, give maiden name)	10 EVER IN U.S. ARMED FORCES?	11a FATHER'S NAME (First, Middle, Last, Suffix)
	☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	EVELYN KRUSE	☐ Yes ☒ No	PETE COURCHAINE
PLACE OF DEATH	12a MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	12b BIRTHPLACE (State, Territory, or Foreign Country)	13a INFORMANT'S NAME (Type or print)	13b RELATIONSHIP TO DECEDENT
	VERONICA LANDESSER	ILLINOIS	EVELYN COURCHAINE	WIFE
CAUSE OF DEATH	14 METHOD OF DISPOSITION	15 PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	16 NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	BLACKFOOT CREMATORY 132 S. SHILLING AVE. BLACKFOOT, IDAHO 83221	BUCK-MILLER-HANN FUNERAL HOME 825 EAST 17TH STREET IDAHO FALLS, IDAHO 83404	
DATE OF DEATH	17a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	17b LICENSE NUMBER (Or license)	18 WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	
	ELECTRONICALLY FILED: KEVIN K. BODILY	M0757	☐ Yes ☒ No	
CAUSE OF DEATH	19a IF DEATH OCCURRED IN A HOSPITAL	19b IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL	20 FACILITY NAME (If not facility, give street and number)	21 CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE
	☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		319 PINE CREEK RD	SWAN VALLEY, ID 83449-0000
CAUSE OF DEATH	22 DATE OF DEATH (Mo/Day/Yr) (Spell month)	23 TIME OF DEATH (24hr)	24 DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	25 TIME PRONOUNCED DEAD (24hr)
	October 29, 2011	18:00	October 29, 2011	18:00
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) → a CONGESTIVE HEART FAILURE DUE TO (or as a consequence of) b ATHEROSCLEROSIS DUE TO (or as a consequence of) c DUE TO (or as a consequence of) d			
CAUSE OF DEATH	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
	NONE			
CAUSE OF DEATH	26 DID TOBACCO USE CONTRIBUTE TO DEATH?	27 IF FEMALE (Aged 15-54)	28a WAS AN AUTOPSY PERFORMED?	28b WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	☐ Yes ☒ No	☐ Yes ☐ No
CAUSE OF DEATH	29 DATE OF INJURY (Mo/Day/Yr) (Spell month)	30 TIME OF INJURY (24hr)	31 PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	32 INJURY AT WORK?
				☐ Yes ☐ No
CAUSE OF DEATH	33 LOCATION OF INJURY	34 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	35 TRANSPORTATION INJURY ONLY	36 WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?
	State _____ City/Town/County _____ Zip Code _____		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown
CAUSE OF DEATH	37 CERTIFIER (Check only one, based on official capacity for this certificate)	38a CERTIFIER (Check only one, based on official capacity for this certificate)	38b DATE SIGNED	39b LICENSE NUMBER
	☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE	☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE	10 / 31 / 2011	M-06919
CAUSE OF DEATH	39a CORONER	39b DATE SIGNED	39c DATE SIGNED	40a REGISTRAR'S SIGNATURE
	☐ On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated	10 / 31 / 2011	10 / 31 / 2011	James B. Aydelotte
CAUSE OF DEATH	40b REGISTRAR'S SIGNATURE	40c DATE SIGNED	40d DATE SIGNED	
		10 / 31 / 2011	10 / 31 / 2011	

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.

DATE ISSUED: November 01, 2011

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

JAMES B. AYDELOTTE
STATE REGISTRAR

