

DE ✓

RECEIVED
JUN 22 2010
DEPT. OF WATER RESOURCES
SOUTHERN REGION

**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)
47-4396					

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

- \$25** 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)

4. New Owner/Claimant(s)

Schubert Ranch LLC

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

1651 Sunway N.

City, State and ZIP Code

Twin Falls ID 83301

New Telephone Number

(208) 736-2050

Email:

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) Sherry Schubert McAllister

manager/partner Schubert Ranch LLC

 (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 6-22-2010
 Date 6/22/10
 Date _____

Receipt Amt. \$25
 Receipt No. 5031502
 WR _____ Date _____

TWIN FALLS COUNTY
RECORDED FOR:
MCALLISTER, SHERRY SCHUBERT
2:54:00 pm 12-30-2008

2008-027056

NO. PAGES: 5 FEE: \$15.00
KRISTINA GLASCOCK
COUNTY CLERK
DEPUTY: CNICE

Re-record to correct & clarify
DEED OF DISTRIBUTION

Recorded for
BEEKS, PAUL M.
1:57:07 pm 10-28-2008
2008-023384
No. Pages: 5 Fee: \$ 15.00
KRISTINA GLASCOCK
County Clerk
Deputy: RHITF

THIS DEED is made by Sherry Schubert McAllister, as Personal Representative of the Estate of David Frank Schubert, Deceased, the Grantor, to Sherry Schubert McAllister, the Grantee, whose address is 1651 SUNWAY N, TWIN FALLS ID 83301.

The Grantor is the Personal Representative of the Estate, filed as Case No. CV 2008-2477 in TWIN FALLS County, Idaho.

The Grantee is entitled to distribution of the described real property.

In distribution of the decedent's Estate, the Grantor conveys and releases to the Grantee the following described real property in Twin Falls County, Idaho:

~~An undivided one-half interest in~~ *Shm*

Lot One of Section One, Township Ten South, Range Sixteen, East of the Boise Meridian, Twin Falls County, Idaho, being Forty-Five and Ninety-Nine One Hundredths acres, together with 45.99 shares of Twin Falls Canal Company water appurtenant thereto,

less the property described on Exhibit A, and

Subject to an Easement of record to STATE OF IDAHO, IDAHO TRANSPORTATION DEPARTMENT, by and through the IDAHO TRANSPORTATION BOARD executed November 9, 2005,

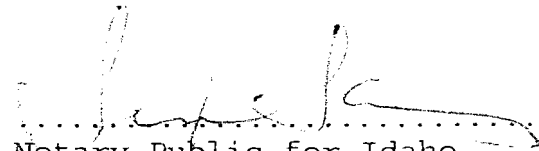
with all appurtenances.

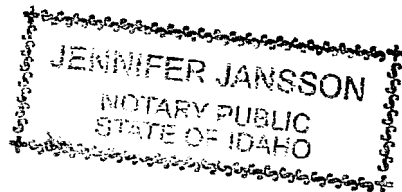
Dated October 28, 2008.

Sherry Schubert McAllister
Sherry Schubert McAllister
Personal Representative of the
Estate of David Frank Schubert,
Deceased

STATE OF IDAHO)
County of Twin Falls.)

On October 27, 2008, before me, a Notary Public in and for said State, personally appeared Sherry Schubert McAllister, known or identified to me to be the person whose name is subscribed to the within instrument as the Personal Representative of the Estate of David Frank Schubert, Deceased, and acknowledged to me that she executed it as the Personal Representative of the Estate.


.....
Notary Public for Idaho
Commission Expires: 10-18-2010



“EXHIBIT A”

Project No. DHP-NH-2390 (108)
Key No. 5404
Parcel No.33 Parcel I.D. No. 42132
May 3, 2005

A Parcel of land being a portion of Government Lot 1 of Section 1, Township 10 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho; more particularly described as follows:

Beginning at Section Corner 1 and common to Sections 36, 31, and 6, Station 778+65.210, 58.706 Left, US Highway 93;

thence, S 0°25'04" W a distance of 29.068 meters (95.37 feet) to a point, 31.000 meters left of US Highway 93 at Station 778+74.004, also being the TRUE POINT OF BEGINNING;

thence, S 0°25'04" W a distance of 65.048 meters (213.41 feet) to a point 31.000 meters left of US Highway 93 at Station 778+93.684;

thence, N 71°58'20" W a distance of 12.590 meters (41.31 feet) to a point 31.000 meters right of US Highway 93 at Station 778+81.094;

thence, N 71°58'20" W a distance of 32.998 meters (108.26 feet) to a point 31.000 meters right of US Highway 93 at Station 778+48.096;

thence, along an arc having a delta which is N 13°21'11" E and having a Tangent of 183.665 meters (602.57 feet) 365.666 meters (1199.69 feet) to the left, having a radius of 1569.000 meters (5147.63 feet), the chord of which is N 78°38'56" W for a distance of 364.839 meters (1196.98 feet), to a point 31.000 meters to the left, of US Highway 93 at Station 774+75.205;

thence, N 0°25'27" E a distance of 11.765 meters (38.60 feet) to a point 19.267 meters (63.21 feet) right of US Highway 93 at Station 774+74.322;

thence, S 89°29'28" E a distance of 303.692 meters (996.36 feet) to a point 31.000 meters right of US Highway 93, Station 777+73.202;

thence, along an arc having a delta which is N 2°40'55" E and having a Tangent of 38.181 meters (125.26 feet) 76.347 meters (250.48 feet) to the right, having a radius of 1631.000 meters (5351.04 feet), the chord of which is S 73°18'47" E for a distance of 76.340 meters (250.46 feet), to a point 31.000 meters to the right, of US Highway 93 at Station 778+48.098;

thence, S 71°58'20" E a distance of 25.906 meters (84.99 feet) to a point -31.000 meters left of US Highway 93 at Station 778+74.004, also being the TRUE POINT OF BEGINNING;

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May 3, 2005

said parcel, contains 1.633 hectares (4.04 acres), of which 0.280 hectares (0.69 acres) is existing right of way, more or less;

said parcel, also being subject to any right-of-ways or other easements, of record or in use.

Also

A Parcel of land being a portion of Government Lot 1 of Section 1, Township 10 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho; more particularly described as follows:

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thence, S 89°29'28" E a distance of 97.976 meters (321.44 feet) to a point, and also being the TRUE POINT OF BEGINNING;

said parcel contains 0.138 hectares (0.34 acres), of which 0.080 hectares (0.20 acres) is existing right of way, more or less;

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thence, S 0°25'04" W a distance of 94.117 meters (308.78 feet) to a point, also being the TRUE POINT OF BEGINNING;

thence, S 0°25'04" W a distance of 54.218 meters (177.88 feet) to a point, 82.677 meters right of US Highway 93 at Station 779+10.087;

thence, N 89°34'56" W a distance of 12.000 meters (39.37 feet) to a point;

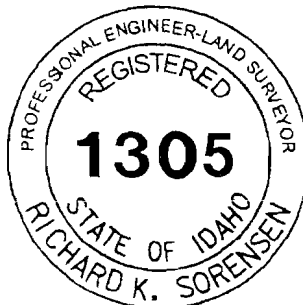
thence, N 0°25'04" E a distance of 58.027 meters (190.38 feet) to a point, 31.000 meters right of US Highway 93 at Station 778+81.094;

thence, S 71°58'20" E a distance of 12.590 meters (41.31 feet) to a point, 31.000 meters right of US Highway 93 at Station 778+93.684, also being the TRUE POINT OF BEGINNING;

said parcel contains 0.067 hectares (0.17 acres), of which 0.053 hectares (0.13 acres) is existing right of way, more or less;

said parcel, also being subject to any right-of-ways or other easements, of record or in use.

This legal description was derived from data of record and was not based on an actual field survey. Entranco hereby accepts no liability for any conflicts in the information contained in this legal description; which may be revealed by an actual survey of this parcel on the ground.



TWIN FALLS COUNTY

RECORDED FOR:
STEPHAN & KVANVIG
3:57:09 pm 11-02-2009

2009-024465

NO. PAGES: 5 FEE: \$15.00
KRISTINA GLASCOCK
COUNTY CLERK
DEPUTY: DWRIGHT

WARRANTY DEED

Sherry Schubert McAllister, also shown of record as **Sherry Lynn Schubert McAllister**, Grantor, hereby conveys, grants, and warrants to Schubert Ranch, LLC, Grantee, whose address is 1651 Sunway North, Twin Falls, Idaho, 83301, for good and valuable consideration, the following described real property, to-wit:

Lot One of Section One, Township Ten South, Range Sixteen, East of the Boise Meridian, Twin Falls County, Idaho, being Forty-Five and Ninety-Nine One Hundredths acres, together with 45.99 shares of Twin Falls Canal Company water appurtenant thereto,

less the property described on Exhibit A, and

Subject to an Easement of record to STATE OF IDAHO, IDAHO TRANSPORTATION DEPARTMENT, by and through the IDAHO TRANSPORTATION BOARD executed November 9, 2005,

with all appurtenances.

SUBJECT TO taxes and assessments for the year 2009 and all subsequent years, and SUBJECT TO any and all existing easements, rights-of-way, reservations, restrictions and encumbrances of record, to any existing tenancies, to all zoning laws and ordinances, and to any state of facts an accurate survey or inspection of the premises would show.

Reserving unto Sherry Schubert McAllister a Life Estate in the residence located on the premises together with the real estate containing the residence, the domestic well and the septic system.

This conveyance shall include any and all appurtenances, tenements, hereditaments, reversions, remainders, easements, rights-of-way and water rights in anywise appertaining to the property herein described.

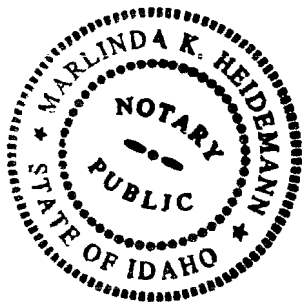
The Grantor covenants to the Grantee that Grantor is the owner in fee simple of said premises; that the premises are free from all encumbrances, excepting those as may be herein set forth, and excepting those of record or apparent, and that Grantor will warrant and defend the same from all lawful claims.

IN WITNESS WHEREOF, the Grantor, Sherry Schubert McAllister executed this instrument on this 20th day of October, 2009.

Sherry Schubert McAllister
Sherry Schubert McAllister

STATE OF IDAHO)
)
) : ss.
COUNTY OF TWIN FALLS)

On this 20 day of October, 2009, before me, the undersigned, a notary public in and for the State of Idaho, personally appeared Sherry Schubert McAllister, personally known or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.



Marlinda K. Heidemann
Notary Public for Idaho
My Commission Expires on 7-9-2013

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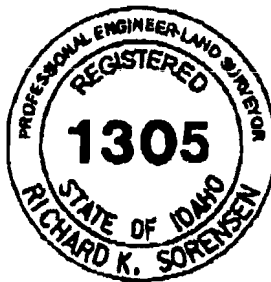


EXHIBIT A

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No.

299

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) David Frank Schubert		2. SEX Male	3. SOCIAL SECURITY NUMBER 519-62-9303
	4a. AGE - Last Birthday 55 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) August 13, 1952	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Pocatello, Idaho		7a. CITY OR TOWN Twin Falls	
	7b. COUNTY Twin Falls		7c. APT. NO. 7d. ZIP CODE 83301	
PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	7e. STREET AND NUMBER 754 Quincy		7f. INSIDE CITY LIMITS? ☒ Yes ☐ No	
	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) Iowa	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) New Mexico		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Jayne White	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	13a. INFORMANT'S NAME (Type or print) Sherry McAllister		13b. RELATIONSHIP TO DECEDENT Sister	
	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) White Crematory, Twin Falls, ID 83301	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY White Mortuary, 136 4th Ave E. Twin Falls, ID 83301		17a. LICENSE NUMBER (Of licensee) FD-1106	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No		19. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ D.O.A. ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)	
CERTIFIER: Complete Within 72 Hours of Death	20. FACILITY NAME (If not facility, give street and number) 754 Quincy		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Twin Falls, 83301	
	22. COUNTY OF DEATH Twin Falls		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) Approximately May 22, 2008	
	24. TIME OF DEATH Unknown		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 30, 2008	
	26. TIME PRONOUNCED DEAD 14:15 (24hr)		27. CAUSE OF DEATH PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Acute Coronary Artery Disease SEQUENTIALLY LIST CONDITIONS, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death)	
CERTIFIER OF DEATH WAS NOT USED TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	28a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒ Yes ☐ No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ No ☐ Yes ☐ Probably		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	
	33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
REGISTRAR	35. INJURY AT WORK? ☐ Yes ☐ No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____	
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	
	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat Belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☒ CORONER	
	39b. LICENSE NUMBER June 4, 2008		39c. DATE SIGNED June 4, 2008	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: **June 4, 2008**

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

JANE S. SMITH
STATE REGISTRAR

