Form 42-248/42-1409(6) 10/07

RECEIVED
NOV 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

DE

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

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)
72-16805	72-16824 72-16825 72-16826	✓			
72-16807	72-16830 72-16831 72-16832	✓			
72-16809	72-16827 72-16828 72-16829	✓			

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): Gerald D Herrick
   Kathryn Herrick
   2170 E. Gossamer Lane Boise 83706

4. New Owner/Claimant(s): Emily Banks
   Name Connector (Check one): [ ] and, [ ] or, [ ] and/or

   New Mailing Address: 8750 S. Ocean Dr Apt PH45

   City, State and ZIP Code: Jensen Beach Fl 34957

   New Telephone Number: (772) 225-0399 Email:

SUPPORT DATA

IN FILE # 72-16805

5. Date you acquired the property 8-31-96

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 Lawks
(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	Date 11-4-09	Receipt Amt. $300
Receipted by	Date 11/5/2009	Receipt No. 503167
Processed by ____ AJ	Date ____	WR ____ Date ____

HEAD & APPROVED BY GRANTEE(S): _____

SPACE ABOVE THIS LINE FOR RECORDING DATA

Order No.: 7-646-G

CORPORATE WARRANTY DEED

FOR VALUE RECEIVED, BROKEN WING DEVELOPMENT CORPORATION, an Idaho Corporation

, a corporation organized and existing under the laws of the State of Idaho, with its principal office at 2027 SILVER CREEK LANE, BOISE, IDAHO 83706 of County of ADA , State of Idaho, GRANTOR, hereby GRANT, BARGAIN, SELL AND CONVEY unto WILLIAM G. BANKS AND EMILY BANKS, HUSBAND AND WIFE

GRANTEE(S), whose current address is: 4963 Banks DR. Modoc II 62261 the following described real property located in CUSTER County, State of Idaho, more particularly described as follows, to wit:

LOT 6 IN BLOCK 1 OF OSPREY BEND SUBDIVISION NO. 1 ACCORDING TO THE OFFICIAL PLAT THEREOD FILED FOR RECORD APRIL 11, 1994, AS INSTRUMENT NO. 206202 RECORDS OF CUSTER COUNTY, IDAHO..

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee(s), and Grantee(s) heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee(s), that Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances, EXCEPT those to which this conveyance is expressly made subject and those made, suffered or done by the Grantee(s); and subject to reservations, restrictions, dedications, easements, rights of way and agreements, (if any) of record, and general taxes and assessments, (including irrigation and utility assessments, if any) for the current year, which are not yet due and payable, and that Grantor will warrrant and defend the same from all lawful claims whatsoever.

The officers who sign this deed hereby certify that this deed and the transfer represented thereby was duly authorized under a resolution duly adopted by the board of directors of the Grantor at a lawful meeting duly held and attended by a quorum.

In witness whereof, the Grantor has caused its corporate name to be hereunto affixed by its duly authorized officers this day of , in the year of

BROKEN WING DEVELOPMENT CORP.

(Corporate Seal)

(Corporate Name)

By: Gerald D. Herrick

GERALD D. HERRICK President

Attest: _____

Secretary

STATE OF IDAHO)
COUNTY OF ADA)

On this 31st day of August , in the year of 1996 , before me, the undersigned, a Notary Public in and for said State, personally appeared GERALD D. HERRICK

known or identified to me to be the President of the corporation that executed the instrument or the person(s) who executed the instrument on behalf of said corporation, and acknowledged to me that such corporation executed the same.

Signature: Stephanie Buse

Name: STEPHANIE BUSE

(type or print)

0206867

THIS FORM FURNISHED COURTESY OF:

STEWART TITLE

READ & APPROVED BY GRANTEE(S): X X

American Land Title

Time 4:50 P.M.

7-12-94

Ethel M. Peck, Clerk

Wanda Murphy

Deputy

32

SPACE ABOVE THIS LINE FOR RECORDING DATA

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In witness whereof, the Grantor has caused its corporate name to be hereunto affixed by its duly authorized officers this day of , in the year of

BROKEN WING DEVELOPMENT CORP.

(Corporate Seal)

(Corporate Name)

By: _____

GERALD D. HERRICK President

Attest: _____

Secretary

STATE OF IDAHO

Sending Confirm

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

Phone	:	15613936250
Pages	:	1/1
Start Time	:	12-01 01:43PM
Elapsed Time	:	01'05"
Mode	:	ECM
Result	:	Ok

First page of recent document transmitted...

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.: 2006-04061

DECEDENT - LEGAL NAME: WILLIAM GENE BANKS
SEX: MALE
SOCIAL SECURITY NUMBER: [redacted]
AGE: 74 YEARS
DATE OF BIRTH: MARCH 03, 1932
BIRTHPLACE: ST. LOUIS, MISSOURI
PLACE OF RESIDENCE: CLAYTON, IDAHO
MARITAL STATUS AT TIME OF DEATH: MARRIED
NAME OF SURVIVING SPOUSE (if wife, enter name prior): EMILY RAHN
WAS DECEDENT EVER IN U.S. ARMED FORCES?: YES
FATHER - NAME: IVAN BANKS
BIRTHPLACE: MISSOURI
MOTHER - MAIDEN NAME: LOIS UNBDENSTOCK
BIRTHPLACE: MISSOURI
METHOD OF DISPOSITION: CREMATION
FUNERAL SERVICE LICENSEE: BARTON LOYD KLINE
NAME AND ADDRESS OF FUNERAL FACILITY: ALDEN-WAGGONER FUNERAL CHAPEL, BOISE, IDAHO
DATE OF DEATH: MAY 28, 2006
TIME OF DEATH: 7:21 A.M.
CITY TOWN OR LOCATION OF DEATH: BOISE, IDAHO
COUNTY OF DEATH: ADA
CAUSE OF DEATH - Enter only one cause per line.
a. HEMORRHAGIC STROKE
Approximate Interval Between Onset and Death: 3 HOURS
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: DMS, RA, ATRIAL FIBRILLATION, ASCD
WAS AUTOPSY PERFORMED?: NO
MANNER OF DEATH: NATURAL
NAME OF CERTIFIER: STEVE SADICARIO, 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 record of the document officially registered and on file in the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: JUNE 05, 2006
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR

SCANNED
JUN 01 2010