

RECEIVED

MAY 31 2012

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

\$25 fee per permit

Received by _____

Receipt amt. \$ 25.00Receipt no. C095167Date 4/24/2012

I, Roberta J. Marmon, hereby assign to Tessi M. Lindley
Current owner(s) New owner(s)
 of, 5266 N. Marcliffe Ave., Boise, Idaho 83704
New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 65-22755 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):

65-22755, 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.

Domestic unnamed stream (Archie Creek) Boise County
NE 1/4 SE 1/4 Sec. 4 Twp 08N, Rge 08E, B.M.

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:

Dated this 22 day of May, 20 12.personal rep.

Tessi Lindley for Roberta Marmon
 Permit holder Title (if applicable) Permit holder Title (if applicable)

State of Idaho)

County of Canyon)

On this 22nd day of May, 20 12 personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL

ROGER L HAINES
Notary Public
State of Idaho

Notary Public

My commission expires: 3/14/2017

MURPHY LAW OFFICE, PLLC

Michaelina Murphy, ISB #4990

Charles M. Murphy, ISB #4991

Skiff R. Larson, ISB #8277

847 E. Fairview Ave.

Meridian, Idaho 83642

Telephone: (208) 855-2200

Facsimile: (208) 855-0873

FILED
11:00 A.M. P.M.

OCT 04 2011

CHARLOTTE SHERBURN, CLERK
Lena Johnson
Deputy Clerk

Attorneys for Personal Representative

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF

THE STATE OF IDAHO, IN AND FOR THE COUNTY OF OWHYEE

IN THE MATTER OF THE ESTATE OF)

ROBERTA JEAN MARMON)

Deceased.)

CASE NO. CV-2011-02222

LETTERS

TESTAMENTARY

(I.C. 15-3-602 and 15-3-702)

TESSI MARIE LINDLEY is hereby appointed Personal Representative of the Estate of ROBERTA JEAN MARMON, deceased, with all authority pertaining thereto. Administration of the estate is unsupervised.

These Letters are issued to evidence the appointment, qualification, and authority of the Personal Representative.

WITNESS: Dan C Grober, Magistrate of the District Court, County of Owyhee, state of Idaho, with the seal of the Court affixed this 3 day of October, 2011.

STATE OF IDAHO }
County of Owyhee } ss

I hereby certify that the foregoing instrument is a true and correct copy of the original as it appears

Record of Owyhee County

Dated 10/7/11

Deputy LETTERS TESTAMENTARY - 1
file Court Clerk

DAN C GROBER
MAGISTRATE

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 SEPTEMBER 07, 2011

State File No. 2011-07896

DECEDENT - LEGAL NAME ROBERTA JEAN MARMON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 62 YEARS	DATE OF BIRTH NOVEMBER 05, 1948
BIRTHPLACE WENDELL, IDAHO		PLACE OF RESIDENCE HOMEDALE, IDAHO	
MARITAL STATUS AT TIME OF DEATH DIVORCED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME HARVEY EDDIE MILLER			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME PEGGY JEAN ARMITAGE			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE CHARLES J. GRUNIG	
NAME AND ADDRESS OF FUNERAL FACILITY CREMATION SOCIETY OF IDAHO, BOISE, IDAHO			
DATE OF DEATH SEPT. 02, 2011	TIME OF DEATH 10:55 A.M.	CITY, TOWN OR LOCATION OF DEATH HOMEDALE, IDAHO	COUNTY OF DEATH OWYHEE
CAUSE OF DEATH (underlying cause last) a. PANCREATIC CANCER			Approximate Interval Between Onset and Death 3 MONTHS
DUE TO (or as a consequence of): b.			
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 MYLYNDA B. MASSART, 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.

SEPTEMBER 07, 2011

DATE ISSUED: _____

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

PBNC0 (Rev) 07/10

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

