

RECEIVED

JUL 06 2010

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

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)
75-10774					

2. The following **REQUIRED** information must be submitted with this form:
- A. The appropriate **FILING FEE**. See instructions for fee amounts.
 - 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) Robert A or Rowaine Chandler
703 JEFFERSON
Salmon, Ida. 83467

4. New Owner/Claimant(s) Ernie P. and Reina Webb
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address: 794 Yost St.

City, State and ZIP Code Rexburg, Ida. 83440

New Telephone Number (208) 359-1434 Email: Reina-Webb@hotmail.com

5. Date you acquired the property

4-19-2010

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)

Ernest P. Webb

(title if applicable)

Reina Webb

(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 _____
 Received by SRF
 Processed by _____ AJ

Date _____
 Date 7-6-2010
 Date _____

Receipt Amt. \$25-
 Receipt No. 0091279
 WR _____ Date _____

AFFIDAVIT FOR TERMINATION OF LIFE ESTATE

STATE OF IDAHO

COUNTY OF LEMHI

Reina Chandler Webb, the affiant herein, being duly sworn states:

1. Reina Chandler Webb is the daughter of Robert A. Chandler, deceased.
2. That decedent died on September 13, 2009, see attached Death Certificate attached hereto.
3. That on November 2, 2005, Robert A. Chandler, deeded the following property, located in Lemhi County, State of Idaho, to Reina Chandler Webb, reserving a Life Estate therein. Said deed was recorded on November 2, 2005 as Instrument No. 243914.

A Tract of land lying and being in Lot 5, Section 6, T. 21 N., R. 22 E., Boise Meridian, more particularly described as follows, to wit:

Commencing at the Westerly $\frac{1}{4}$ corner of said Section 6, run thence North 0 degrees 39' West along the Westerly boundary of Section 6 a distance of 590.0 feet; thence North 89 degrees 29' East along the Northerly side of Jefferson Street 590.7 feet to the point of beginning, and the Southwesterly corner of the tract of land herein described; continuing thence North 89 degrees 29' East 131.0 feet; thence North 0 degrees 39' West 75.0 feet; thence North 38 degrees 30' East 50.0 feet, thence North 70 degrees 00' West 173.75 feet, thence South 0 degrees 39' East 174.98 feet more or less to the point of beginning.

4. This affidavit made for the purpose of terminating said Life Estate and requesting that all records be modified to show Reina Chandler Webb as owner thereof.

DATED this 19th day of April, 2010

Reina Chandler Webb
Reina Chandler Webb

State of Idaho

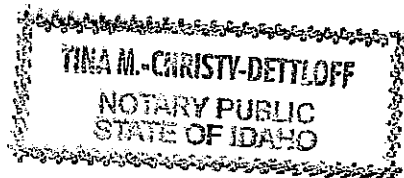
}
} ss.

County of Lemhi

State of Idaho) SS No. **282836**
County of Lemhi)
This instrument was filed for record at the request
of Alliance Title
at 4:06 o'clock, P on 4-19 2010
and duly filed and indexed in the records of Lemhi
County Terri J. Morton
Ex-Officio Recorder
By Erica Cardin Deputy
Fee 6.00
Return to A.T.

On this 19th day of April, in the year 2010 before me, a Notary Public in and for said state, personally appeared Reina Chandler Webb known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

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



Tina M. Christy-Dettloff
Notary Public for the State of Idaho
Residing at: Salmon, ID
Commission Expires: 4/5/2016

FOR VALUE RECEIVED, Reina Chandler Webb

Do(es) hereby convey, release, remise and forever quit claim unto

Ernest P. Webb and Reina Webb, Husband and Wife

whose current address is:: 794 Yost St Rexburg, Id 83440

the following described premises:

A Tract of land lying and being in Lot 5, Section 6, Township 21 North, Range 22 East Boise Meridian, Lemhi County, Idaho described as follows:

Commencing at the Westerly $\frac{1}{4}$ corner of said Section 6, running thence North 0°39' West along the Westerly boundary of Section 6 a distance of 590.0 feet, thence North 89°29' East along the Northerly side of Jefferson Street 590.7 feet to the point of beginning, and the Southwesterly corner of the tract of land herein described, continuing thence North 89°29' East 131.0 feet, thence North 0°39' West 75.0 feet thence North 38°30' East 50.0 feet, thence North 70°00' West 173.75 feet, thence South 0°39' East 174.98 feet more or less to the point of beginning.

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns forever.

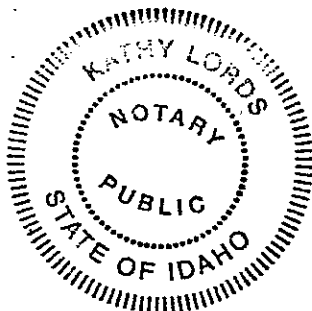
May 5, 2010

Reina Chandler Webb
Reina Chandler Webb

State of Idaho }
County of Madison } ss.

On this 5 day of May, in the year 2010, before me, a Notary Public in and for said state, personally appeared Reina Chandler Webb known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that executed the same.

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



Kathy Lords
Notary Public for the State of Id.
Residing at: Ashton
Commission Expires: 4/23/2011

282971

State of Idaho) SS No. _____
County of Lemhi)
This instrument was filed for record at the request
of Reina Webb
at 4:10 o'clock p.m. 5-7-2010
and duly filmed and indexed in the records of Lemhi
County
Terri J. Morton
Ex-Officio Recorder
By Reina Webb Deputy

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

282836

CERTIFICATE OF DEATH

Date Filed SEPTEMBER 25, 2009

State File No. 2009-07758

DECEDENT - LEGAL NAME ROBERT AUSTIN CHANDLER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 94 YEARS	DATE OF BIRTH SEPTEMBER 21, 1914
BIRTHPLACE LEADORE, IDAHO		PLACE OF RESIDENCE REXBURG, IDAHO	
MARITAL 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 THOMAS ETNA CHANDLER			BIRTHPLACE ARKANSAS
MOTHER - MAIDEN NAME ALICE GRAY			BIRTHPLACE MONTANA
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE TAMMY J. BOWERMAN	
NAME AND ADDRESS OF FUNERAL FACILITY JONES & CASEY FUNERAL HOME, SALMON, IDAHO			
DATE OF DEATH SEPT. 13, 2009	TIME OF DEATH 2:40 A.M.	CITY, TOWN OR LOCATION OF DEATH REXBURG, IDAHO	COUNTY OF DEATH MADISON
CAUSE OF DEATH (underlying cause last) a. ALZHEIMERS DEMENTIA PROLONGED			
b. DUE TO (or as a consequence of): NONE			
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			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER SCOTT R. HARDY, 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.

SEPTEMBER 25, 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

