

Page _____ of _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESTransfer No. 75353APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1Name of applicant Visser Holsteins dba Eagle View Farms Phone (208) 537-0918Post Office address 450 East 3950 North; Castleford, Idaho 83321

A. PURPOSE OF TRANSFER

1. ☒ Change point of diversion ☒ Add diversion point ☒ Change place of use
☐ Change nature of use ☐ Change period of use ☐ Other _____

2. Describe the reason for the proposed changes Correct a point of diversion, & add points of diversion for the stockwater & commercial and update the place of use.

RECEIVED
JAN 08 2009
DEPT. OF WATER RESOURCES
SOUTHERN REGION

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

1. Right Number Priority Amount (cfs/ac-ft) Nature of Use Period of Use
- 47-2371 03/04/1963 2.02/857.4 Stockwater 1/01 to 12/31
- 47-2371 03/04/1963 2.02/857.4 Commercial 1/01 to 12/31
2. Total amount of water being transferred 2.02 cubic feet per second and/or 857.4 acre-feet per annum.
3. Source of water Groundwater tributary to _____
4. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge	County	Local name for diversion
	SE	NW	SW	5	10S	13E	Twin Falls	Well #1
	SW	NW	NW	10	10S	13E	Twin Falls	Well #2
	SW	NE	NE	9	10S	13E	Twin Falls	Well #3
	SE	NW	SW	9	10S	13E	Twin Falls	Well #4
	SW	NW	SE	8	10S	13E	Twin Falls	Well #5
	SW	SE	NW	8	10S	13E	Twin Falls	Well #6
	NW	NW	SE	8	10S	13E	Twin Falls	Well #7
	SW	SE	SW	33	09S	13E	Twin Falls	Well #8
	SE	SE	SW	33	09S	13E	Twin Falls	Well #9
	SE	NW	SW	33	09S	13E	Twin Falls	Well #10
	SE	NW	SW	33	09S	13E	Twin Falls	Well #11
	SE	NW	SW	33	09S	13E	Twin Falls	Well #12
	SW	SE	SE	31	09S	13E	Twin Falls	Well #13

5. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
10s	13e	8									S/C			C	S/C	S/C	S/C	S/C	
10S	13E	9										C	C						
10S	13E	17	S/C	S/C	C	C													

Printed 11/10/08 08:32

Total acres _____

PART 1

6. General Information:

a. Description of diversion system Wells, pumps, & pipes

b. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts?

☒ Yes ☐ No. If yes, provide a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes.

c. Describe the effect on the land now irrigated if the place of use is changed pursuant to this transfer:

Not applicable

d. Remarks:

This transfer corrects the location of all stockwater/commercial point of diversion and place of use.**ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES**

This is to certify that I have examined Application for Transfer of Water Rights No. _____

And said application is hereby _____, subject to the following limitations and conditions:

Witness my hand this _____ day of _____, 19 _____.

[illegible]

Total acres _____

9. Describe any other water rights used for the same purpose as described above _____

10. To your knowledge, has any portion of this water right undergone a period of five or more consecutive years of non-use?

No _____ If yes, describe _____

B. DESCRIPTION OF PORTION OF RIGHT BEING TRANSFERRED

(if the entire right is to be changed by the applicant, omit part B and C)

1. Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)

2. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge	County	Local name for diversion

3. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	

Total acres _____

C. DESCRIPTION OF UNCHANGED PORTION OF RIGHT (omit if there is no change)

1. Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)

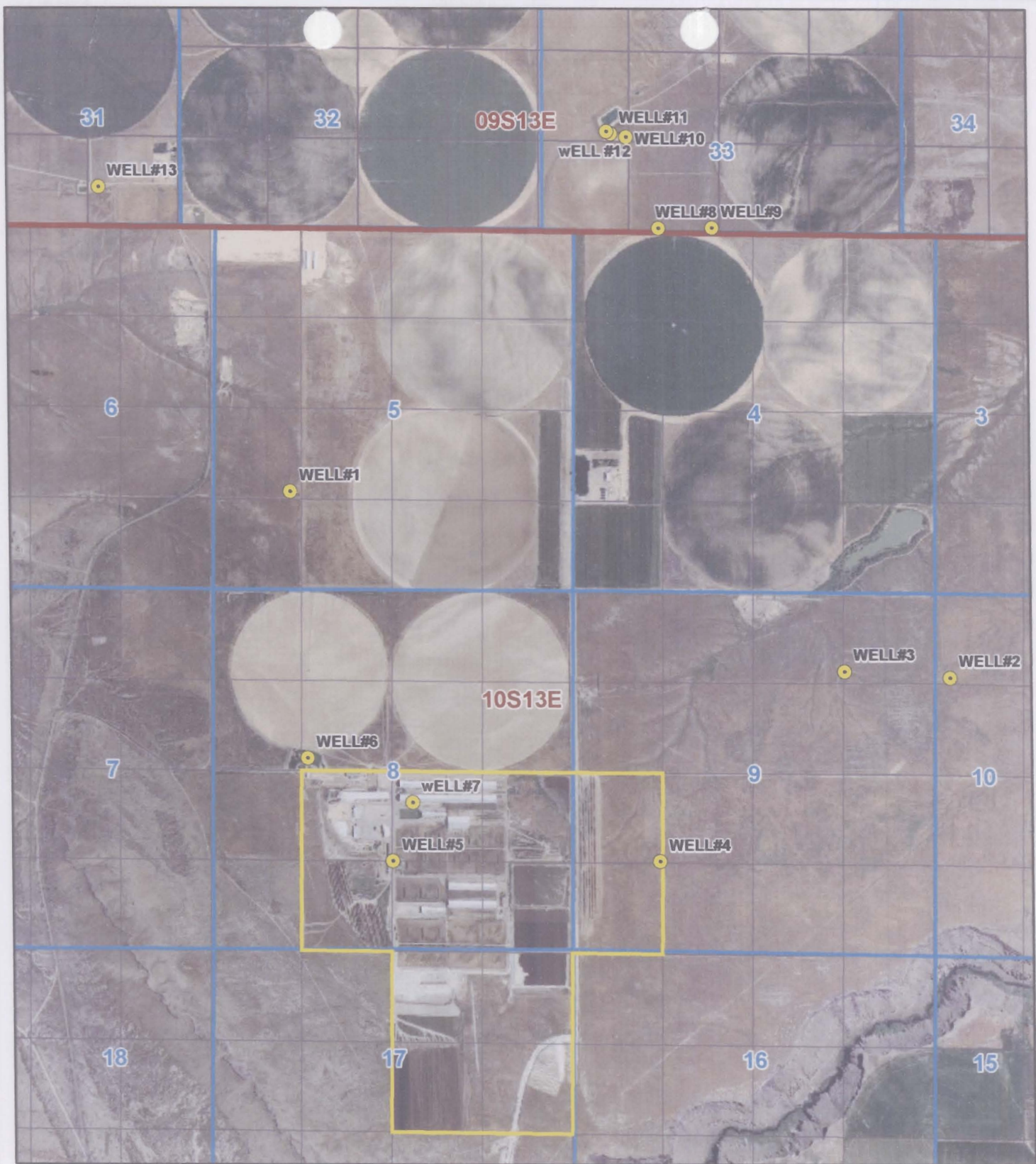
2. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge	County	Local name for diversion

3. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	

Total acres _____



1 inch equals 2,000 feet

**VISSER HOLSTEINS - DBA EAGLE VIEW FARM
STOCKWATER COMMERCIAL USE 37-2371
NAIP 2006 AERIAL PHOTO**

BROCKWAY ENGINEERING, PLLC
ALR - NOV. 10, 2008

Legend

- Wells
- Township-Range
- Sections_all
- t10s13e



PART 3

B. CHANGES IN NATURE OF USE

- | 1. | <u>New Nature of Use</u> | <u>Amount</u>
(cfs/ac-ft) | <u>Hours/days/year</u> | <u>Period of Use</u> |
|----|--|------------------------------|------------------------|----------------------|
| | | | | to |
| | | | | to |
| 2. | Quantity and quality of return flows and location of discharge: | | | |
| | | | | |
| | | | | |
| 3. | Describe the effects on other water uses resulting from the proposed change: | | | |
| | | | | |
| | | | | |
| | | | | |

I hereby assert that no one will be injured by such change and that the change does not constitute an enlargement in use of the original right. The information contained in this application is true to the best of my knowledge.

I understand that any willful misrepresentations made in this application may result in voiding its approval.

(Signature)

Subscribed and sworn to before me this

SANDRA DONET
NOTARY PUBLIC
STATE OF IDAHO


(Notary Public)

My commission expires 11/3/2014

FOR DEPARTMENT USE ONLY

Transfer contains _____ pages and _____ attachments

Received by VR Date 1/8/09 Protest filed by _____

Prelim. check by JS Fee \$330⁰⁰

Received by NE Date 10/26/07 5029799

Published in _____ Copies of protest forwarded by _____

Pub. dates _____ Hearing held by _____ Date _____

Watermaster recommendation requested on _____ Recommended for ☐ Approval ☐ Denial

_____ rec'd. _____ by _____

Copy of transfer sent to lien holder _____

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT
 TWIN FALLS COUNTY TREASURER BILL# 29457
 DEBBIE KAUFFMAN, BOX 88 CODE AREA 62-0000
 TWIN FALLS, ID 83303-0088
 (208) 736-4008

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		132,627
TAX	339.20	TAX	339.20	TAX	678.40	HM-		62,625
LATE		LATE		LATE		NET MV		70,002
INT		INT		INT		TOT ACS		3.414
COST		COST		COST				
TOT		TOT		TOT				

VISSER HOLSTEINS A GENERAL
 PARTNERSHIP
 DBA EAGLE VIEW FARMS
 450 E 3950 N
 BUHL ID 83316

SEC 21 T 10 R 15
 SW 3.414A OF S1/2 SW

3702 1700 E

TAXING DISTRICT	RATE	
COUNTY	.003695145	258.66
COLLEGE SO.ID	.000798289	55.33
SCHL 412 BUHL	.000000000	
412 M&O	.000000000	
412 BOND	.001686601	118.06
412 SUPPLMNTL	.000000000	
412 OTHER	.000012269	.86
BUHL - HIGHWAY	.001438937	100.72
WEST END CEM	.000107136	7.50
BUHL FIRE DIST	.002135271	113.54
(APPLICABLE MV 53173)		
CNTY AMBULANCE	.000165659	11.60
DISTRICT TOTAL	.010039307	666.82
AMER.FALLS		11.58
AMOUNT DUE		678.40

*** IMPORTANT ***
 PLEASE READ BOTH FRONT AND BACK
 *** MONTHLY PAYMENTS ARE ACCEPTED ***
 For Proper Credit stub must be returned
 with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
 RECEIVED OR POSTMARKED BY THE DUE DATE.

VISSER HOLSTEINS, A GENERAL

2007
 BILL# 29457

2ND HALF



AMOUNT DUE 339.20

MAKE CHECKS PAYABLE TO:
 TWIN FALLS COUNTY
 RP10S15E216400A
 62-0000

DELINQUENT IF NOT PAID ON OR BEFORE
 JUNE 20, 2008
 DATE PAID CHECK #
 PAID BY CASH

VISSER HOLSTEINS, A GENERAL

2007
 BILL# 29457

1ST HALF



AMOUNT DUE 339.20 678.40

MAKE CHECKS PAYABLE TO:
 TWIN FALLS COUNTY
 RP10S15E216400A
 62-0000

DELINQUENT IF NOT PAID ON OR BEFORE
 DECEMBER 20, 2007
 DATE PAID CHECK #
 PAID BY CASH

MAKE CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 3416
CODE AREA 69-0000

PARCEL NUMBER
PP000229340500A

1ST HALF DUE	2ND HALF DUE	FULL DUE	P	TOT MV
TAX 1,302.23	TAX 1,302.23	TAX 2,604.46		301,464
LATE	LATE	LATE		301,464
INT	INT	INT		
COST	COST	COST		
TOT	TOT	TOT		

VISSER HOLSTEINS
DBA: EAGLE VIEW FARMS
450 E 3950 N
BUHL ID 83316

RP10S13E080000
(909) 594-2713 ACCOUNTANT

424 3950 N

TAXING DISTRICT	RATE	
COUNTY	.003695145	1,113.94
COLLEGE SO.ID	.000798289	240.66
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	454.40
417 SUPPLMNTL	.001150731	346.90
417 OTHER	.000069262	20.88
TWIN FALLS-HGWY	.000943895	284.54
WEST END CEM	.000107136	32.30
CASTLEFORD FIRE	.001088803	
(APPLICABLE MV	0)	
CASTLEFORD REC	.000367722	110.84
CNTY AMBULANCE	.000165659	
(APPLICABLE MV	0)	
AMOUNT DUE	.009894000	2,604.46

*** IMPORTANT ***
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For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

FOR PROPER CREDIT THIS BILL MUST BE PAID WITHIN 10 DAYS
PERSONAL CHECKS ARE NOT ACCEPTED

FOR PROPER CREDIT THIS BILL MUST BE PAID WITHIN 10 DAYS
PERSONAL CHECKS ARE NOT ACCEPTED

VISSER HOLSTEINS

VISSER HOLSTEINS



2007
BILL# 3416

2ND HALF



AMOUNT DUE 1,302.23

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
PP000229340500A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY

CHECK #
CASH



2007
BILL# 3416

1ST HALF

FULL



AMOUNT DUE 1,302.23 2,604.46

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
PP000229340500A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY

CHECK #
CASH

2007 TAX BILL/RECEIPT		PARCEL NUMBER	
TWIN FALLS COUNTY TREASURER		BILL#	1885
DEBBIE KAUFFMAN, BOX 88		CODE AREA	7-0000
TWIN FALLS, ID 83303-0088			RPC95010070100A
(208) 736-4008			L 8,821
			I 62,801
1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV 71,622
TAX 465.77	TAX 465.77	TAX 931.54	
LATE	LATE	LATE	
INT	INT	INT	
COST	COST	COST	
TOT	TOT	TOT	TOT ACS .143

VISSER HOLSTEINS
 % EAGLE VIEW FARMS (M/O)
 450 E 3950 N
 BUHL ID 83316

CASTLEFORD TOWNSITE
 LOT 10 BLOCK 7
 (25-10-13 SE)

372 MAPLE ST 83321

TAXING DISTRICT	RATE	
COUNTY	.003695145	264.64
COLLEGE SO.ID	.000798289	57.18
CASTLEFORD-CITY	.002698143	193.24
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	107.96
417 SUPPLMNTL	.001150731	82.42
417 OTHER	.000069262	4.96
BUHL - HIGHWAY	.001438937	103.06
WEST END CEM	.000107136	7.66
CASTLEFORD FIRE	.001088803	72.22
(APPLICABLE MV 66329)		
CASTLEFORD REC	.000367722	26.34
CNTY AMBULANCE	.000165659	11.86
AMOUNT DUE	.013087185	931.54

*** IMPORTANT ***
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 For Proper Credit stub must be returned
 with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
 RECEIVED OR POSTMARKED BY THE DUE DATE.

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
 BILL# 1885

2ND HALF



AMOUNT DUE 465.77

MAKE CHECKS PAYABLE TO:
 TWIN FALLS COUNTY
 RPC95010070100A
 7-0000

LATE
 INT
 COST
 TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2008
 DATE PAID CHECK #
 PAID BY CASH



2007
 BILL# 1885

1ST HALF



AMOUNT DUE 465.77 931.54

MAKE CHECKS PAYABLE TO:
 TWIN FALLS COUNTY
 RPC95010070100A
 7-0000

LATE
 INT
 COST
 TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2007
 DATE PAID CHECK #
 PAID BY CASH

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT PARCEL NUMBER
TWIN FALLS COUNTY TREASURER BILL# 28268 RP10S13E036000A
DEBBIE KAUFFMAN, BOX 88 CODE AREA 69-0000 L 3,686
TWIN FALLS, ID 83303-0088
(208) 736-4008

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		3,686	
TAX	16.72	TAX	16.72	TAX	33.44				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST					
TOT		TOT		TOT		TOT ACS		80.000	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 3 T 10 R 13
S1/2 SW

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	13.62
COLLEGE SO.ID	.000798289	2.94
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	5.56
417 SUPPLMNTL	.001150731	4.24
417 OTHER	.000069262	.26
TWIN FALLS-HGWY	.000943895	3.48
WEST END CEM	.000107136	.38
CASTLEFORD FIRE	.001088803	1.60
(APPLICABLE MV	1474)	
CASTLEFORD REC	.000367722	1.36
CNTY AMBULANCE	.000165659	
(APPLICABLE MV	0)	
AMOUNT DUE	.009894000	33.44

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28268

2ND HALF



AMOUNT DUE 16.72

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E036000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2008
DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28268

1ST HALF



AMOUNT DUE 16.72 33.44

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E036000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2007
DATE PAID CHECK #
PAID BY CASH

MAKE CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28276
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E053010A
L 6,503

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		6,503	
TAX	29.48	TAX	29.48	TAX	58.96				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST		WAC	1.967		
TOT		TOT		TOT		TOT ACS	101.543		

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 5 T 10 R 13
LOT 4, EXC N 525', SW NW;
NW SW

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	24.00
COLLEGE SO.ID	.000798289	5.18
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	9.80
417 SUPPLMNTL	.001150731	7.48
417 OTHER	.000069262	.44
TWIN FALLS-HGWY	.000943895	6.14
WEST END CEM	.000107136	.70
CASTLEFORD FIRE	.001088803	2.80
(APPLICABLE MV 2601)		
CASTLEFORD REC	.000367722	2.38
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	58.96

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28276

2ND HALF



AMOUNT DUE 29.48

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E053010A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY

CHECK #
CASH



2007
BILL# 28276

1ST HALF

FULL



AMOUNT DUE 29.48 58.96

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E053010A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY

CHECK #
CASH

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT PARCEL NUMBER
TWIN FALLS COUNTY TREASURER BILL# 28277 RP10S13E056000A
DEBBIE KAUFFMAN, BOX 88 CODE AREA 69-0000 L 2,021
TWIN FALLS, ID 83303-0088
(208) 736-4008

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		2,021	
TAX	9.15	TAX	9.15	TAX	18.30				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST		WAC	1.523		
TOT		TOT		TOT		TOT ACS	38.477		

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 5 T 10 R 13
SW SW

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
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TAXING DISTRICT	RATE	
COUNTY	.003695145	7.46
COLLEGE SO.ID	.000798289	1.60
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	3.04
417 SUPPLMNTL	.001150731	2.32
417 OTHER	.000069262	.14
TWIN FALLS-HGWY	.000943895	1.90
WEST END CEM	.000107136	.22
CASTLEFORD FIRE	.001088803	.89
(APPLICABLE MV	808)	
CASTLEFORD REC	.000367722	.74
CNTY AMBULANCE	.000165659	
(APPLICABLE MV	0)	
AMOUNT DUE	.009894000	18.30

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28277

2ND HALF



AMOUNT DUE 9.15

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E056000A
69-0000
LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2008
DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28277

1ST HALF



AMOUNT DUE 9.15 18.30

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E056000A
69-0000
LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2007
DATE PAID CHECK #
PAID BY CASH

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT PARCEL NUMBER
TWIN FALLS COUNTY TREASURER BILL# 28282 RP10S13E069000A
DEBBIE KAUFFMAN, BOX 88 CODE AREA 69-0000 L 1,981
TWIN FALLS, ID 83303-0088
(208) 736-4008

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		1,981	
TAX	8.97	TAX	8.97	TAX	17.94				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST		WAC		1.897	
TOT		TOT		TOT		TOT ACS		38.103	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 6 T 10 R 13
SE SE

*** IMPORTANT ***
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with payment.

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RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	7.32
COLLEGE SO.ID	.000798289	1.58
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	2.98
417 SUPPLMNTL	.001150731	2.28
417 OTHER	.000069262	.14
TWIN FALLS-HGWY	.000943895	1.86
WEST END CEM	.000107136	.20
CASTLEFORD FIRE	.001088803	.86
(APPLICABLE MV 792)		
CASTLEFORD REC	.000367722	.72
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	17.94

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28282

2ND HALF



AMOUNT DUE 8.97

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E069000A
69-0000

LATE
INT
COST
TOTAL

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28282

1ST HALF



AMOUNT DUE 8.97 17.94

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E069000A
69-0000

LATE
INT
COST
TOTAL

DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

DELINQUENT IF NOT PAID ON OR BEFORE

DELINQUENT IF NOT PAID ON OR BEFORE

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT PARCEL NUMBER
TWIN FALLS COUNTY TREASURER BILL# 28283 RP10S13E070000A
DEBBIE KAUFFMAN, BOX 88 CODE AREA 69-0000 L 2,040
TWIN FALLS, ID 83303-0088
(208) 736-4008

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		2,040	
TAX	9.24	TAX	9.24	TAX	18.48				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST		WAC		.765	
TOT		TOT		TOT		TOT ACS		39.235	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 7 T 10 R 13
NE NE

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	7.54
COLLEGE SO.ID	.000798289	1.62
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	3.08
417 SUPPLMNTL	.001150731	2.34
417 OTHER	.000069262	.14
TWIN FALLS-HGWY	.000943895	1.92
WEST END CEM	.000107136	.22
CASTLEFORD FIRE	.001088803	.88
(APPLICABLE MV	816)	
CASTLEFORD REC	.000367722	.74
CNTY AMBULANCE	.000165659	
(APPLICABLE MV	0)	
AMOUNT DUE	.009894000	18.48

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28283

2ND HALF



AMOUNT DUE 9.24

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E070000A
69-0000

LATE
INT
COST
TOTAL

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28283

1ST HALF



AMOUNT DUE 9.24 18.48

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E070000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT PARCEL NUMBER
TWIN FALLS COUNTY TREASURER BILL# 28285 RP10S13E080000A
DEBBIE KAUFFMAN, BOX 88 CODE AREA 69-0000 L 46,816
TWIN FALLS, ID 83303-0088 I 6,007,974
(208) 736-4008

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV	
TAX	29,495.19	TAX	29,495.19	TAX	58,990.38	HM-	89,325
LATE		LATE		LATE			
INT		INT		INT		NET MV	5,965,465
COST		COST		COST		WAC	9.128
TOT		TOT		TOT		TOT ACS	390.872

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 8 T 10 R 13
NE1/4; E1/2 NW; SE1/4

424 3950 N

TAXING DISTRICT	RATE	
COUNTY	.003695145	22,043.26
COLLEGE SO.ID	.000798289	4,762.16
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	8,992.08
417 SUPPLMNTL	.001150731	6,864.64
417 OTHER	.000069262	413.18
TWIN FALLS-HGWY	.000943895	5,630.76
WEST END CEM	.000107136	639.12
CASTLEFORD FIRE	.001088803	6,466.28
(APPLICABLE MV	5938900)	
CASTLEFORD REC	.000367722	2,193.62
CNTY AMBULANCE	.000165659	985.28
(APPLICABLE MV	5947672)	
AMOUNT DUE	.009894000	58,990.38

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with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT.
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28285



2007
BILL# 28285

2ND HALF

1ST HALF

FULL



AMOUNT DUE 29,495.19

AMOUNT DUE 29,495.19 58,990.38

MAKE CHECKS PAYABLE TO:

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E080000A
69-0000

LATE
INT
COST
TOTAL

TWIN FALLS COUNTY
RP10S13E080000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY

CHECK #
CASH

DATE PAID
PAID BY

CHECK #
CASH

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT PARCEL NUMBER
TWIN FALLS COUNTY TREASURER BILL# 28286 RP10S13E083000A
DEBBIE KAUFFMAN, BOX 88 CODE AREA 69-0000 L 16,260
TWIN FALLS, ID 83303-0088 I 351,729
(208) 736-4008

1ST HALF DUE		2ND HALF DUE	FULL DUE	TOT MV	367,989
TAX	1,814.27	TAX	1,814.27	TAX	3,628.54
LATE		LATE		LATE	
INT		INT		INT	
COST		COST		COST	
TOT		TOT		TOT	
				WAC	4.568
				TOT ACS	195.432

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 8 T 10 R 13
W1/2 NW; N1/2 SW; SE SW

			TAXING DISTRICT	RATE	
424	3950	N	COUNTY	.003695145	1,359.76
			COLLEGE SO.ID	.000798289	293.76
			SCHL 417 CASTLE	.000000000	
			417 M&O	.000000000	
			417 BOND	.001507358	554.68
			417 SUPPLMNTL	.001150731	423.46
			417 OTHER	.000069262	25.48
			TWIN FALLS-HGWY	.000943895	347.34
			WEST END CEM	.000107136	39.42
			CASTLEFORD FIRE	.001088803	390.04
			(APPLICABLE MV	358233)	
			CASTLEFORD REC	.000367722	135.32
			CNTY AMBULANCE	.000165659	59.28
			(APPLICABLE MV	357824)	
			AMOUNT DUE	.009894000	3,628.54

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RECEIVED OR POSTMARKED BY THE DUE DATE.

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)

2007
BILL# 28286

2ND HALF

AMOUNT DUE 1,814.27

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E083000A
69-0000

LATE
INT
COST
TOTAL

2007
BILL# 28286

1ST HALF FULL

AMOUNT DUE 1,814.27 3,628.54

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E083000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE
JUNE 20, 2008
DATE PAID
PAID BY
CHECK #
CASH

DELINQUENT IF NOT PAID ON OR BEFORE
DECEMBER 20, 2007
DATE PAID
PAID BY
CHECK #
CASH

MAKE CHECK PAYABLE TO: 2007 TAX BILL/RECEIPT PARCEL NUMBER
TWIN FALLS COUNTY TREASURER BILL# 28288 RP10S13E090000A
DEBBIE KAUFFMAN, BOX 88 CODE AREA 69-0000 L 1,837
TWIN FALLS, ID 83303-0088
(208) 736-4008

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV	1,837
TAX	8.31	TAX	8.31	TAX	16.62		
LATE		LATE		LATE			
INT		INT		INT			
COST		COST		COST			
TOT		TOT		TOT		TOT ACS	40.000

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 9 T 10 R 13
NE NE

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	6.78
COLLEGE SO.ID	.000798289	1.46
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	2.76
417 SUPPLMNTL	.001150731	2.10
417 OTHER	.000069262	.12
TWIN FALLS-HGWY	.000943895	1.72
WEST END CEM	.000107136	.20
CASTLEFORD FIRE	.001088803	.80
(APPLICABLE MV 734)		
CASTLEFORD REC	.000367722	.68
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	16.62

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28288

2ND HALF



AMOUNT DUE 8.31

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E090000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY

CHECK #
CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28288

1ST HALF



AMOUNT DUE 8.31 16.62

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E090000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY

CHECK #
CASH

TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28289
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E090600A
L 2,683

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	TOT ACS
TAX 12.25	TAX 12.25	TAX 24.50	2,683	
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST		
TOT	TOT	TOT		40.000

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 9 T 10 R 13
NW NE

*** IMPORTANT ***
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with payment.

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TAXING DISTRICT	RATE	
COUNTY	.003695145	9.90
COLLEGE SO.ID	.000798289	2.14
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	4.04
417 SUPPLMNTL	.001150731	3.08
417 OTHER	.000069262	.18
TWIN FALLS-HGWY	.000943895	2.52
WEST END CEM	.000107136	.28
CASTLEFORD FIRE	.001088803	1.16
(APPLICABLE MV 1072)		
CASTLEFORD REC	.000367722	.98
CNTY AMBULANCE	.000165659	.22
(APPLICABLE MV 1411)		
AMOUNT DUE	.009894000	24.50

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28289

2ND HALF



AMOUNT DUE 12.25

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E090600A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2008
DATE PAID CHECK #
PAID BY CASH



2007
BILL# 28289

1ST HALF

FULL



AMOUNT DUE 12.25 24.50

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E090600A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2007
DATE PAID CHECK #
PAID BY CASH

CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT
BILL# 28290
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E091200A
L 9,797

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		9,797	
TAX	44.47	TAX	44.47	TAX	88.94				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST		WAC	3.045		
TOT		TOT		TOT		TOT ACS	236.955		

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 9 T 10 R 13
S1/2 NE; NW1/4

*** IMPORTANT ***
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RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	36.21
COLLEGE SO.ID	.000798289	7.82
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	14.76
417 SUPPLMNTL	.001150731	11.26
417 OTHER	.000069262	.69
TWIN FALLS-HGWY	.000943895	9.24
WEST END CEM	.000107136	1.04
CASTLEFORD FIRE	.001088803	4.26
(APPLICABLE MV	3918)	
CASTLEFORD REC	.000367722	3.60
CNTY AMBULANCE	.000165659	.08
(APPLICABLE MV	531)	
AMOUNT DUE	.009894000	88.94

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28290

2ND HALF



AMOUNT DUE 44.47

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E091200A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY
CHECK #
CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28290

1ST HALF

FULL



AMOUNT DUE 44.47 88.94

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E091200A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY
CHECK #
CASH

2007 TAX BILL/RECEIPT
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

BILL# 28291
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E094800A
L 10,022

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		10,022	
TAX	45.44	TAX	45.44	TAX	90.88				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST		WAC	.762		
TOT		TOT		TOT		TOT ACS	159.238		

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 9 T 10 R 13
N1/2 OF S1/2 SEC

*** IMPORTANT ***
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with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	37.02
COLLEGE SO.ID	.000798289	8.00
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	15.10
417 SUPPLMNTL	.001150731	11.52
417 OTHER	.000069262	.68
TWIN FALLS-HGWY	.000943895	9.46
WEST END CEM	.000107136	1.06
CASTLEFORD FIRE	.001088803	4.36
(APPLICABLE MV 4008)		
CASTLEFORD REC	.000367722	3.68
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	90.88

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28291

2ND HALF



AMOUNT DUE 45.44

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E094800A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28291

1ST HALF

FULL



AMOUNT DUE 45.44 90.88

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E094800A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

2007 TAX BILL/RECEIPT
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

BILL# 28292
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E096000A
L 8,648

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV	
TAX	39.23	TAX	39.23	TAX	78.46		8,648
LATE		LATE		LATE			
INT		INT		INT			
COST		COST		COST		WAC	.762
TOT		TOT		TOT		TOT ACS	159.238

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 9 T 10 R 13
S1/2 OF S1/2 OF SECTION

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	31.96
COLLEGE SO.ID	.000798289	6.90
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	13.04
417 SUPPLMNTL	.001150731	9.94
417 OTHER	.000069262	.60
TWIN FALLS-HGWY	.000943895	8.16
WEST END CEM	.000107136	.90
CASTLEFORD FIRE	.001088803	3.76
(APPLICABLE MV	3459)	
CASTLEFORD REC	.000367722	3.18
CNTY AMBULANCE	.000165659	
(APPLICABLE MV	0)	
AMOUNT DUE	.009894000	78.46

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28292

2ND HALF



AMOUNT DUE 39.23

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E096000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28292

1ST HALF



AMOUNT DUE 39.23 78.46

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E096000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28295
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E100600A
L 5,796

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV	
TAX	26.28	TAX	26.28	TAX	52.56		5,796
LATE		LATE		LATE			
INT		INT		INT			
COST		COST		COST			
TOT		TOT		TOT		TOT ACS	200.000

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 10 T 10 R 13
NW NE; N1/2 NW; SW NW; NW SW

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

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RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	21.42
COLLEGE SO.ID	.000798289	4.62
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	8.74
417 SUPPLMNTL	.001150731	6.66
417 OTHER	.000069262	.40
TWIN FALLS-HGWY	.000943895	5.46
WEST END CEM	.000107136	.62
CASTLEFORD FIRE	.001088803	2.52
(APPLICABLE MV	2318)	
CASTLEFORD REC	.000367722	2.12
CNTY AMBULANCE	.000165659	
(APPLICABLE MV	0)	
AMOUNT DUE	.009894000	52.56

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28295

2ND HALF



AMOUNT DUE 26.28

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E100600A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY

CHECK #
CASH



2007
BILL# 28295

1ST HALF

FULL



AMOUNT DUE 26.28 52.56

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E100600A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY

CHECK #
CASH

TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28296
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E101200A
L 1,979

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	1,979
TAX 8.96	TAX 8.96	TAX 17.92		
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST	WAC 3.189	
TOT	TOT	TOT	TOT ACS 76.811	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 10 T 10 R 13
SW NE; SE NW; (THAT PT IN SW
NE S OF SALMON FALLS CREEK IN
412 SCHOOL & BUHL HWY IS
WASTELAND)

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	7.30
COLLEGE SO.ID	.000798289	1.58
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	2.98
417 SUPPLMNTL	.001150731	2.28
417 OTHER	.000069262	.14
TWIN FALLS-HGWY	.000943895	1.86
WEST END CEM	.000107136	.20
CASTLEFORD FIRE	.001088803	.86
(APPLICABLE MV 791)		
CASTLEFORD REC	.000367722	.72
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	17.92

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28296

2ND HALF



AMOUNT DUE 8.96

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E101200A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28296

1ST HALF

FULL



AMOUNT DUE 8.96 17.92

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E101200A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

2007 TAX BILL/RECEIPT
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

BILL# 28297
CODE AREA 69-000

PARCEL NUMBER
RP10S13E106000A
L 1,000

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	1,000
TAX 4.52	TAX 4.52	TAX 9.04		
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST		
TOT	TOT	TOT	TOT ACS 40.000	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 10 T 10 R 13
SW SW

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	3.70
COLLEGE SO. ID	.000798289	.80
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	1.50
417 SUPPLMNTL	.001150731	1.14
417 OTHER	.000069262	.06
TWIN FALLS-HGWY	.000943895	.94
WEST END CEM	.000107136	.10
CASTLEFORD FIRE	.001088803	.44
(APPLICABLE MV 400)		
CASTLEFORD REC	.000367722	.36
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	9.04

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28297

2ND HALF



AMOUNT DUE 4.52

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E106000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY
CHECK #
CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28297

1ST HALF

FULL



AMOUNT DUE 4.52 9.04

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E106000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY
CHECK #
CASH

CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28347
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E160010A
L 10,331

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	10,331
TAX 46.85	TAX 46.85	TAX 93.70		
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST	WAC 5.837	
TOT	TOT	TOT	TOT ACS 276.663	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 16 T 10 R 13
N1/2 NE, W CENTER SALMON FALLS
CK; SW NE, W CENTER SALMON
FALLS CK; NW1/4; NW SW, W
CENTER SALMON FALLS CK

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	38.16
COLLEGE SO.ID	.000798289	8.24
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	15.56
417 SUPPLMNTL	.001150731	11.88
417 OTHER	.000069262	.72
TWIN FALLS-HGWY	.000943895	9.74
WEST END CEM	.000107136	1.10
CASTLEFORD FIRE	.001088803	4.50
(APPLICABLE MV 4132)		
CASTLEFORD REC	.000367722	3.80
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	93.70

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28347

2ND HALF



AMOUNT DUE 46.85

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E160010A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28347

1ST HALF

FULL



AMOUNT DUE 46.85 93.70

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E160010A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

MAKE CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28348
CODE AREA 72-0000

PARCEL NUMBER
RP10S13E160020A
L 1,080

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	1,080
TAX 5.23	TAX 5.23	TAX 10.46		
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST		
TOT	TOT	TOT	TOT ACS	30.000

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 16 T 10 R 13
N1/2 NE, E CENTER SALMON FALLS
CREEK; SW NE, E CENTER SALMON
FALLS CREEK

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	3.98
COLLEGE SO.ID	.000798289	.86
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	1.62
417 SUPPLMNTL	.001150731	1.24
417 OTHER	.000069262	.06
BUHL - HIGHWAY	.001438937	1.54
WEST END CEM	.000107136	.12
CASTLEFORD FIRE	.001088803	.46
(APPLICABLE MV	432)	
CASTLEFORD REC	.000367722	.40
CNTY AMBULANCE	.000165659	.18
AMOUNT DUE	.010389042	10.46

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28348

2ND HALF



AMOUNT DUE 5.23

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E160020A
72-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY

CHECK #
CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28348

1ST HALF

FULL



AMOUNT DUE 5.23 10.46

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E160020A
72-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY

CHECK #
CASH

2007 TAX BILL/RECEIPT
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

BILL# 28352
CODE AREA 72- 00

PARCEL NUMBER
RP10S13E165400A
L 238

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV		238	
TAX	1.14	TAX	1.14	TAX	2.28				
LATE		LATE		LATE					
INT		INT		INT					
COST		COST		COST					
TOT		TOT		TOT		TOT ACS		7.500	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 16 T 10 R 13
NW SW, E CENTER SALMON
FALLS CREEK

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	.88
COLLEGE SO.ID	.000798289	.18
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	.36
417 SUPPLMNTL	.001150731	.26
417 OTHER	.000069262	.02
BUHL - HIGHWAY	.001438937	.34
WEST END CEM	.000107136	.02
CASTLEFORD FIRE	.001088803	.10
(APPLICABLE MV 95)		
CASTLEFORD REC	.000367722	.08
CNTY AMBULANCE	.000165659	.04
AMOUNT DUE	.010389042	2.28

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28352

2ND HALF



AMOUNT DUE 1.14

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E165400A
72-0000

LATE
INT
COST
TOTAL

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28352

1ST HALF

FULL



AMOUNT DUE 1.14 2.28

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E165400A
72-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

MAKE CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28353
CODE AREA 72-0000

PARCEL NUMBER
RP10S13E166010A
L 900

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	900
TAX 4.37	TAX 4.37	TAX 8.74		
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST		
TOT	TOT	TOT	TOT ACS 25.000	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 16 T 10 R 13
SW SW, E OF CENTER SALMON
FALLS CREEK

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	3.32
COLLEGE SO.ID	.000798289	.72
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	1.36
417 SUPPLMNTL	.001150731	1.04
417 OTHER	.000069262	.06
BUHL - HIGHWAY	.001438937	1.30
WEST END CEM	.000107136	.10
CASTLEFORD FIRE	.001088803	.38
(APPLICABLE MV 360)		
CASTLEFORD REC	.000367722	.32
CNTY AMBULANCE	.000165659	.14
AMOUNT DUE	.010389042	8.74

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28353

2ND HALF



AMOUNT DUE 4.37

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E166010A
72-0000
LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2008

DATE PAID
PAID BY
CHECK #
CASH



2007
BILL# 28353

1ST HALF

FULL



AMOUNT DUE 4.37 8.74

MAKE CHECKS PAYABLE TO:

TWIN FALLS COUNTY
RP10S13E166010A
72-0000
LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2007

DATE PAID
PAID BY
CHECK #
CASH

MAKE CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28354
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E166020A
L

343

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	343
TAX 1.53	TAX 1.53	TAX 3.06		
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST	WAC 1.253	
TOT	TOT	TOT	TOT ACS 13.747	

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 16 T 10 R 13
SW SW, W OF CENTER SALMON
FALLS CREEK

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	1.26
COLLEGE SO.ID	.000798289	.26
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	.52
417 SUPPLMNTL	.001150731	.38
417 OTHER	.000069262	.02
TWIN FALLS-HGWY	.000943895	.32
WEST END CEM	.000107136	.04
CASTLEFORD FIRE	.001088803	.14
(APPLICABLE MV 137)		
CASTLEFORD REC	.000367722	.12
CNTY AMBULANCE	.000165659	
(APPLICABLE MV 0)		
AMOUNT DUE	.009894000	3.06

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28354

2ND HALF



AMOUNT DUE 1.53

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E166020A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID
PAID BY

CHECK #
CASH



2007
BILL# 28354

1ST HALF

FULL



AMOUNT DUE 1.53 3.06

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E166020A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID
PAID BY

CHECK #
CASH

MAKE CHECK PAYABLE TO:
TWIN FALLS COUNTY TREASURER
DEBBIE KAUFFMAN, BOX 88
TWIN FALLS, ID 83303-0088
(208) 736-4008

2007 TAX BILL/RECEIPT

BILL# 28358
CODE AREA 69-0000

PARCEL NUMBER
RP10S13E170000A
L 12,290

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV	
TAX	56.09	TAX	56.09	TAX	112.18		12,290
LATE		LATE		LATE			
INT		INT		INT			
COST		COST		COST		WAC	2.831
TOT		TOT		TOT		TOT ACS	157.169

VISSER HOLSTEINS
% EAGLE VIEW FARMS (M/O)
450 E 3950 N
BUHL ID 83316

SEC 17 T 10 R 13
NE1/4

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
For Proper Credit stub must be returned
with payment.

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
COUNTY	.003695145	45.40
COLLEGE SO.ID	.000798289	9.80
SCHL 417 CASTLE	.000000000	
417 M&O	.000000000	
417 BOND	.001507358	18.52
417 SUPPLMNTL	.001150731	14.14
417 OTHER	.000069262	.84
TWIN FALLS-HGWY	.000943895	11.60
WEST END CEM	.000107136	1.32
CASTLEFORD FIRE	.001088803	5.34
(APPLICABLE MV	4915)	
CASTLEFORD REC	.000367722	4.52
CNTY AMBULANCE	.000165659	.70
(APPLICABLE MV	4307)	
AMOUNT DUE	.009894000	112.18

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE

% EAGLE VIEW FARMS (M/O)

% EAGLE VIEW FARMS (M/O)



2007
BILL# 28358

2ND HALF



AMOUNT DUE 56.09

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E170000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2008

DATE PAID CHECK #
PAID BY CASH



2007
BILL# 28358

1ST HALF

FULL



AMOUNT DUE 56.09 112.18

MAKE CHECKS PAYABLE TO:
TWIN FALLS COUNTY
RP10S13E170000A
69-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2007

DATE PAID CHECK #
PAID BY CASH

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E327200A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 32 T 9 R 13

Address 450 E 3950 N

SE1/4

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E327200A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #: 08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E330000A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 33 T 9 R 13

Address 450 E 3950 N

NE1/4, SE1/4 NW1/4

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E330000A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #: 08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E333600A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 33 T 9 R 13

Address 450 E 3950 N

SW NW; W1/2 SW, EXC E 50' X

BUHL

ID 83316

132.26' SE NE SW

PROPERTY ADDRESS:

4110 0500 E 00000

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E333600A

Owner VISSER HOLSTEINS

(Please Print)

Property Address 4110 0500 E 00000 Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #: 08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E334800A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 33 T 9 R 13

Address 450 E 3950 N

E1/2 SW; SE1/4

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E334800A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E335400A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 33 T 9 R 13

Address 450 E 3950 N

E 50' X 132.26' OF SE NW SW

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
 2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
 3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
Value \$ _____ Items _____
 4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
 5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
Was this Bare Land: ☐ Yes ☐ No
 6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E335400A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E340000A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 34 T 9 R 13

Address 450 E 3950 N

NE; E1/2 NW; N1/2 SE

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E340000A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #: 08-018889
TYPE LOCATION
CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E343000A

Seller DRISCOLL BROTHERS PARTNERSHIP
Buyer VISSER HOLSTEINS
Address 450 E 3950 N
BUHL ID 83316

Legal Description
SEC 34 T 9 R 13
W1/2 NW

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
 2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
 3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
Value \$ _____ Items _____
 4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
 5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
Was this Bare Land: ☐ Yes ☐ No
 6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E343000A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E344800A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 34 T 9 R 13

Address 450 E 3950 N

E1/2 SW

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E344800A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/28/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Seller VISSER HOLSTEINS

Buyer VISSER HOLSTEINS

Address 450 E 3950 N

BUHL

ID 83316

Parcel # RP09S13E345400A

Legal Description

SEC 34 T 9 R 13

NW SW

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E345400A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ **Date Occupied** _____

Previous Address _____ **Did you own?** _____ **Rent?** _____

Work Phone: _____ **Home Phone:** _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E346000A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 34 T 9 R 13

Address 450 E 3950 N

SW SW

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E346000A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E348400A

Seller DRISCOLL BROTHERS PARTNERSHIP
Buyer VISSER HOLSTEINS
Address 450 E 3950 N
BUHL

Legal Description
SEC 34 T 9 R 13
S1/2 SE

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E348400A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889
TYPE LOCATION
CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E353600A

Seller DRISCOLL BROTHERS PARTNERSHIP
Buyer VISSER HOLSTEINS
Address 450 E 3950 N
BUHL

Legal Description
SEC 35 T 9 R 13
S1/2 NW; SW

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E353600A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP10S13E032400A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 3 T 10 R 13

Address 450 E 3950 N

LOT 3 & 4, S1/2 NW, N1/2 SW

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP10S13E032400A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #: 08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP10S13E040000A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 4 T 10 R 13

Address 450 E 3950 N

LOTS 1 & 2; S1/2 NE; NE SW;

BUHL

ID 83316

N1/2 SE; SW SE

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction.. ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP10S13E040000A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP10S13E042400A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 4 T 10 R 13

Address 450 E 3950 N

LOTS 3 & 4; S1/2 NW

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP10S13E042400A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP10S13E045400A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 4 T 10 R 13

Address 450 E 3950 N

NW SW; S1/2 SW

BUHL

ID 83316

PROPERTY ADDRESS:

509 4100 N 00000

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP10S13E045400A

Owner VISSER HOLSTEINS
(Please Print)

Property Address 509 4100 N 00000 Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP10S13E050000A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 5 T 10 R 13

Address 450 E 3950 N

LOTS 1 & 2; S1/2 NE; E1/2 SE

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP10S13E050000A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP10S13E052400A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 5 T 10 R 13

Address 450 E 3950 N

LOT 3; SE NW; E1/2 SW; W1/2 SE

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP10S13E052400A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP10S13E201800A

Seller DRISCOLL BROTHERS PARTNERSHIP
Buyer VISSER HOLSTEINS
Address 450 E 3950 N
BUHL

Legal Description
SEC 20 T 10 R 13
SE NE, W OF SALMON R & N OF RD

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP10S13E201800A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Seller VISSER HOLSTEINS

Buyer VISSER HOLSTEINS

Address 450 E 3950 N

BUHL

ID 83316

Parcel # RP09S13E207200A

Legal Description

SEC 20 T 9 R 13

SE1/4

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure

☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E207200A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #: 08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Seller VISSER HOLSTEINS

Buyer VISSER HOLSTEINS

Address 450 E 3950 N

BUHL

ID 83316

Parcel # RP09S13E215400A

Legal Description

SEC 21 T 9 R 13

W1/2 SW

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E215400A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ **Date Occupied** _____

Previous Address _____ **Did you own?** _____ **Rent?** _____

Work Phone: _____ **Home Phone:** _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E282400A

Seller VISSER HOLSTEINS

Legal Description

Buyer VISSER HOLSTEINS

SEC 28 T 9 R 13

Address 450 E 3950 N

E1/2 NW

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was. ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E282400A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E283000A

Seller VISSER HOLSTEINS

Legal Description

Buyer VISSER HOLSTEINS

SEC 28 T 9 R 13

Address 450 E 3950 N

NW NW, EXC NW 250' X 400'

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E283000A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/28/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E285400A

Seller VISSER HOLSTEINS

Legal Description

Buyer VISSER HOLSTEINS

SEC 28 T 9 R 13

Address 450 E 3950 N

NW SW

BUHL

ID 83316

PROPERTY ADDRESS:

4144 0500 E 00000

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E285400A

Owner VISSER HOLSTEINS
(Please Print)

Property Address 4144 0500 E 00000 Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/28/2008

Sales Verification

INSTRUMENT #: 08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E286000A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 28 T 9 R 13

Address 450 E 3950 N

SW SW

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E286000A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #: 08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E290000A

Seller DRISCOLL BROTHERS PARTNERSHIP
Buyer VISSER HOLSTEINS
Address 450 E 3950 N
BUHL

Legal Description
SEC 29 T 9 R 13
N1/2 NE

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E290000A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E291200A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 29 T 9 R 13

Address 450 E 3950 N

S1/2 NE, N1/2 SE; N1/2 S1/2 SE

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E291200A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E298400A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 29 T 9 R 13

Address 450 E 3950 N

S1/2 S1/2 SE1/4

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E298400A

Owner VISSER HOLSTEINS
(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E320000A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 32 T 9 R 13

Address 450 E 3950 N

NE1/4

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
- Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
- Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
- ☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
- Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.
- Remarks and conditions of this Sale _____
- _____
- _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E320000A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E322410A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 32 T 9 R 13

Address 450 E 3950 N

NW1/4

BUHL

ID 83316

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E322410A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE LOCATION

CAMA AREA #: 1

Twin Falls County

Parcel # RP09S13E324810A

Seller DRISCOLL BROTHERS PARTNERSHIP

Legal Description

Buyer VISSER HOLSTEINS

SEC 32 T 9 R 13

Address 450 E 3950 N

SW1/4, EXC SW 285' X 365' IN

BUHL

ID 83316

SW SW

PROPERTY ADDRESS:

(PLEASE COMPLETE IF BLANK)

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____
2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____
Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____
3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.
Value \$ _____ Items _____
4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____
5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____
Was this Bare Land: ☐ Yes ☐ No
6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E324810A

Owner VISSER HOLSTEINS

(Please Print)

Property Address _____ Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____

8/27/2008

Sales Verification

INSTRUMENT #:08-018889

TYPE NR LOCATION

CAMA AREA #: 1

Twin Falls County

Seller DRISCOLL, MARTIN DIRK

Buyer VISSER HOLSTEINS

Address 450 E 3950 N

BUHL

ID 83316

Parcel # RP09S13E326440A

Legal Description

SEC 32 T 9 R 13

SW 285' X 365' IN SW SW

PROPERTY ADDRESS:

415 4100 N 00000

1. Total Sale Price \$ _____ Date of Sale: Month _____ Year _____

2. Down Payment \$ _____ Loan Amount \$ _____ Interest Rate _____ % Years _____

Financing: ☐ Conventional ☐ VA ☐ FHA ☐ Cash ☐ Private ☐ IHA ☐ Other _____

3. If Furniture, Fixtures, Etc. were included in total price, please estimate the value and list the items included.

Value \$ _____ Items _____

4. The Sale was: ☐ An Ordinary Transaction ☐ A Trade ☐ An Estate Sale ☐ A Foreclosure
☐ Between Family ☐ An Easement ☐ A Condemnation ☐ Other _____

5. The Type of Property Was: ☐ Commercial ☐ Residential ☐ Agricultural ☐ Other _____

Was this Bare Land: ☐ Yes ☐ No

6. If the Property was Rented at the Time of Sale, What was the Rental Amount? _____ Mo. _____ Yr.

Remarks and conditions of this Sale _____

Signature _____ Date _____

Homeowner's Exemption Form

Parcel # RP09S13E326440A

Owner VISSER HOLSTEINS

(Please Print)

Property Address 415 4100 N 00000 Date Occupied _____

Previous Address _____ Did you own? _____ Rent? _____

Work Phone: _____ Home Phone: _____

I am the Owner-Occupant and used this property as my primary dwelling place as of January 1.
I have not made application on any other property in this county or in any other county in
the State of Idaho for the current year.

Signature _____ Date _____