

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)
WR 31-2459A	OK				
WR 31-4010A	OK				
WR 31-10448	OK				

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

DEC 29 2009

- 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**.

Department of Water Resources
 Eastern Region

3. Name and Address of Former Owner/Claimant(s)

Margaret A. Zweifel

2012 Henryanna Ave.

Idaho Falls, Idaho 83402

SUPPORT DATA

IN FILE # 31-2459A

4. New Owner/Claimant(s)

Zweifel Properties LLC

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

New Mailing Address

5225 Wild Dunes Lane

City, State and ZIP Code

Idaho Falls, Idaho 83404

New Telephone Number

(208) 524-3500

Email: szfarms@gmail.com

Steve's Cell Phone 521-4284

5. Date you acquired the property

November 25, 2008

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)

Pamela H. ZweifelManager

(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 BMC
 Received by BMC
 Processed by AJ

Date 12/29/09
 Date 12/29/09
 Date 12/29/09

Receipt Amt. \$ 675
 Receipt No. ED35519
 WR Date

WHEN RECORDED RETURN TO:
Billy G. DuPree, Jr.
P.O. Box 723
Rexburg, Idaho 83440

Instrument # 372758
RIGBY, JEFFERSON, IDAHO
12-3-2008 11:03:00 No. of Pages: 2
Recorded for : BILLY G DUPREE JR
CHRISTINE BOULTER Fee: 6.00 *RL*
Ex-Officio Recorder Deputy
Index to: DEED, PERSONAL REPRESENTATIVE

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by Stephen V. Zweifel, as Personal Representative of the estate of Margaret A. Zweifel, deceased, referred to herein as Grantor, to Zweifel Properties LLC, an Idaho limited liability company, 5225 Wild Dunes Lane, Idaho Falls, Idaho 83404, referred to herein as Grantee.

WHEREAS, Grantor is the qualified Personal Representative of said estates, filed as Case Number CV-08-4527, in Bonneville County, Idaho; and

THEREFORE, for valuable consideration received, Grantor quitclaims, transfers and conveys to Grantee all of the real property situated in Jefferson County, Idaho, described as follows:

Township 8 North, Range 33 East of the Boise Meridian:

Section 28: S1/2

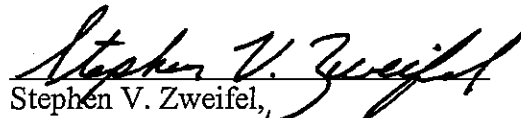
Section 34: NW1/4

Subject to easements of record or in existence for roads, ditches and utilities.

Together with all water and ditch rights appertaining thereto.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

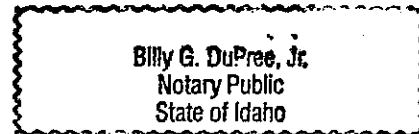
EXECUTED this 25th day of November, 2008.


Stephen V. Zweifel,
Personal Representative of the
Estate of Margaret A. Zweifel,
Deceased

STATE OF IDAHO)
 :SS
County of Madison)

On this 25th day of November, in the year 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared Stephen V. Zweifel, known or identified to me to be the person whose name is subscribed to the within instrument, as Personal Representative of the Estate of Margaret A. Zweifel, deceased, and acknowledged to me that he executed the same as such Personal Representative.

Billy G. DuPree, Jr.
Notary Public for Idaho
Residing at: Rexburg, ID
My Commission Expires: 12/04/10



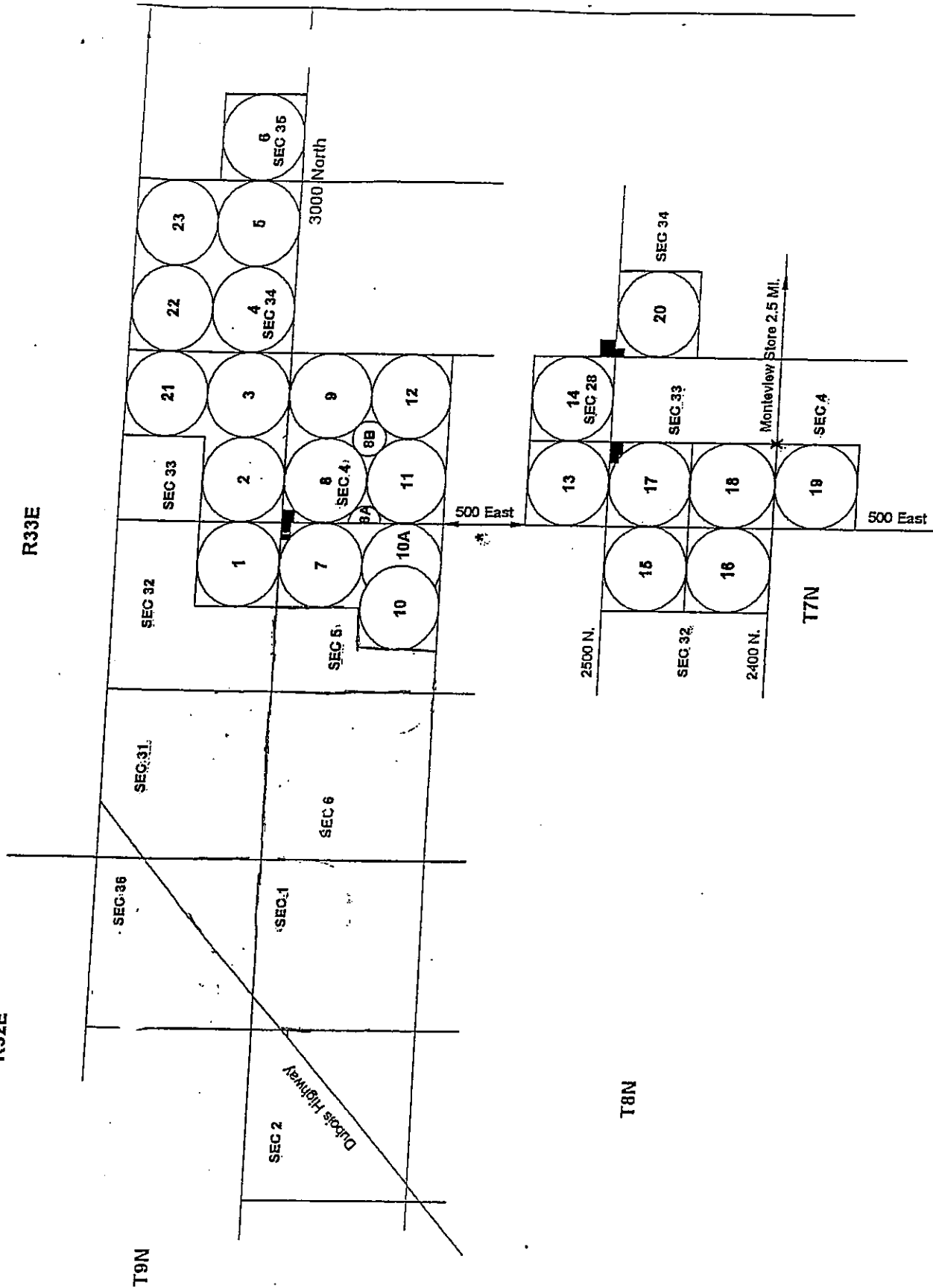
R33E

N61

1481

N181

TZL



CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICSState of Idaho
CERTIFICATE OF DEATHState File No. 779-7
Local Reg. No. 779-7

DECEDENT - NAME		Glenn Felix Zweifel		SEX	Male	DATE OF DEATH (Month, Day, Year)	May 14, 2002
SOCIAL SECURITY NUMBER		518-30-2501		AGE - Last Birthday	78	DATE OF BIRTH (Month, Day, Year)	January 5, 1924
WAS DECEDENT EVER IN U.S. ARMED FORCES?		☐ Yes ☒ No		PLACE OF DEATH (Check one)		(1) ☒ Inpatient (2) ☐ Outpatient (3) ☐ DCA	
FACILITY NAME AND ADDRESS AT PLACE OF DEATH		Eastern Idaho Regional Medical Center		CITY, TOWN OR LOCATION OF DEATH		Idaho Falls	
COUNTY OF DEATH		Booneville		RACE		White	
MARRITAL STATUS - Married, Widowed, Divorced, Single		Married		SURVIVING SPOUSE (Full name, maiden name)		Margaret Agnes Withers	
REBORN STATE		Idaho		CITY, TOWN OR LOCATION		Idaho Falls	
STREET AND NUMBER		2012 Henryanna		ZIP CODE		83404	
PERMITS CITY LAVER		☒ Yes ☐ No		EDUCATION (Specify any degree earned)		Elementary/Secondary (9-12) College (13 or 14)	
PARENTS - NAME		John Zweifel		BIRTHPLACE		Idaho	
MOTHER - FULL MAIDEN NAME		Hermina Eliza Felix		BIRTHPLACE		Switzerland	
INFORMANT - NAME (Type)		Margaret Zweifel		MARRIED ADDRESS (Street and number or Rural Route Number, City or Town, State, Zip Code)		2012 Henryanna, Idaho Falls, ID 83404	
METHOD OF DISPOSITION		☒ Burial ☐ Cremation ☐ Removal from Idaho		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		West Jefferson Cemetery	
LOCATION - City or Town, State		Terreton, Idaho		SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		Chris Peterson	
LICENSE NUMBER OF LICENSEE		M-778		NAME AND ADDRESS OF FACILITY		Wood Funeral Home, 273 North Ridge, Idaho Falls, ID 83402	
TIME OF DEATH		2:55 a.m.		DATE PROLONGED DEAD (Month, Day, Year)		May 14, 2002	
CAUSE OF DEATH		Myocardial infarction		MANNER OF DEATH (Check one)		☒ Natural ☐ Homicide ☐ Suicide ☐ Accident	
22. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.		Myocardial infarction		22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		Dissecting Aortic Aneurysm, Renal Failure	
CERTIFIER (Check one)		☒ PHYSICIAN ☐ CORONER		SIGNATURE OF CERTIFIER		Dr. Thomas J. Maley	
DATE OF INQUIRY (Month, Day, Year)		May 14, 2002		HOUR OF INQUIRY		10:00 a.m.	
INQUIRY AT HOME? ☐ Yes ☒ No		TRANSPORTATION ACCIDENT? ☐ Driver ☐ Passenger ☐ Pedestrian		PLACE OF INQUIRY - At home, farm, business, office building, etc. (Specify)		LOCATION (Street or Rural Route Number, City, Town, or County, and State)	
CORONER'S ACTION		I have reviewed and/or amended, and certified:		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)	
REGISTRAR		Sara J. Pardon - Asst. Registrar		DATE SIGNED (Month, Day, Year)		May 15, 2002	

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DEC 29 2009

Department of Water Resources
Eastern Region

CAUSE OF DEATH

CERTIFIER

TO BE FILLED FOR CRIMINAL CAUSES ONLY

CORONER'S REVIEW AREA

REGISTRAR

VITAL STATISTICS COPY

(At a minimum, complete items 1, 3, 9a, b, c, d, 20a, 21a, b, 22 and 29a for the 34 Hour Report & Authorization For Final Disposition)

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.

DATE ISSUED: May 15, 2002

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

JANE S. SMITH
STATE REGISTRAR

BILLY G. DUPREE, JR.

Attorney at Law

58 East First North
P.O. Box 723
Rexburg, ID 83440

Telephone: (208) 356-0180
Fax: (208) 356-0238

FACSIMILE TRANSMITTAL SHEET

To: **Bobby Kern** Telephone No.:
From: **Billy G. DuPree, Jr.** Fax No.: **525-7177**
Date: **12-29-09**

Remarks:

See attached per Steve Zweifel's request.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

WE ARE TRANSMITTING 2 PAGES (INCLUDING THIS COVER SHEET)
If all pages are not received, please call (208) 356-0180