

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Received
8/31/2011

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?
<i>34-10177</i>	Yes ☐	<i>34-13605</i>	Yes ☐	<i>34-10158</i>	Yes ☐
<i>34-13598</i>	Yes ☐	<i>34-13607</i>	Yes ☐	<i>34-13606</i>	Yes ☐
<i>34-13602</i>	Yes ☐	<i>34-13608</i>	Yes ☐		Yes ☐
<i>34-13603</i>	Yes ☐	<i>34-13609</i>	Yes ☐		Yes ☐
<i>34-13604</i>	Yes ☐	<i>34-13610</i>	Yes ☐		Yes ☐

2. Previous Owner's Name: *Elsie L. Waddoups* *Jimmie K. Waddoups*
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): *Jimmie K. Waddoups*
Name of each new owner as listed on the conveyance document

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

Mailing address

City

State

ZIP

Telephone

Email

SUPPORT DATA

4. If the water rights and/or adjudication claims were split, how did the division occur? IN FILE # *34-10158*
- ☐ 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: *[Signature]*
Signature of new owner/claimant

Title, if applicable

Aug 30, 2011
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 _____

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

Date Filed **MARCH 02, 2010**

State File No. **2010-01498**

DECEDENT - LEGAL NAME ELSIE TALITHA WADDOUPS			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 101 YEARS	DATE OF BIRTH NOVEMBER 20, 1908
BIRTHPLACE MOORE, IDAHO		PLACE OF RESIDENCE ARCO, IDAHO	
MARTIAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CHARLES DENNIS LAFEVER			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME MAUD SILINA PEARSON			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE MICHAEL D. ANDERSON	
NAME AND ADDRESS OF FUNERAL FACILITY ANDERSON FAMILY FUNERAL HOME, ARCO, IDAHO			
DATE OF DEATH FEB. 28, 2010	TIME OF DEATH 12:30 A.M.	CITY, TOWN OR LOCATION OF DEATH ARCO, IDAHO	COUNTY OF DEATH BUTTE
CAUSE OF DEATH (underlying cause last) a. PNEUMONIA			Approximate Interval Between Onset and Death 10 DAYS
b. DUE TO (or as a consequence of):			
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 DEBORAH J. MADDEN, 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.

MARCH 10, 2010

DATE ISSUED:

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

SCANNED

2011

