

RECEIVED
MAY 27 2010
Department of Water Resources
Eastern 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)
25-10488	0				

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. **\$2500**
- 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**.
RECORDED in County
- 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)

ANNIE & O.D. OLAVESON

4. New Owner/Claimant(s)

CAROL L. OLAVESON

Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

624 E. 16TH STREET

City, State and ZIP Code

IDAHO FALLS, IDAHO 83404

New Telephone Number

(208) 524-1624

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)** Carol L. Glendon _____
 (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 SC
 Received by SC
 Processed by _____ AJ

Date 5/27/10
 Date 5/27/10
 Date _____

Receipt Amt. 25⁰⁰
 Receipt No. E035852
 WR _____ Date _____

Marvin M. Smith
SMITH & BANKS, PLLC
591 Park Avenue, Suite 202
Idaho Falls, ID 83402
Telephone: (208) 529-3005
Facsimile: (208) 529-3065
E-mail: mmsmith@smithbanks.net
Idaho State Bar No. 2236

Attorney for Applicant

Instrument # 381598

RIGBY, JEFFERSON, IDAHO
12-16-2009 02:31:00 No. of Pages: 6
Recorded for : SMITH & BANKS PLLC
CHRISTINE BOULTER Fee: 18.00
Ex-Officio Recorder Deputy
Index to: AFFIDAVIT

**IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF JEFFERSON**

IN THE MATTER OF THE ESTATE OF:)
) Case No.: CV-06-1000
)
ANNIE OLAVESON,) **AFFIDAVIT OF INHERITANCE**
)
Deceased.)
)
)
)

STATE OF IDAHO)
 : ss
County of Bonneville)

CAROL L. OLAVESON, being first duly sworn upon oath, deposes and states:

1. That the undersigned is the sole surviving child of Oscar Darrell Olaveson and of Annie Olaveson.

2. Oscar Darrell Olaveson and Annie Olaveson were owners of certain real property located in Jefferson County, State of Idaho, and more particularly described as follows:

Beginning at the Southeast corner of the SW $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 25, in Township 5 North, Range 38 E.B.M., Jefferson County, Idaho, and running thence North 290 feet; thence West 100 feet; thence South 290 feet; thence East 100 feet, to the point of beginning.

Subject to easements and rights of ways for highways, roads, ditches, canals, pole, power and transmission lines as they exist.

3. Oscar Darrell Olaveson died on June 23, 1997. A copy of his Certificate of Death is attached hereto and incorporated herewith as Exhibit "A."

4. Annie Olaveson died on November 5, 2006. A copy of her Certificate of Death is attached hereto and incorporated herewith as Exhibit "B."

5. Oscar Darrell Olaveson died intestate. All right, title and interest of Oscar Darrell Olaveson in the above-described property succeeded to his wife, Annie Olaveson.

6. Upon the death of Annie Olaveson, the undersigned had a right to succeed to said real property, and no one would have a prior right to that of the Affiant.

DATED this 9th day of November, 2009.

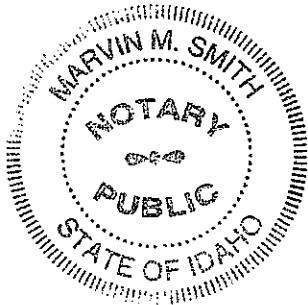
Carol L. Olaveson
CAROL L. OLAVESON

STATE OF IDAHO)
 : ss
County of Bonneville)

On this 9th day of November, 2009, before me, a notary public, personally appeared **CAROL L. OLAVESON**, personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my seal this 9th day of November, 2009.

S
E
A
L



Marvin M. Smith
NOTARY PUBLIC FOR IDAHO
Residing at: Idaho Falls, Idaho
My commission expires: May 22, 2014

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: JULY 17, 1997

STATE FILE NUMBER: 97-04486

DECEDENT: OSCAR DARRELL OLAVESON

DATE OF DEATH: JUNE 23, 1997 PLACE OF DEATH: IDAHO FALLS, IDAHO
TIME OF DEATH: 3:00 P.M.

DATE OF BIRTH: APR. 11, 1911 PLACE OF BIRTH: IDAHO

AGE: 86 YEARS SEX: MALE VETERAN? NO

MARITAL STATUS: MARRIED SPOUSE (MAIDEN): ANNIE STRUPP

SOCIAL SECURITY NUMBER: 519-03-5668 RESIDENCE: RIGBY, IDAHO

FATHER: HANS E. OLAVESON
FATHERS BIRTHPLACE: NORWAY
MOTHER (MAIDEN): MAUDE B. CHRISTOPHERSON
MOTHERS BIRTHPLACE: UTAH

MORTUARY: ECKERSELL MEMORIAL CHAPEL
MORTICIAN: LAINE A. ECKERSELL

RIGBY, IDAHO
DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: ERICH W. GARLAND, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CARDIOPULMONARY FAILURE
LYMPHOMA
CRITICAL ILLNESS NEUROPATHY

3 DAYS

2 WEEKS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

MULTIPLE ORGAN SYSTEM FAILURE

MANNER OF DEATH: NATURAL

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

DATE ISSUED: JULY 18, 1997

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



000565273

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed DECEMBER 13, 2006

State File No. 2006-09552

DECEDENT - LEGAL NAME ANNIE OLAVESON			
SEX FEMALE	SOCIAL SECURITY NUMBER 518-34-4213	AGE 87 YEARS	DATE OF BIRTH NOVEMBER 01, 1919
BIRTHPLACE ANNIS, IDAHO		PLACE OF RESIDENCE RIGBY, 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 FRANK STRUPP			BIRTHPLACE WYOMING
MOTHER - MAIDEN NAME ETTA MABEL DRAKE			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE GLEN W. BENNETT		
NAME AND ADDRESS OF FUNERAL FACILITY ECKERSELL MEMORIAL CHAPEL, RIGBY, IDAHO			
DATE OF DEATH NOV. 05, 2006	TIME OF DEATH 6:50 P.M.	CITY, TOWN OR LOCATION OF DEATH IDAHO FALLS, IDAHO	COUNTY OF DEATH BONNEVILLE
CAUSE OF DEATH (underlying cause last) a. PNEUMONIA			Approximate Interval Between Onset and Death DAYS
b. DUE TO (or as a consequence of): URINARY TRACT INFECTION / SEPTICEMIA			DAYS
c. DUE TO (or as a consequence of): C. DIFF COLITIS			DAYS
d. DUE TO (or as a consequence of): VEHICLE ACCIDENT WITH FRACTURED RIBS			WEEKS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above DEMENTIA / DELIRIUM			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH ACCIDENT	NAME OF CERTIFIER TONY C. ROISUM, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
REVIEWED AND IF NECESSARY AMENDED THE MEDICAL SECTION: JONATHAN WALKER			
EXTERNAL CAUSES ONLY			
DATE OF INJURY AUG. 31, 2006	TIME OF INJURY 2:56 P.M.	PLACE OF INJURY STREET	INJURY AT WORK? NO
LOCATION WHERE INJURY OCCURRED HOLMS & LOMAX, IDAHO FALLS, IDAHO			
DESCRIPTION OF HOW INJURY OCCURRED PASSENGER IN CAR HIT BY CAR			
IFPD #200612856			

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: DECEMBER 19, 2006

This copy not valid unless prepared on engraved border displaying state seal.

Jane S. Smith
JANE S. SMITH



000088831

WARRANTY DEED

GRANTOR, ANNIE OLAVESON, of 3873 East Menan Lorenzo Highway, Rigby, Idaho 83442, for a good and valuable consideration, the receipt of which is hereby acknowledged, does hereby grant, bargain, sell and convey unto CAROL L. OLAVESON, of 624 East 16th Street, Idaho Falls, Idaho 83404, all of the following described real estate located in Jefferson County, Idaho:

Beginning at the Southeast corner of the SW $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 25, in Township 5 North, Range 38 E.B.M., Jefferson County, Idaho, and running thence North 290 feet; thence West 100 feet; thence South 290 feet; thence East 100 feet, to the point of beginning.

Subject to easements and rights of ways for highways, roads, ditches, canals, pole, power and transmission lines as they exist.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, and rents, issues and profits thereof, and all estate, right, title and interest in and to the said property, as well in law as in equity of the said parties of the first part.

GRANTOR, for itself, its heirs and assigns, does hereby covenant, warrant and shall defend the quiet and peaceable possession of said premises by the GRANTEE, her heirs and assigns forever against all lawful claims of all persons.

IN WITNESS WHEREOF, GRANTOR has hereunto subscribed her name to this instrument this _____ day of November, 2006.

GRANTOR

Annie Olaveson

355850

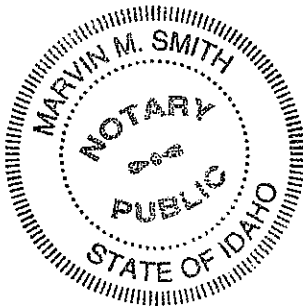
RECEIVED BY
ASSESSOR
For PLATTING
Date 2/6/07 Time 4:48

Microfilm No. 2-6-07
At 4-08 O'Clock P M
CHRISTINE BOULTER
Jefferson Co. Recorder 6-0-2 Deputy
Fee \$ _____
Recorded at Request of Annie Olaveson

STATE OF IDAHO)
)
) :SS
COUNTY OF BONNEVILLE)

On this 3rd day of November, 2006, before me the undersigned, a Notary Public for said State, personally appeared, Annie Olaveson, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

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



Marvin M. Smith
Notary Public
Residing at: Idaho Falls, Idaho
My commission expires: May 23, 2008