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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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OCT 14 2010

DEPT. OF WATER RESOURCES
SOUTHERN 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?
37-07710	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Gilbert L. Farr, Janet L. Farr
Name of current water right holder/claimant

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

New owner continued ☐ Name connector ☐ and ☐ or ☐ and/or
329 BayHorse Rd
Mailing address
BelleVue ID 83313
City State ZIP
208-788-4980 farrtommy@gmail.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: 4/20/1978

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: Gilbert L. Farr 10/6/2010
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 _____ 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 JULY 09, 2009

State File No. 2009-05421

DECEDENT - LEGAL NAME JANET LOUISE FARR			
SEX FEMALE	SOCIAL SECURITY NUMBER 398-01-2395	AGE 92 YEARS	DATE OF BIRTH OCTOBER 02, 1916
BIRTHPLACE CEDAR RAPIDS, IOWA		PLACE OF RESIDENCE BELLEVUE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) GILBERT L. FARR	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME HAROLD GEORGE MONILAW			BIRTHPLACE IOWA
MOTHER - MAIDEN NAME ZELDA LOUISE BEATTY			BIRTHPLACE IOWA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE RUSSELL D. MIKEL	
NAME AND ADDRESS OF FUNERAL FACILITY WOOD RIVER CHAPEL, HAILEY, IDAHO			
DATE OF DEATH JULY 07, 2009	TIME OF DEATH 6:00 A.M.	CITY/TOWN OR LOCATION OF DEATH BELLEVUE, IDAHO	COUNTY OF DEATH BLAINE
CAUSE OF DEATH (underlying cause last) OLD AGE			Approximate Interval Between Onset and Death
DUE TO (or as a consequence of): a.			
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
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 DAN S. FAIRMAN, 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.

JULY 10, 2009

DATE ISSUED: _____

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


JANE S. SMITH
STATE REGISTRAR



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