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WATER RESOURCES
WESTERN REGION

- Complete.

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)
57- 10718					
57- 10692					

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. # 25 / water right
- 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)

John L Malmberg
4601 Malmberg Lane
Marsing, ID 83639

4. New Owner/Claimant(s)

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

New Mailing Address

~~4601 Malmberg Lane~~ 19355 Husky Lane
Caldwell ID 83607

City, State and ZIP Code

New Telephone Number

208, 841-7318 Email:

5. Date you acquired the property

March 1984

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)

Helen J Malmberg

(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 [Signature] AJ

Date 11-3-09
 Date 11-3-09
 Date _____

Receipt Amt. 50
 Receipt No. W037978
 WR [Signature] Date 12-2-09

9

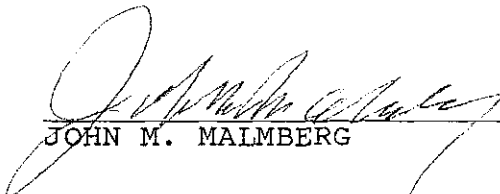
WARRANTY DEED

JOHN M. MALMBERG and PATRICIA P. MALMBERG, husband and wife, GRANTORS of Marsing, Owyhee County, Idaho, hereby CONVEY, GRANT and WARRANT to JOHN L. MALMBERG and HELEN J. MALMBERG, GRANTEE, whose current address is Rt 1, Box 322, Marsing, Idaho, for the sum of TEN AND NO/100 DOLLARS (\$10.00) and other valuable considerations, the following described tracts of land in County, Idaho:

See Exhibit A attached hereto and incorporated herein as if fully set forth.

Reserving unto the Sellers, a 20 foot wide easement for ingress and egress across Parcel No. 2 of said description.
Location of above described property: _____

WITNESS the hand of said Grantors this 23rd day of March, ~~1993~~ 1994


JOHN M. MALMBERG


PATRICIA P. MALMBERG

STATE OF IDAHO)
County of Owyhee) ss.

On this 23rd day of March, ~~1993~~ 1994, before me, the undersigned, a Notary Public in and for said State, personally appeared JOHN M. MALMBERG and PATRICIA P. MALMBERG, known to me to be the persons whose names are subscribed to the within and foregoing instrument and acknowledged to me that they executed the same.

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



Nicholas K. Jhh.
NOTARY PUBLIC FOR IDAHO
Residence: Murphy, ID
My Commission Expires: 1/3/2000

File No. 01300

Exhibit "A", Land description:

PARCEL NO. 1:

IN TOWNSHIP 2 NORTH, RANGE 5 WEST, B. M., OWYHEE COUNTY,
IDAHO

Section 12: SW $\frac{1}{4}$ NE $\frac{1}{4}$.

SE $\frac{1}{4}$ EXCEPTING THEREFROM the following described
parcel:

Beginning at the Northwest corner of the SE $\frac{1}{4}$ of
said Section 12; thence South 470 feet along
the West boundary of said SE $\frac{1}{4}$; thence East 200
feet; thence North 470 feet to a point on the
North boundary of said SE $\frac{1}{4}$; thence West 200
feet along the North boundary of said SE $\frac{1}{4}$ to the
POINT OF BEGINNING.

IN TOWNSHIP 2 NORTH, RANGE 5 WEST, B. M., OWYHEE COUNTY,
IDAHO

Section 12: SE $\frac{1}{4}$ NE $\frac{1}{4}$ lying South and West of the "A" canal
of the Gem Irrigation District
N $\frac{1}{2}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ EXCEPTING THEREFROM the following
described parcel:

Commencing at the Northeast corner of the SW $\frac{1}{4}$
of the aforementioned Section 12; thence
Southerly a distance of 200 feet along the
Easterly boundary of the SW $\frac{1}{4}$ of the
aforementioned Section 12; thence Westerly
a distance of 250 feet parallel to the
Northerly boundary of the SW $\frac{1}{4}$ of the
aforementioned Section 12; thence Northerly
200 feet parallel to the East boundary of
the SW $\frac{1}{4}$; and thence East a distance of 250 feet
along the North boundary of the SW $\frac{1}{4}$ to the
POINT OF BEGINNING.

PARCEL NO. 2:

IN TOWNSHIP 2 NORTH, RANGE 5 WEST, B. M., OWYHEE COUNTY,
IDAHO

Section 12: That portion of the SE $\frac{1}{4}$ SW $\frac{1}{4}$, lying East of
the West Right-of-Way line of the South
Canal of the Owyhee Project.

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

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO

Local Bar No. 3-039

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
HAWAII, SHALL BE USED AS POSITIVE EVIDENCE OF THIS DEATH UNDER §30-21(a) AND §30-22, HAWAII CODE

Local Reg. No. 3-039

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELTY TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS MORTUARY DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH HHS 9030 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)										2. SEX		3. SOCIAL SECURITY NUMBER			
	John				Lynn				Malmberg				Male		[REDACTED]	
	4a. AGE-Last Birthday 57 (Years)		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF BIRTH (Mo/Day/Yr) March 4, 1952		6. BIRTHPLACE (City and State, Territory, or Foreign Country) Nampa, Idaho							
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho				7b. COUNTY Owyhee				7c. CITY OR TOWN Marsing							
	7d. STREET AND NUMBER 4601 Malmberg Ln.						7e. APT. NO.		7f. ZIP CODE 83639-		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No					
8. MARITAL STATUS AT TIME OF DEATH										9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)						
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown										Helen Ineck						
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No				11a. FATHER'S NAME (First, Middle, Last, Suffix) John M. Malmberg				11b. BIRTHPLACE (State, Territory, or Foreign Country) Idaho								
				12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Phyllis Bright				12b. BIRTHPLACE (State, Territory, or Foreign Country) Idaho								
13a. INFORMANT'S NAME (Type or print) Helen Malmberg				13b. RELATIONSHIP TO DECEDENT Wife		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4601 Malmberg Ln. Marsing, ID 83639-										
* 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)			15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Flahiff Crematory 624 Cleveland Blvd Caldwell, Idaho 83605			* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Flahiff Funeral Chapel 624 Cleveland Blvd. Caldwell, Idaho 83605-										
* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 						* 17b. LICENSE NUMBER (Of licensee) M-587		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No								
PLACE OF DEATH (19-22)																
* 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)																
* 20. FACILITY NAME (If not facility, give street and number) At Home-4601 Malmberg Ln.						* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Marsing, 83639-				* 22. COUNTY OF DEATH Owyhee						
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 8, 2009				24. TIME OF DEATH 4:50 PM (24 hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 8, 2009				26. TIME PRONOUNCED DEAD 11:20 (24 hr)						
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 ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.																
IMMEDIATE CAUSE(Final disease or condition resulting in death) → a. <u>Acute Myocardial Infarction</u> DUE TO (or as a consequence of): <u>Ischemia</u>																
b. _____ DUE TO (or as a consequence of): _____																
c. _____ DUE TO (or as a consequence of): _____																
d. _____ DUE TO (or as a consequence of): _____																
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I <u>CHF, cardiomyopathy, hypertension, diabetes</u>																
28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No						28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No										
29. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined																
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)				33. TIME OF INJURY (24 hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)				35. INJURY AT WORK? ☐ Yes ☐ No						
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____																
Street and Number or Location _____ Apartment Number _____																
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																
TRANSPORTATION: 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 - To the best of my knowledge, death occurred at the time, date, and place, and due to the nature/cause(s)/manner stated.										39b. LICENSE NUMBER NM DD YYYY						
39c. CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.										39c. DATE SIGNED <u>10/12/2009</u> NM DD YYYY						
Signature and Title of Certifier <u>Aaron Tines</u> * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Aaron Tines, PO Box 7, Marsing, ID 83639																
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this form supersedes that of the physician, physician assistant, advanced professional nurse, and the coroner becomes the certifier of record.										40b. DATE SIGNED NM DD YYYY						
I have reviewed and if necessary amended the medical section																
41a. REGISTRAR'S SIGNATURE <u>David Roberts</u>										41b. DATE SIGNED <u>10/13/2009</u> NM DD YYYY						

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: OCT 13 2009

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

JANE S. SMITH
STATE REGISTRAR

