

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)
25-1404					

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)

Bred C Humpherys
648 Grays Lake Rd
Wayan, ID 83285

4. New Owner/Claimant(s)

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

New Mailing Address

3028 E. Corral DR

City, State and ZIP Code

Layton, UT 84040

New Telephone Number

(801) 544-3870 Email: WHumpherys@yahoo.com

5. Date you acquired the property

2002

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)

Willard D. Hughes

(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 HP
 Received by HP
 Processed by _____ AJ

 Date 3-9-10
 Date 3-9-10
 Date _____

 Receipt Amt. \$225.00
 Receipt No. E035636
 WR _____ Date _____
for this application \$25.-

STATE OF UTAH

CERTIFICATION OF VITAL RECORD

DEC 15 1997

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

143 97 010802

LOCAL FILE NUMBER: 18-5012		STATE FILE NUMBER: 143 97 010802	
1. NAME OF DECEDENT - FIRST: Doris MIDDLE: Myrtle LAST: HUMPHREYS		2. SEX: Female	3a. DATE OF DEATH (Mo., Day, Yr.): November 26, 1997
4. DATE OF BIRTH (Mo., Day, Yr.): Sept. 28, 1924 5. AGE (Last Birthday): 73		6. BIRTHPLACE (City & State or Foreign Country): Gilby, North Dakota	7. SOCIAL SECURITY NUMBER: 528-30-1228
8a. PLACE OF DEATH (Check one): ☒ 1. Hospital ☐ 2. Emergency Room ☐ 3. OCA ☐ 4. Nursing Home ☐ 5. Residence ☐ 6. Other: L.D.S. Hospital			
9a. CITY, TOWN OR LOCATION OF DEATH: Salt Lake City, Utah		9b. COUNTY OF DEATH: Salt Lake	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? ☐ 1. Yes ☒ 2. No		11. MARITAL STATUS ☐ 1. Never Married ☒ 2. Married ☐ 3. Widowed ☐ 4. Divorced	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life; DO NOT use retired): (Homemaker)		12b. KIND OF BUSINESS OR INDUSTRY	
13a. RESIDENCE - STREET AND NUMBER: 648 Grays Lake Road		13b. CITY, TOWN OR COMMUNITY: Wayan	13c. COUNTY: Caribou
13d. INSIDE CITY (LIMITS): ☒ 1. Yes ☐ 2. No		13e. ZIP CODE: 83285	
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify): ☐ 1. Mexican ☐ 2. Cuban ☐ 3. Puerto Rican ☐ 4. Other (Specify):		15. RACE - Black, White, Am. Indian (Inde may be entered), Japanese, etc. (Specify): White	
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary, (9-12) College (13-16 or 17+): 12		17. FATHER'S NAME (First, Middle, Last): Thomas Rndrud	
18. MAIDEN NAME OF MOTHER (First, Middle, Last): Guinild Nyflot		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: HUSBAND - Reed C. Humpherys / 648 Grays Lake Road / Wayan, Idaho 83285	
20. METHOD OF DISPOSITION ☒ 1. Entombment ☐ 2. Donation ☐ 3. Other		21a. DATE OF DISPOSITION: Dec 1, 1997	
21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Fairview Cemetery		21c. LOCATION - City or Town, State: Caribou County - Soda Springs, Idaho	
22. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 11/16/97		23. LICENSE NUMBER: 22-112058	
24. FUNERAL HOME (Name, address and telephone number): Larkin Mort. Co. 81-100908		25. FUNERAL HOME: SIMS FUNERAL HOME 139 East 2nd South Soda Springs, Idaho 83276	
26. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner(s) stated: ☒ 1. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner(s) stated. ☐ 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner(s) stated.			
27a. SIGNATURE AND TITLE OF CERTIFIER: Barry E. Nangle		27b. LICENSE NUMBER: 88-119027-1205	27c. DATE SIGNED (Mo., Day, Yr.): 12/2/97
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (If not Part 31): George E. Nangle 376 Ninth Ave. S. Salt Lake City, UT 84103		29. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.): November 26, 1997	
30. DATE FILED (Mo., Day, Yr.): December 3, 1997		31. PART 31: ENTIRETY OF DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH; DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIO, OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Direct cause or condition resulting in death): Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction	
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: ☐ 1. Probably contributed to the cause of death. ☐ 2. Was the underlying cause of death. ☐ 3. Did not contribute to the cause of death. ☐ 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? ☒ 1. Yes ☐ 2. No	
33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☒ 2. No		34. MANNER OF DEATH: ☐ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined ☐ 6. Pending Investigation ☐ 7. Other (Specify):	
35a. DATE OF INJURY (Mo., Day, Yr.):		35b. TIME OF INJURY (Mo., Day, Yr.):	35c. INJURY AT WORK? ☐ 1. Yes ☒ 2. No
35d. LOCATION (Street or road, neighborhood, city or town, county and state):		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify):	
35f. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.			
35g. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31):			

DATE ISSUED

MAR 01 2010

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar of Vital Statistics.

Barry E. Nangle
Barry E. Nangle
State Registrar

062254691

UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed MAY 07, 2009

State File No. 2009-03548

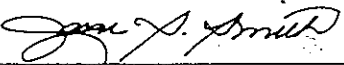
DECEDENT - LEGAL NAME REED CLARK HUMPHERYS			
SEX MALE	SOCIAL SECURITY NUMBER 517-24-5188	AGE 84 YEARS	DATE OF BIRTH JULY 11, 1924
BIRTHPLACE THAYNE, WYOMING		PLACE OF RESIDENCE GRAYS LAKE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED	NAME OF SURVIVING SPOUSE (If wife, maiden name) JUNE BOYCE HUMPHERYS		WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME WILLARD DAVIS HUMPHERYS		BIRTHPLACE WYOMING	
MOTHER - MAIDEN NAME RHODA CLARK		BIRTHPLACE WYOMING	
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE F. DUAYNE SIMS		
NAME AND ADDRESS OF FUNERAL FACILITY SIMS FUNERAL HOME, SODA SPRINGS, IDAHO			
DATE OF DEATH APR. 26, 2009	TIME OF DEATH APPROX 5:00 A.M.	CITY, TOWN OR LOCATION OF DEATH GRAYS LAKE, IDAHO	COUNTY OF DEATH BONNEVILLE
CAUSE OF DEATH (underlying cause last) a. PROBABLE ANEURYSM			Approximate Interval Between Onset and Death 10 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 HTN			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER JOHN K. FRANSON, 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 reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

MAY 11, 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



WARRANTY DEED

1074873

REED C. HUMPHREYS, as Trustee of THE REED C. AND DORIS HUMPHREYS LIVING TRUST "B" a/k/a THE REED C. AND DORIS HUMPHREYS LIVING TRUST "B", as GRANTOR,
for good and valuable considerations, the receipt of which is hereby acknowledged, does hereby grant, bargain, sell and convey unto
WILLARD HUMPHREYS and REALENE HUMPHREYS, husband and wife, as GRANTEE,
whose address is 3028 E. CORRAL DR, LAYTON, UT, 84040 and Grantee's successors and assigns, all of the following described real property, to-wit:

Township 4 South, Range 43 East of the Boise Meridian, Bonneville County, Idaho.

Section 11: SE1/4 NE1/4 lying East of Gray's Lake Road.

SUBJECT TO THE 2002 and subsequent years general taxes and assessments, all existing patent reservations, easements, right of ways, protective and restrictive covenants, zoning ordinances and applicable building codes, laws and regulations.

TOGETHER WITH any and all improvements, water and ditch rights, easements, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversion, remainder, rents, issues, and profits thereof.

Grantor, for himself and his successors and assigns, does hereby warrant and agree to forever defend the Grantee, and Grantee's successors and assigns, in the quiet and peaceful possession of said premises against the lawful claims of any and all persons.

In construing this Deed and where the context so requires, the singular includes the plural, and the masculine, the feminine and neuter.

Dated: 4-3-02

The Reed C. and Doris Humphreys Living Trust "B"
aka The Reed C. and Doris Humphreys Living Trust "B"

By: Reed C. Humphreys

STATE OF IDAHO

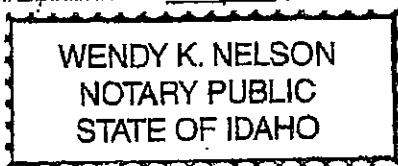
COUNTY OF Bonneville) ss

On 4-3-2002, before me, the undersigned, personally appeared
Reed C. Humphreys

known or identified to me to be the person whose name is subscribed to the within instrument as Trustee of the Reed C. and Doris Humphreys Living Trust "B" aka The Reed C. and Doris Humphreys Living Trust "B" and acknowledged to me that he executed the same as the Trustee of such Trust.

Wendy K. Nelson

Notary Public for the State of Idaho
Commission Expiration Date: 5/9/2003



INSTRUMENT NO.	1074873
DATE	4-3-02
INST. CODE	205
IMAGED PGS	1
FEE	3.00
STATE OF IDAHO) ss	
COUNTY OF BONNEVILLE)	
I hereby certify that the within instrument was recorded.	
Renee Longmore, County Recorder	
By	R. C. Long Deputy
Request of	BLT