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STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case IDWR will produce new water right number(s) for the split(s).

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
24-10007					

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

n/a X The appropriate **FILING FEE**. See instructions for fee amounts.

- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are on file with the county Planning and Zoning or Recorder's Office).
- OR**
- D. If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency or equivalent **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)	M. EUGENE HOFFMAN
	Nancy S. Hoffman
4. New Owner/Claimant(s)	Nancy S. Hoffman
	Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
New Mailing Address	6008 N. State Line Rd
City, State and ZIP Code	FREEDOM, Wyoming 83120
New Telephone Number	(307) 883-5633

RECEIVED

JUL 25 2008

5. Date you acquired the property _____

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in line 1, then skip this line and go to line 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (you may copy this page, if necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Water Right and/or Adjudication Claim Number		
Irrigation	~~1,300 CFS~~ 1,300 CFS	15 ac
Stock	1,020 CFS max 13,000 gal	15 ac
Domestic	0	
Other	0	
Totals	1,320 CFS	15 ac
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

7. Signature(s) of New Owner(s) or Claimant(s) Nancy S. Hoffmann (title if applicable)
 _____ (title if applicable)

IT IS IMPORTANT TO FILE THIS COMPLETED FORM AT THE APPROPRIATE IDWR OFFICE, WITH PAYMENT OF THE FILING FEE AND THE OWNERSHIP DOCUMENT(S), AS REFERRED TO IN LINE 2.

For IDWR Office Use Only:

Received by _____ Date _____
 Received by _____ Date _____
 Processed by _____ AJ Date _____

Receipt Amt. _____
 Receipt No. _____
 WR _____ Date _____

12/27/2006

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 24-10007

NAME AND ADDRESS: M EUGENE HOFFMAN
6008 N STATE LINE RD
FREEDOM WY 83120

NANCY S HOFFMAN
6008 N STATE LINE RD
FREEDOM WY 83120

SOURCE: NEWSWANDER CREEK TRIBUTARY: SALT RIVER

QUANTITY: 0.300 CFS

The quantity of water under this right for stockwater use shall not exceed 13,000 gallons per day.

PRIORITY DATE: 06/01/1881

POINT OF
DIVERSION:

T04S R46E S15 NWNWSE Lot 3 Within BONNEVILLE County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
STOCKWATER	01/01 12/31	0.020 CFS
IRRIGATION	04/15 10/15	0.300 CFS

PLACE OF USE:

The place of use for this water right is in Wyoming, and includes 15 acres described as T36N R119W S28 PM6.

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

The quantity of water decreed for this water right for stockwater use is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Decreed

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed **AUGUST 22, 2005**

State File No. **2005-06386**

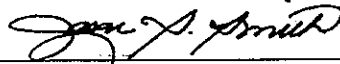
DECEDENT - LEGAL NAME M. EUGENE HOFFMAN			
SEX MALE	SOCIAL SECURITY NUMBER 520-30-2525	AGE 74 YEARS	DATE OF BIRTH MAY 30, 1931
BIRTHPLACE JACKSON, WYOMING		PLACE OF RESIDENCE FREEDOM, WYOMING	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) NANCY MAXWELL	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME MELVIN HOFFMAN			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME FERN WILSON			BIRTHPLACE WYOMING
METHOD OF DISPOSITION CREMATION	FUNERAL SERVICE LICENSEE SCOTT MCKAGUE		
NAME AND ADDRESS OF FUNERAL FACILITY VALLEY MORTUARY, DRIGGS, IDAHO			
DATE OF DEATH AUG. 13, 2005	TIME OF DEATH 12:58 A.M.	CITY, TOWN OR LOCATION OF DEATH SODA SPRINGS, IDAHO	COUNTY OF DEATH CARIBOU
CAUSE OF DEATH (underlying cause last) BLUNT FORCE TRAUMA HEAD			Approximate Interval Between Onset and Death MINUTES
DUE TO (or as a consequence of): a.			
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH ACCIDENT	NAME OF CERTIFIER REX EMERSON WORTHAM, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
REVIEWED AND IF NECESSARY AMENDED THE MEDICAL SECTION: F. DUAYNE SIMS			
EXTERNAL CAUSES ONLY			
DATE OF INJURY AUG. 13, 2005	TIME OF INJURY APPROX. 12:05 A.M.	PLACE OF INJURY HWY 30	INJURY AT WORK? NO
LOCATION WHERE INJURY OCCURRED HWY 30 MP 400 EAST BOUND, CARIBOU COUNTY, IDAHO			
DESCRIPTION OF HOW INJURY OCCURRED PU PULLING HORSE TRLR DRIFTED OFF R.SIDE RD, HIT SIDE RD, WENT AIRBORN 80+FT			



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

DATE ISSUED: **AUGUST 23, 2005**

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


JANE S. SMITH
STATE REGISTRAR

