



State of Idaho

DEPARTMENT OF WATER RESOURCES

Eastern Region, 900 North Skyline Drive, Suite A • Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 • Fax: (208) 525-7177 • Web Site: www.idwr.idaho.gov

January 31, 2012

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

Bryan Larson
Diane Larson
1721 E 500 N
St Anthony ID 83445

SUPPORT DATA

IN FILE # 21-7138

RE: Notice of Change in Water Right Ownership
Water Rights: 21-7138 & 21-7305

Dear Mr. and Mrs. Larson

On December 1, 2011, you filed a Notice of Change in Water Right Ownership (ownership change) with the Idaho Department of Water Resources (IDWR), seeking to update the ownership records for the water rights listed above. After an initial review, we determined that you needed to provide additional evidence of ownership, deeds indicating your ownership of the entire place of use of the water rights. Also as discussed the department is required to list ownership the same way it is listed on your deed. On December 5, 2011, we sent a letter requesting the additional information. The additional information was to be provided within 30 days.

IDWR has never received a response to the request for additional information. Without the requested documents, we cannot verify ownership of the water right and cannot complete the ownership change. We are therefore returning your original ownership change.

Please feel free to re-file your ownership change any time in the future when you have collected the requested documentation of ownership. Because your filing fee is being refunded, you will need to determine and provide the proper filing fee at the time you re-file the ownership change.

If you have any questions, feel free to contact me at (208) 525-7161.

Respectfully submitted,

Jonie Barg
Technical Records Specialist

Enclosure(s)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 01 2011

RECEIVED

SEP 28 2011

Department of Water Resources

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?
No. 21-07138 Adj	Yes ☐		Yes ☐		Yes ☐
No. 21-7305 Adj	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: DELL MILLER
Name of current water right holder/claimant

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

DIANE LARSON
New owner continued Name connector ☐ and ☐ or ☒ and/or

1721 E 500 N
Mailing address

ST. ANTHONY, ID. 83445
City State ZIP

208-313-6313 bt1farms@hotmail.com
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: 4/1998

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: Bryan Larson 9/25/2011
Signature of new owner/claimant Title, if applicable Date

Signature: Diane Larson 9/25/2011
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 _____

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging, or appertaining, SUBJECT HOWEVER, to all easements and rights of way appearing on such premises or of record, reservations in favor of the United States or the State of Idaho.

SELLERS

Dell Miller
DELL MILLER

Lois J. Miller
LOIS J. MILLER

STATE OF IDAHO)
) ss.
County of Fremont)

BUYERS

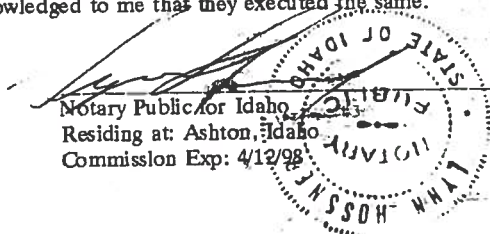
Bryan Larson
BRYAN LARSON

Sandra L Larson
SANDRA LYNN LARSON

On this 4th day of March, 1998, before me a notary public for the State of Idaho, personally appeared Bryan Larson and Sandra Lynn Larson, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

450-1777
Microfilm
5 Mar 98
A11-01
A M
FREMONT CO AL UNDER
Fee \$ 6- bym Deputy
Recorded At Request of
Dell Miller

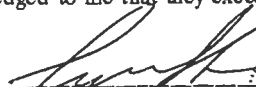
Notary Public for Idaho
Residing at: Ashton, Idaho
Commission Exp: 4/12/98

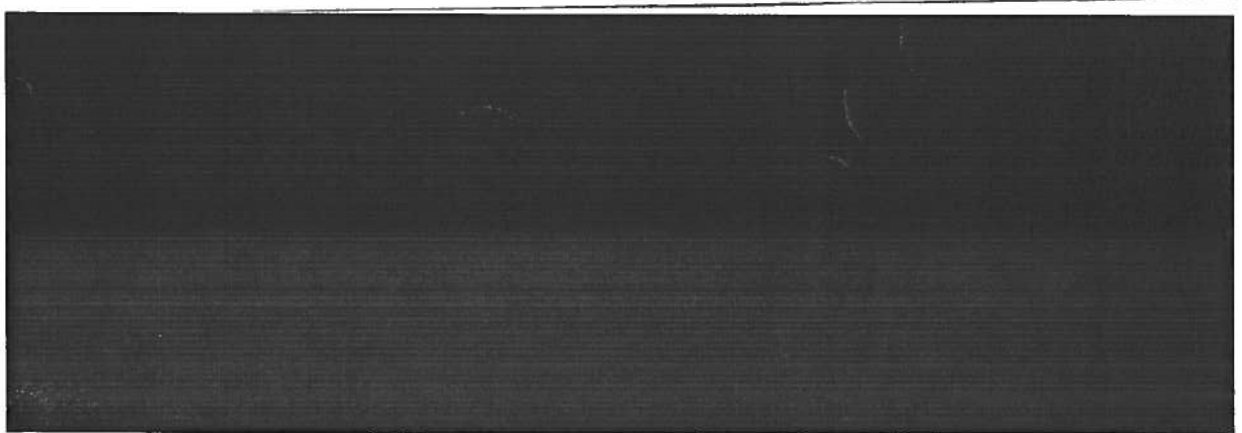
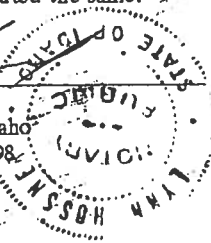


450477

STATE OF IDAHO)
) ss.
County of Fremont)

On this 5 day of March, in the year 1998, before me a notary public for the State of Idaho, personally appeared Dell Miller and Lois J. Miller, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.


Notary Public for Idaho
Residing at: Ashton, Idaho
Commission Exp: 4/12/98



Instrument No. 525786
27 DAY NOV 2009
At 10 O'Clock 28 M
ABBIE MACE
FREMONT CO RECORDER
Fee \$3.00
LLewis Deputy
Recorded at Request of
ALLIANCE TITLE - REXBURG

306092794472
ALLIANCE TITLE & ESCROW
P.O. BOX 732
REXBURG, ID 83440

QUITCLAIM DEED

FOR VALUE RECEIVED, Dell Miller and Lois J. Miller, husband and wife

Do(es) hereby convey, release, remise and forever quit claim unto

Bryan Larson, a married person and Patricia Miller, an unmarried person

whose current address is:: 1721 East 500 North, St. Anthony, ID 83445

the following described premises:

Part of the East Half Northwest Quarter Southwest Quarter of Section 1, Township 7 North, Range 39 East, Boise Meridian, Fremont County, Idaho, being further described as: From the Northwest corner of the Southwest Quarter Southwest Quarter of said Section 1, South 89°24'24" East 1320.17 feet and North 00°01'13" West 1350.00 feet to the point of beginning; thence West 300.00 feet (surveyed North 89°24'24" West 300.00 feet) to a point; thence South 16.32 feet (surveyed South 00°01'13" West 16.32 feet) to a point; thence East 300 feet (surveyed North 89°24'24" East 299.99 feet) to a point; thence North 16.32 feet (surveyed North 00°01'13" West 16.32 feet) to the point of beginning.

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns forever.

Dated: 11-16-09

Dell Miller
Dell Miller

Lois J. Miller
Lois J. Miller

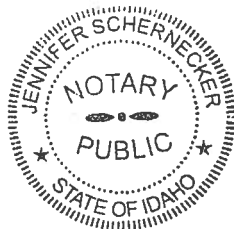
State of Idaho

County of Madison

}
} ss.
}

On this 16th day of November, in the year 2009, before me, a Notary Public in and for said state, personally appeared Dell Miller and Lois J. Miller known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.



[Signature]
Notary Public for the State of Idaho
Residing at:
Commission Expires: Residing in Rigby, Idaho
Commission Expires: 07-15-2015

WARRANTY DEED

First American Title Company

100741-RX

For Value Received **DELL MILLER AND LOIS J. MILLER, HUSBAND AND WIFE; AND PATRICIA MILLER, INDIVIDUALLY AND AS SURVIVING SPOUSE OF LAYNE MILLER, DECEASED, FILED AS CASE NUMBER SP-97-171, FREMONT COUNTY, IDAHO**

Hereinafter called the Grantor, hereby grants, bargains, sells and conveys unto

BRYAN T. LARSON AND SANDRA LYNN LARSON, HUSBAND AND WIFE

whose address is: **1721 East 500 North, St. Anthony, ID 83445**

Hereinafter called the Grantee, the following described premises situated in Fremont County, Idaho, to-wit:

COMMENCING AT THE NW CORNER OF THE SW¹/₄SW¹/₄ OF SECTION 1, TOWNSHIP 7 NORTH, RANGE 39 EAST, BOISE MERIDIAN, FREMONT COUNTY, IDAHO, AND RUNNING THENCE EAST 1320 FEET, MORE OR LESS, TO THE POINT OF BEGINNING; THENCE NORTH 700 FEET, MORE OR LESS; THENCE WEST 400 FEET, MORE OR LESS; THENCE SOUTH 700 FEET, MORE OR LESS; THENCE EAST 400 FEET, MORE OR LESS TO THE POINT OF BEGINNING.

490779
Index No. 2 Day Sept 20 04
3:40 O'Clock p M
ABBIE MACE
FREMONT CO RECORDER
\$ 6 Deputy
Recorded at Request of
First American Title Company

SUBJECT TO all easements, right of ways, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments as agreed to by parties above.

TO HAVE AND TO HOLD the said premises, with its appurtenances unto the said Grantee and to the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances except current years taxes, levies, and assessments, and except U. S. Patent reservations, restrictions, easements of record, and easements visible upon the premises, and that Grantor will warrant and defend the same from all claims whatsoever.

Dated: 9-18-04

Dell Miller Lois J. Miller Patricia Miller
Dell Miller Lois J. Miller Patricia Miller

STATE OF IDAHO

COUNTY OF Fremont

On this 18th day of September, in the year of 2004, before me the undersigned, personally appeared Dell Miller and Lois J. Miller, known or identified to me (or proved to me on the oath of), to be the person(s) whose name(s) are subscribed to the within instrument, and acknowledged to me that they executed the same.

Sandy Edwards
Notary Public of Idaho
Residing at: Nampa, ID
Commission Expires: 2-24-2010

490779

STATE OF IDAHO

COUNTY OF *Fremont*

)
)ss.
)

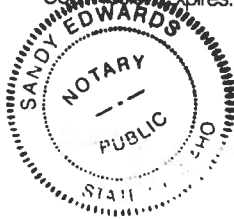
On this *19TH* day of *September*, in the year of 2004, before me the undersigned, personally appeared Patricia Miller, known or identified to me (or proved to me on the oath of), to be the person(s) whose name(s) are subscribed to the within instrument, and acknowledged to me that they executed the same.

Sandy Edwards

Notary Public of Idaho

Residing at: *Newdale, Id*

Commission Expires: *2-24-2010*



CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed JULY 20, 2007

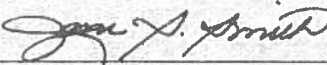
State File No. 2007-05593

DECEDENT - LEGAL NAME SANDRA LYNN LARSON			
SEX FEMALE	SOCIAL SECURITY NUMBER 519-84-1717	AGE 48 YEARS	DATE OF BIRTH MAY 11, 1959
BIRTHPLACE REXBURG, IDAHO		PLACE OF RESIDENCE ST. ANTHONY (EGIN), IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) BRYAN THEODORE LARSON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME LADELL MILLER		BIRTHPLACE IDAHO	
MOTHER - MAIDEN NAME LOIS JUNE MICKELSON		BIRTHPLACE IDAHO	
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE BERT L. FLAMM	
NAME AND ADDRESS OF FUNERAL FACILITY BERT FLAMM MORTUARY, ST. ANTHONY, IDAHO			
DATE OF DEATH JULY 11, 2007	TIME OF DEATH 10:10 A.M.	CITY, TOWN OR LOCATION OF DEATH ST. ANTHONY (EGIN), IDAHO	COUNTY OF DEATH FREMONT
CAUSE OF DEATH (underlying cause last) a. METASTATIC BRAIN LESIONS			Approximate Interval Between Onset and Death 2.5 YEARS
b. DUE TO (or as a consequence of): BREAST CANCER			8 YEARS
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
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 DANE DICKSON, 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 HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: AUGUST 10, 2007

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


JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

