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Department of Water Resources
Eastern RegionSTATE 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 35-12193	OK				
WR 35-7424	OK				
WR 35-7193	OK				
WR 35-13494	OK				

SUPPORT DATA

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

IN FILE # 35-7193

- 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)

Larry J. Clement

Zane Clement

253 N 1000 W

Blackfoot, Idaho 83221

4. New Owner/Claimant(s)

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

New Mailing Address

Zane Clement

City, State and ZIP Code

253 N 1000 W Bft 83221

New Telephone Number

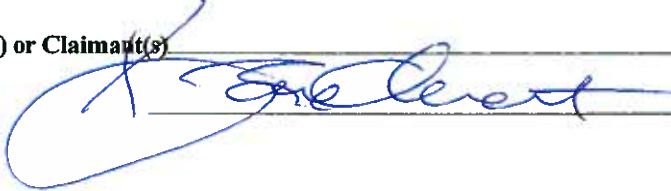
(208) 684-4879

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) _____ (title if applicable)
 _____ (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 _____	Receipt Amt. _____
Received by _____	Date _____	Receipt No. _____
Processed by _____ AJ	Date _____	WR _____ Date _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

CERTIFICATE OF DEATH

Date Filed JULY 23, 2009State File No. 2009-05853

DECEDENT - LEGAL NAME LARRY JAY CLEMENT			
SEX MALE	SOCIAL SECURITY NUMBER 519-30-1353	AGE 78 YEARS	DATE OF BIRTH MARCH 28, 1931
BIRTH PLACE MORELAND, IDAHO		PLACE OF RESIDENCE BLACKFOOT, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) MARILYN RICKS	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JESSE LEROY CLEMENT			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME LURLEEN CLARK			BIRTHPLACE MEXICO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE PERRY L. HAWKER	
NAME AND ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME, BLACKFOOT, IDAHO			
DATE OF DEATH JULY 13, 2009	TIME OF DEATH 8:45 A.M.	CITY, TOWN OR LOCATION OF DEATH BLACKFOOT, IDAHO	COUNTY OF DEATH BINGHAM
CAUSE OF DEATH (underlying cause last) PNEUMONIA			Approximate Interval Between Death and Death 2 WEEKS
DUE TO (or as a consequence of) DEMENCIA			5 YEARS
DUE TO (or as a consequence of) 			
DUE TO (or as a consequence of) 			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER KIRT M. MCKINLAY, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXPERIMENTAL CASES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

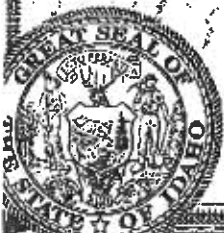
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

JULY 24, 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



THIS FAX DOCUMENT
ORIGINATED AT



Snake River School/Community Library

924 WEST HIGHWAY 39
BLACKFOOT, IDAHO 83221

FAX #208 684-3141

PHONE #208 684-3063

PAGE 1 OF 2 PAGES

PLEASE ROUTE TO: Bobby

FROM: Jane Clement