

February 4, 2011

RECEIVED
FEB 14 2011
DEPARTMENT OF
WATER RESOURCES

Department of Water Resources
Attn: Water Rights Allocations
322 E Front St.
PO Box 83720
Boise, ID 83720

Dear IDWR Allocations Department:

I would like to change my last name on my water rights from Belnap to Rossi. I have enclosed the information that Christy from the Boise office stated I needed to send. Included are Decree of Divorce and a page with name change order filed in Bannock County. The water right numbers affected are: 35-10349, 35-10348, 35-2360B, 35-2363, and 35-2762

Also, I need to have a name removed from ownership due to death. I have included a copy of the Death Certificate. The domestic water rights affected are: 35-10349 and 35-10348.

Please call me with any questions at cell: 208-221-3774 or home: 623-935-5321. I would appreciate a call with completion of the requests.

Thank you,

Charlene Rossi

Charlene Rossi
5627 N Lyle Ct
Litchfield Park, AZ 85340

SUPPORT DATA
IN FILE # 35-2360B

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO IN AND FOR THE COUNTY OF BANNOCK

CHARLENE BELNAP,

Plaintiff,

vs.

TODD ANDREW BELNAP,

Defendant.

Case No. CV-2009-5136-DR

**DECREE OF DIVORCE AND
JUDGMENT**

This case, having come on regularly before the undersigned judge of the above-entitled court, upon Plaintiff's Complaint; and the parties having submitted their Property Settlement Agreement. The Court being fully advised in the premises, the court having found that during the course of the marriage, irreconcilable differences have arisen and now exist between the Plaintiff and Defendant which are of such magnitude that legitimate objects of the marital relationship are no longer enduring, and that by reason thereof, the Plaintiff is entitled to have the bonds of matrimony heretofore and now existing between Plaintiff and Defendant dissolved.

The Court having further found that on the 13th day of January, 2010, Plaintiff and Defendant entered into that certain Property Settlement Agreement in writing whereby they settled between themselves questions relating to the division of their community property and debt and resolving the issues concerning the custody, support, visitation, maintenance and care of their minor child, said agreement having been introduced and admitted into evidence, and the court having concluded as a matter of law that said agreement should be ratified, confirmed and approved;

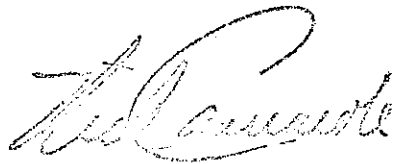
NOW, THEREFORE, IT IS HEREBY ORDERED, ADJUDGED AND DECREED as follows:

1. That by reason of their irreconcilable differences, Plaintiff is hereby awarded a divorce from the Defendant and each of the parties is restored to the status of a single person.

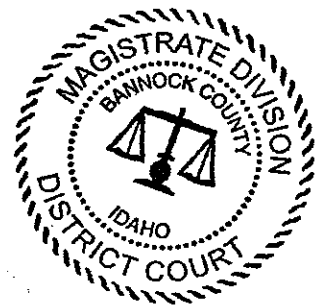
2. That the Property Settlement Agreement executed by the parties hereto, a copy of which is attached as **Exhibit A** and incorporated herein by reference, is hereby merged into and shall become a part of this Decree of Divorce.

3. That the property, indebtedness and all other rights, duties and obligations between the parties by virtue of the marriage, be divided, distributed and fully and finally resolved pursuant to the terms of said Agreement.

DATED this 28 day of January, 2010.



RICK CARNAROLI
Sixth District Magistrate Judge



STATE OF IDAHO }
County of Bannock } ss.

I hereby certify that the foregoing is a full, true and correct copy of an instrument as the same now remains on file and of record in my office.

WITNESS my hand and official seal hereto affixed

this 28 day of January, 20 10

DALE HATCH, CLERK OF THE DISTRICT COURT,
EX OFFICIO AUDITOR AND RECORDER.

By Deputy DC

and will share equally in any refund for the 2009 tax year. Effective with tax year 2010, the parties shall file separate state and federal income tax returns and shall be solely and separately entitled to any refunds and obligated for any taxes owed based on their respective incomes.

- d. Attorneys Fees and Costs. It is acknowledged that the Plaintiff has been represented in these proceedings by attorney Randall C. Budge and that the Defendant has not retained counsel; and, that each party shall be solely responsible for their own attorneys fees and costs.

 e. Name. The Plaintiff may be restored to her maiden name of Rossi.

- f. This Agreement is Complete. Each party further agrees that this agreement contains the entire understanding of the parties hereto.

- g. Binding. This agreement shall be binding upon the parties' heirs, assigns, personal representatives and all successors-in-interest.

- h. Attorneys Fee for Breach. The parties acknowledge that they enter into this Agreement fully understanding their rights and obligations, without any duress or promises except those contained in this Agreement. In the event this Agreement is breached by either party hereto, the losing party shall pay to the prevailing party all reasonable attorney's fees and costs incurred in enforcement. Further, the losing party shall hold the prevailing party harmless for all losses or damages incurred by the prevailing party as a result of the other party's breach.

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER HANS CODE 36-214(a) & 36-271

State File No. 127
Local Reg. No. 127

DECEDENT		DECEDENT - NAME FIRST MIDDLE LAST Rudell Adams FURNISS		SEX Male	DATE OF DEATH (Month, Day, Year) October 19, 1992
SOCIAL SECURITY NUMBER [REDACTED]		AGE - Last Birthday (Yrs.) 35	UNDER 1 YEAR MONTHS DAYS 10 15	UNDER 1 DAY HOURS MINUTES 10 15	DATE OF BIRTH (Month, Day, Year) Dec. 16, 1956
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) HOSPITAL (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		OTHER (4) ☐ Licensed Nursing Home (5) ☐ Private Residence (6) ☐ Licensee's Shelter Home (7) ☒ Other (Specify) Farm	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) Furniss Bros. Farm South of Taber			CITY, TOWN OR LOCATION OF DEATH Blackfoot		COUNTY OF DEATH Bingham
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Charlene Rossi		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer	
RESIDENCE STATE Idaho		COUNTY Bingham	CITY, TOWN OR LOCATION Pingree	STREET AND NUMBER 1873 W. Hoff Road	ZIP CODE 83262
INSIDE CITY LIMITS? ☐ Yes ☒ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+)	
FATHER - NAME Ralph Lewis Furniss		BIRTHPLACE Idaho		MOTHER - FULL MAIDEN NAME Norma Adams	
INFORMANT'S NAME (Type/Print) Charlene Furniss		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 1873 W. Hoff Road-Pingree, Idaho 83262			
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Moreland Cemetery		LOCATION - City or Town, State Blackfoot, Idaho	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		LICENSE NUMBER (of Licensee) M-734		NAME AND ADDRESS OF FACILITY Hill-Sandberg Funeral Home 214 S. University-Blackfoot, ID 832	
TIME OF DEATH Found 1:30 p.m.		DATE PRONOUNCED DEAD (Month, Day, Year) October 19, 1992		WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No	
MANNER OF DEATH (Check One) ☐ Natural ☐ Homicide ☐ Suicide ☒ Accident Determined		PENDING INVESTIGATION ☐ Pending Investigation ☐ Could Not Be Determined		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hours	
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Overmedication of Prescription Drugs & Alcohol DUE TO (or as a consequence of):					
CAUSE OF DEATH Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST DUE TO (or as a consequence of):					
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.				WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No	WERE ANY OTHER FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No
CERTIFIER (Check only one) ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as 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 as stated.					
SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		LICENSE NUMBER Coroner		DATE SIGNED (Month, Day, Year) Nov. 2, 1992	
NAME AND ADDRESS OF CERTIFIER (Type/Print) S. Doyle Jones (Bingham County Coroner) 555 N. Broadway-Blackfoot Id					
DATE OF INJURY (Mo., Day, Yr.) Oct. 19, 1992		HOUR OF INJURY 1:00 a.m.		DESCRIBE HOW INJURY OCCURRED Victim found dead in vehicle after apparently becoming stranded after a negative reaction to medication	
INJURY AT WORK? ☒ Yes ☐ No		IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Farm	
LOCATION (Street or Route Number, City/Town, or County, and State) west of Blackfoot in the West Desert		CORONER'S SIGNATURE <i>[Signature]</i>			
CORONER'S ACTION (Check One) ☐ Reviewed, Completed Items 26 and/or 30 ☐ Reviewed Only ☐ Reviewed, Amended and Certified		DATE FILED (Month, Day, Year) November 2, 1992			

(STATE OF IDAHO)
(County of Bingham)

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the Southeastern District Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

NOT VALID WITHOUT RAISED SEAL OF IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE

11-2-92
Date Printed

Richard W. Blair
State Registrar of Vital Statistics