

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

RECEIVED
MAY 28 2010
 DEPT. OF WATER RESOURCES
 SOUTHERN 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)
WR 72-16825					
WR 72-16828					
WR 72-16831					

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) William G. Banks and Emily Banks
8750 South Ocean Dr Apt PH 45
Jensen Beach, FL 34957
4. New Owner Claimant(s) Emily Banks
 Name Connector (Check one): ☐ and ☐ or ☐ and/or
- New Mailing Address 8750 South Ocean Dr Apt PH 45
 City, State and ZIP Code Jensen Beach, FL 34957
- New Telephone Number (772) 225-0399 Email SUPPORT DATA
208 838-2626

IN FILE # 72-16825

5. Date you acquired the property _____
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) _____

Emily Suehr

(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 [Signature]
 Received by [Signature]
 Processed by AJ

Date 6-1-2010
 Date
 Date

Receipt Amt. \$0 NA
 Receipt No.
 WR Date

S e n d i n g C o n f i r m

Date : DEC-1-2008 MON 01:45PM
Name : THE ADMIRAL CONDO
Tel. : 772 229-3716

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Phone      : 15613936250
Pages      : 1/1
Start Time : 12-01 01:43PM
Elapsed Time : 01'05"
Mode       : ECM
Result     : Ok
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**STATE OF IDAHO
CERTIFICATION OF VITAL RECORD**

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

7146X

CERTIFICATE OF DEATH

Date Filed JUNE 02, 2006

State File No. 2006-04064

DECEASED - LEGAL NAME

WILLIAM GENE BANKS

AGE HALE SEX MALE SOCIAL SECURITY NUMBER 504-36-5249 AGE 74 YEARS DATE OF BIRTH MARCH 03, 1932

RESIDENCE ST. LOUIS, MISSOURI PLACE OF DEATH CLAYTON, IDAHO

CAUSE OF DEATH STROKE

MARRIED YES NAME OF SURVIVING SPOUSE (If other, name & address)

DECEASED'S NAME EMILY RAHN DECEASED'S SEX YES

DECEASED'S BIRTHPLACE MISSOURI

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DECEASED'S BIRTHPLACE MISSOURI

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THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL AND IS REQUIRED BY THE IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: JUNE 02-2006

THIS COPY NOT VALID WITHOUT SIGNATURE OF THE REGISTRAR AND NOTARY PUBLIC.

JANE S. SMITH
STATE REGISTRAR

THIS CERTIFICATE IS VALID ONLY IF THE REGISTRAR'S SIGNATURE IS PRESENT