

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED

AUG 10 2010

Department of Water Resources
Eastern Region

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case IDWR will produce new water right number(s) for the split(s).

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
21-790K					
21-70800K					
21-70810K					
21-72800K					

SUPPORT DATA

2. The following **REQUIRED** information must be submitted with this form:

A. The appropriate **FILING FEE**. See instructions for fee amounts.

IN FILE # 21-79

B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.

C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are on file with the county Planning and Zoning or Recorder's Office).

OR

D. If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency or equivalent **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

A/Wyn Nedrow
Betty Nedrow
1250 N. 3100 E. Ashton, Id 83420

4. New Owner/Claimant(s)

Betty E. Nedrow Family Trust
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

1250 N. 3100 E.

City, State and ZIP Code

Ashton, Idaho 83420

New Telephone Number

(208) 652-7531 Email: _____

5. Date you acquired the property

9-26-2003

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in line 1, then skip this line and go to line 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (you may copy this page, if necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

7. Signature(s) of New Owner(s) or Claimant(s)

Sharon Hedrow

(title if applicable)

(title if applicable)

IT IS IMPORTANT TO FILE THIS COMPLETED FORM AT THE APPROPRIATE IDWR OFFICE, WITH PAYMENT OF THE FILING FEE AND THE OWNERSHIP DOCUMENT(S), AS REFERRED TO IN LINE 2.

For IDWR Office Use Only:

Received by JB
 Received by JB
 Processed by _____ AJ

Date 11/8/2010
 Date 11/8/2010
 Date _____

Receipt Amt. \$100.
 Receipt No. 6036259
 WR _____ Date _____

Quitclaim Deed

For Value Received BETTY E. NEDROW, a married woman dealing in her sole and separate property, the grantor, does remise, release and forever quitclaim unto ANN NEDROW, SHARON NEDROW and GENA NEDROW or their Successors, as Trustees of the Betty E. Nedrow Family Trust, created September 12, 2003, of 1264 North 3100 East, Ashton, Idaho, 83420, the following described property:

The South Half of the Northwest Quarter (S $\frac{1}{2}$ NW $\frac{1}{4}$): the North Half of the Southwest Quarter (N $\frac{1}{2}$ SW $\frac{1}{4}$): and lots Two (2), Three (3), Four (4), and Five (5), all in Section Thirty-two (32), Township Nine (9) North, Range Forty-two (42), East of the Boise Meridian, Fremont County, Idaho.

TOGETHER with all tenements, hereditaments and appurtenances thereunto belonging.

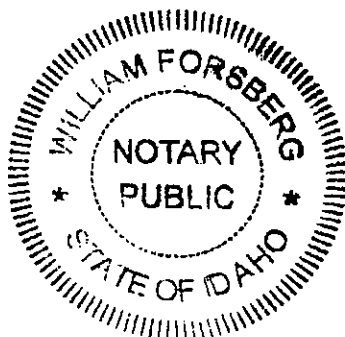
Dated this 26 day of September, 2003.

Betty E. Nedrow
Betty E. Nedrow

STATE OF IDAHO)
) ss.
County of Madison)

On this 26 day of September, 2003, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Betty E. Nedrow, known to me to be the person whose name is subscribed to the within and foregoing instrument and acknowledged to me that she 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.



William Forsberg
Notary Public for Idaho
Residing at: St. Anthony
My Commission Expires: 10/7/2003

484085
Microfilm No. 26 Day Sept 20 03
At 15:41 O'Clock P. M.
ABBIE MACE
FREMONT CO RECORDER
Fee \$ 3 Deputy
William Forsberg
Permitted at Request of

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 JULY 25, 2008

State File No. 2008-06041

DECEDENT - LEGAL NAME SIMINGTON ALWYN NEDROW			
SEX MALE	SOCIAL SECURITY NUMBER 518-30-2733	AGE 90 YEARS	DATE OF BIRTH OCTOBER 06, 1917
BIRTHPLACE ORA, IDAHO		PLACE OF RESIDENCE ASHTON, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) BETTY GOEBEL	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME SIMON ALBERT NEDROW			BIRTHPLACE KANSAS
MOTHER - MAIDEN NAME MAMIE MCBEE			BIRTHPLACE MISSOURI
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE BRUCE W. BAXTER	
NAME AND ADDRESS OF FUNERAL FACILITY BAXTER FUNERAL HOME, ASHTON, IDAHO			
DATE OF DEATH JULY 18, 2008	TIME OF DEATH 9:39 A.M.	CITY, TOWN OR LOCATION OF DEATH REXBURG, IDAHO	COUNTY OF DEATH MADISON
CAUSE OF DEATH (underlying cause last) a. FAILURE TO THRIVE			Approximate Interval Between Onset and Death
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 COPD			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER RODNEY BATES, D.O.		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.

DATE ISSUED: JULY 28, 2008

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


JANE S. SMITH
STATE REGISTRAR

