



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

November 16, 2011

C. L. "BUTCH" OTTER
Governor

Frances Tonsmeire
PO Box 72
Lemhi ID 83465

SUPPORT DATA

GARY SPACKMAN
Interim Director

IN FILE # 74-1033

RE: Notice of Change in Water Right Ownership
Water Rights: 74-1033, 74-1034, 74-1036, 74-1037, 74-1038, 74-7096 & 74-10154

Dear Mr. Tonsmeire:

On April 18, 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 filing fee of \$150.00. On April 26, 2011 the department sent a letter requesting the additional fee and response was received on May 3, 2011. After further review, we determined that you needed to provide additional evidence of ownership, the deed provided with your application only covers 5 acres within the Section 1, Township 17 North Range 23 East. According to a phone conversation with the department you own additional land covering the place of use of the water rights listed above. On September 16, 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 and have initiated a refund of your filing fee (\$175.00). The refund from the state of Idaho will arrive at the address listed above within a couple of weeks.

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

Notice of Change in Water Right Ownership

RECEIVED

APR 18 2011

Department of Water Resources
Eastern Region

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?
# 74-10154	Yes ☐	74-1036	Yes ☐		Yes ☐
# 74-1038	Yes ☐	74-1034	Yes ☐		Yes ☐
# 74-1037	Yes ☐		Yes ☐		Yes ☐
# 74-7096	Yes ☐		Yes ☐		Yes ☐
74-1033	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

RONALD TOBIAS

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

FRANCES Tonsmerie (husband Joseph Tonsmerie deceased Death Cert. attached)

Name of each new owner as listed on the conveyance document

New owner continued

Name connector

☐ and

☐ or

☐ and/or

PO Box 72

Mailing address

Lemhi

ID

State

ZIP

83465

City

208 756-3959

Telephone

wro@wildernessriver.com

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:

1994

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:

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

4/18/2011

Receipt No.

E0366574

Receipt Amt.

\$25.-

Approved by

Processed by

Date

E036618 \$150.-

WARRANTY DEED

FOR VALUE RECEIVED, RONALD D. TOBIAS, a married man dealing with his sole and separate property, the Grantor, does hereby grant, bargain, sell and convey unto JOSEPH L. TONSMEIRE and FRANCES B. TONSMEIRE, husband and wife, whose current address is P.O. Box 871, Salmon, Idaho 83467, the Grantees, the following described premises located in Lemhi County, Idaho, to-wit:

A parcel of land located in the NE1/4SW1/4, Section 1, Township 17 N., R. 23 E., Boise Meridian, Lemhi County, Idaho, more particularly described as follows:

Commencing at the Center Quarter Corner of said Section 1, run thence N. 89°44'00" W. along the Northerly boundary of said NE1/4SW1/4, a distance of 206.35 feet, to the POINT OF BEGINNING;

Thence S. 31°12'24" W. a distance of 594.29 feet;

Thence N. 48°23'10" W. a distance of 628.87 feet; to a point in the center of Hayden Creek Road;

Thence N. 31°12'24" E. along said centerline a distance of 109.92 feet to a point on the Northerly boundary of said NE1/4SW1/4;

Thence S. 89°44'00" E. along said boundary a distance of 721.14 feet to the POINT OF BEGINNING.

SUBJECT TO:

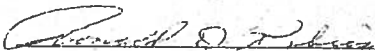
1. Agreement dated January 16, 1947, between Champ Tobias and Ethel Tobias, husband and wife, and Kermit Tobias, a single man, Grantors to Idaho Power Company, a corporation, recorded April 27, 1948, in Book D of Agreements, Page 28, Records of Lemhi County, Idaho.
2. Right of Way Deed, between Champ Tobias and Ethel Tobias, husband and wife, and Kermit Tobias, a single man, dated April 15, 1959, to Lemhi County, and recorded in Book 47 of Deeds at Pages 217 and 218, Records of Lemhi County, Idaho.

3. Easement Agreement, dated October 2, 1958, from Champ Tobias and Ethel Tobias, husband and wife, and Kermit Tobias, a single man, to the Department of Fish and Game, recorded June 12, 1959, in Book E of Agreements at Pages 172 and 173, Records of Lemhi County, Idaho.
4. Deed Granting Easement, dated August 22, 1980, between Thomas Eiden and Christy Turner, Grantors to Ronald D. Tobias and Marlene Tobias, Grantees, recorded August 22, 1980, under Instrument No. 153506, Records of Lemhi County, Idaho.
5. Easement Agreement, dated June 12, 1980, between Ronald Tobias and Marlene Tobias, Joseph L. Tonsmeire and Frances B. Tonsmeire, and Thomas Eiden and Christy Turner, recorded August 22, 1980, under Instrument No. 153507, Records of Lemhi County, Idaho.
6. Easement Agreement, dated April 29, 1994, between Ronald D. Tobias and Marlene E. Tobias, husband and wife, Joseph L. Tonsmeire and Frances B. Tonsmeire, husband and wife, and Patricia Wilkinson, recorded May 18, 1994, under Instrument No. 222580, Records of Lemhi County, Idaho.

The true consideration for this conveyance is \$140,000 which is paid to an Accommodator as part of an IRS § 1031 exchange.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantees, that he is the owner in fee simple of said premises; that they are free from all encumbrances and that he will warrant and defend the same from all lawful claims whatsoever.

DATED: October 12, 1994.


Ronald D. Tobias

STATE OF IDAHO

SS

County of Lemhi

On this 12th day of October, 1994, before me, the undersigned, a Notary Public in and for said State, personally appeared RONALD D. TOBIAS, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

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

Jordan P. Smith

Notary Public for Idaho
Residing at Salmon, Idaho
Commission: 10/8/00



State of Idaho)
County of Lemhi)

as No. 224393

This instrument was filed for record at the request of Lemhi Title at 4:00 o'clock p m Oct. 13, 1994 and duly filed and indexed in the records of Lemhi County

Alberta Wiederrick

Ex-Officio Recorder

By Debra Salboe Deputy

Fee 9.00

WARRANTY DEED - Page 3



Domestic Water Rights

74 - 10154

74 - 10138

74 - 1037

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go

Department of Water Resources



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Map Background

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☐ USGS Quadrangle

☒ Aerial Photo

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May Need To Zoom In To See ESPA Cells

Search By Address

Address

City

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Search By Parcel Number

PIN

County

Lemhi

If a county is missing from the list then we do not have its parcel information

[Find PIN](#)

Search By PLSS

Township

17

☐ South

Range

23

Section

1

Quarter-Quarter

NESW

[Find Township](#)
☒ North

☒ East ☐ West

Domestic
Water Rights
74-10154
74-10138
74-1037

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WATER Rights

74-7096

74-1033

74-1036

74-1034

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:
MAR 19 2007

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. **2007- 02020**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §39-24-101 AND §39-274, IDAHO CODE

Local Reg No **20**

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Joseph Lewis Tonsmeire	2. SEX male	3. SOCIAL SECURITY NUMBER 424-60-7862	
	4a. AGE-Last Birthday 59 (Years)	4b. UNDER 1 YEAR Months: 0 Days: 0	4c. UNDER 1 DAY Hours: 0 Minutes: 0	5. DATE OF BIRTH (Mo/Day/Yr) January 22, 1948
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Mobile, Alabama		7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho	
	7b. COUNTY Lemhi		7c. CITY OR TOWN Lemhi	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7d. STREET AND NUMBER 21 Tonsmeire Ranch Road		7e. APT. NO 83465	
	7f. ZIP CODE 83465		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Frances Bender
	10. EVER IN U.S. ☒ Yes ☐ No			11a. BIRTHPLACE (State, Territory, or Foreign Country) Mobile, Alabama
PARENTS INFORMANT DISPOSITION	11b. BIRTHPLACE (State, Territory, or Foreign Country) Mobile, Alabama		12b. BIRTHPLACE (State, Territory, or Foreign Country) Mobile, Alabama	
	13a. INFORMANT'S NAME (Type or print) Frances Tonsmeire			13b. RELATIONSHIP TO DECEASED spouse
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) Box 72 Lemhi, Idaho 83465			14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)
	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) 21 Tonsmeire Ranch Road Lemhi, Idaho 83465			16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY DANIEL TONSMIRE 129 NORTH BAY SHORE DR. EASTPOINT, FLORIDA 32228
PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	17. LICENSE NUMBER (If licensee) 22328			18. WAS CORONER CONTACTED? ☒ Yes ☐ No
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)
	20. FACILITY NAME (If not facility, give street and number) 21 Tonsmeire Ranch Road			21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Lemhi 83465
	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 9, 2007			22. COUNTY OF DEATH Lemhi
CERTIFIER: Complete Within 72 Hours of Death	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 9, 2007			24. TIME OF DEATH 0630 (24hr)
	25. DATE PROHOUNCED DEAD (Mo/Day/Yr) (Spell month) March 9, 2007			26. TIME PROHOUNCED DEAD 0630 (24hr)
	27. 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 ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:			Approximate Interval Onset to Death 2 years
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Multiple Myeloma			Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)
REGISTRAR	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I			28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No
	30. IF FEMALE (Aged 16-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year			31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)			33. TIME OF INJURY 0630 (24hr)
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)				35. INJURY AT WORK? ☐ Yes ☒ No
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____				Street and Number or Location _____ Apartment Number _____
37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, IF APPLICABLE				38a. WAS DECEASED: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
38b. WHAT SAFETY DEVICE(S) DID DECEASED USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER: 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.
Signature and Title of Certifier: Mike Mitchell				39b. LICENSE NUMBER
39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Coroner Mike Mitchell Box 452 Salmon, Idaho 83467				39c. DATE SIGNED 03/12/2007 MM DD YYYY
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record				40b. DATE SIGNED MM DD YYYY
I have reviewed and if necessary amended the medical section				41b. DATE SIGNED 03/15/2007 MM DD YYYY
41a. REGISTRAR'S SIGNATURE Mona B. Martin				41b. DATE SIGNED MM DD YYYY

STATISTICAL INFORMATION

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.

MAR 27 2007

DATE ISSUED:

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

JANE S. SMITH
STATE REGISTRAR

