

RECEIVED

FEB 01 2007

Department of Water Resources
Eastern Region

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 numbers (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 division of the existing water right or adjudication claim record will be required.

Water Right No(s)	Adjudication Claim No(s)	Split
29-12064		

2. The following **REQUIRED** information must be submitted with this form:
 - A. The appropriate **FILING FEE**. See instructions for fee amounts.
 - B. A copy of the most recent, **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
 - C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions): **PLAT OF PROPERTY** or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).
OR
 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 **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)

Jedd R. and Nancy Van Kampen
166 E. 350 S., Logan, Utah 84321
4. New Owner/Claimant(s)

Nancy Van Kampen Trust, dated 9/30/2005
Nancy Van Kampen, Trustee
Name Connector (check one) ☐ and, ☐ or, ☐ and/or

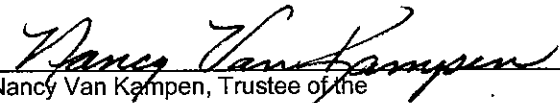
New Mailing Address 166 E. 350 S.
City, State, Zip code Logan, Utah 84321
New Telephone Number 435-752-7740
5. Date you acquired the property 9/30/2005

6. If the change in ownership affects the entire water right for each water right or adjudication claim number list in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 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 (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc.)
Water Right and/or Adjudication Claim Number _____		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number _____		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number _____		
Irrigation		
Stock		
Domestic		
Other		
Totals		

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

7. Signature of New Owner(s) or Claimant(s)
(include title if applicable)


Nancy Van Kampen, Trustee of the
Nancy Van Kampen Family Trust

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.

For Office Use Only

Received by _____
Received by gc

Date _____
Date 2-1-07

Fee \$25-
Receipt No. E032585

Processed by _____AJ

Date _____

WR _____Date _____

QUITCLAIM DEED

20522012

NANCY VAN KAMPEN, Grantor, of Logan, County of Cache, State of Utah, hereby Quitclaim Deed to Nancy Van Kampen, Trustee of THE NANCY VAN KAMPEN TRUST, dated the 30 day of September, 2005, Grantee, for the sum of TEN DOLLARS (\$10.00), the following described tracts of land located in Cache County, State of Utah subject to the encumbrances owned thereon, to-wit:

Land in Bannock County, Idaho

ALL OF BLOCKS 9, 10, AND 11, THUNDER CANYON ESTATES, DIVISION NO. 2, BANNOCK COUNTY, IDAHO, AS THE SAME APPEARS ON THE OFFICIAL PLAT THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF BANNOCK COUNTY, IDAHO.

ALL THAT PORTION OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER, SECTION 32, TOWNSHIP 9 SOUTH, RANGE 38 EAST, BOISE MERIDIAN, BANNOCK COUNTY, IDAHO, LYING EAST OF BLOCK 10, AND SOUTH OF BLOCK 11, THUNDER CANYON ESTATES, DIVISION NO. 2, BANNOCK COUNTY, IDAHO, AS THE SAME APPEARS ON THE OFFICIAL PLAT THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF BANNOCK COUNTY, IDAHO;

AND INCLUDING LOT 1 AND 2, BLOCK 7 AND LOT 1-R, BLOCK 8, THUNDER CANYON ESTATES DIVISION NO. 1, BANNOCK COUNTY, IDAHO, AS THE SAME APPEARS ON THE OFFICIAL PLAT THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF BANNOCK COUNTY, IDAHO

ALL THAT PORTION OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 9 SOUTH, RANGE 38 EAST, BOISE MERIDIAN, BANNOCK COUNTY, IDAHO, LYING SOUTH AND WEST OF BLOCK 11, THUNDER CANYON ESTATES DIVISION NO. 2 AND INCLUDING LOT 2-R, BLOCK 8, THUNDER CANYON ESTATES DIVISION NO. 1, BANNOCK COUNTY, IDAHO, AS THE SAME APPEARS ON THE OFFICIAL PLAT THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF BANNOCK COUNTY, IDAHO

EXCEPT DEMPSEY CREEK ROAD

ALSO INCLUDING:

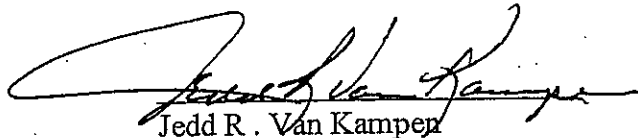
LOTS 1 AND 2, BLOCK 1, THUNDER CANYON ANNEX SUBDIVISION, BANNOCK COUNTY, IDAHO (A SUBDIVISION OF PART OF BLOCK 11, LOT 1 THUNDER CANYON ESTATES, DIVISION NO. 2) AS SHOWN BY THE OFFICIAL PLAT OF SAID SUBDIVISION FILED IN THE OFFICE OF THE RECORDER OF BANNOCK COUNTY, IDAHO.

THE SUCCESSOR TRUSTEES HAVE FULL RIGHTS TO SELL OR ENCUMBER THE PROPERTY HEREIN SET FORTH.

Excluded →

20522012

2-2
WITNESS the hands of said Grantor this 30 day of September, 2005.

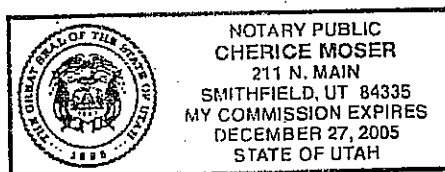

Jedd R. Van Kampen


Nancy Van Kampen

STATE OF UTAH)
SS:
COUNTY OF CACHE)

On the 30 day of September, 2005, personally appeared before me, Nancy Van Kampen the signer of the within instrument, who duly acknowledged to me that she executed the same.


Notary Public
My Commission Expires:



20522012
Nancy Van Kampen
RECORDED AT REQUEST OF
FEE 6 DEPUTY BP
2005 OCT 12 AM 8 23
OFFICIAL RECORD BK# 874
RECORDER
BANNOCK COUNTY IDAHO

STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 03-055		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Jedd Rigby VAN KAMPEN		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) February 18, 2006
4. DATE OF BIRTH (Mo., Day, Yr.) March 8, 1939		5. AGE - Last Birthday (Years) 66	6. BIRTHPLACE (City & State or Foreign Country) Ogden, Utah
7. SOCIAL SECURITY NUMBER		3b. TIME OF DEATH (24 hr. Clock) 11:28	
8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL: ☐ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. D.O.A. ☐ 4. Nursing Home/Long term care facility ☒ 5. Decedent's Home ☐ 7. Other (specify) _____ IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____			
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 166 East 350 South		8c. COUNTY OF DEATH Cache	8d. CITY, TOWN OR LOCATION OF DEATH Logan
9. WAS DECEDENT IN THE U.S. ARMED FORCES? ☐ 1. Yes ☒ 2. No ☐ 3. Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Nancy Olson	
10. MARITAL STATUS ☐ 1. Never Married ☒ 2. Married ☐ 3. Widowed ☐ 4. Divorced ☐ 5. Married, but separated ☐ 6. Unknown		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Rancher	
12b. KIND OF BUSINESS OR INDUSTRY Cattle		13a. RESIDENCE - STREET AND NUMBER 166 East 350 South	
13b. STATE Utah	13c. COUNTY Cache	13d. CITY, TOWN, COMMUNITY, OR RURAL Logan	13e. ZIP CODE 84321
13f. INSIDE CITY LIMITS? ☒ 1. Yes ☐ 2. No			
14. FATHER'S NAME (First, Middle, Last) Rudolph Lincoln Van Kampen		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Afton Rigby	
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Nancy O. Van Kampen (Wife), 166 East 350 South, Logan, Utah 84321			
17. METHOD OF DISPOSITION ☐ 1. Entombment ☒ 2. Donation ☐ 3. Other ☐ 4. Burial ☐ 5. Cremation ☐ 6. Removal		18a. DATE OF DISPOSITION February 23, 2006	
18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Newton Cemetery		19. LICENSEE NUMBER 841151000902	
20. FUNERAL HOME (Name and complete address) Nelson Funeral Home 162 East 400 North Logan, Utah 84321		21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>	
22. CERTIFIER (Check only one) ☒ 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ☐ 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated. M.E. Case No. _____ SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> LIC. NO. 292373 DATE SIGNED 2-20-06			
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) All Ben-Jacob, M.D., 550 East 1400 North Suite W, Logan, Utah 84321		23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 2-13-06	
24. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Advanced colon cancer IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): UTAH			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		25a. WAS AN AUTOPSY PERFORMED? ☐ 1. Yes ☒ 2. No	
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☒ 2. No			
26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: ☐ 1. Probably contributed to the cause of death ☐ 2. Was the underlying cause of death ☐ 3. Did not contribute to the cause of death ☒ 4. Is unknown in relation to the cause of death ☐ 5. NON USER			
27. MANNER OF DEATH ☒ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Could not be determined ☐ 6. Pending investigation ☐ 7. If FEMALE ☐ 1. Not pregnant within past year ☐ 2. Pregnant at time of death ☐ 3. Not pregnant, but pregnant within 42 days of death ☐ 4. Not pregnant, but pregnant 43 days to 1 year before death ☐ 5. Unknown if pregnant within the past year			
28a. DATE OF INJURY (Mo., Day, Yr.)		28b. TIME OF INJURY (If known)	
28c. INJURY AT WORK? ☐ 1. Yes ☒ 2. No		28d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) UTAH	
28e. If motor vehicle accident: ☐ 1. Driver ☐ 2. Passenger ☐ 3. Pedestrian ☐ 4. Other ☐ 5. Unknown		29. LOCATION (Street or rural route number, city or town, county and state) UTAH	
30. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 24) UTAH		31. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be) ☒ 01. White ☐ 02. Black or African American ☐ 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) ☐ 04. Chinese ☐ 05. Japanese ☐ 06. Native Hawaiian ☐ 07. Filipino ☐ 08. Other Asian (Specify) _____ ☐ 09. Asian Indian ☐ 10. Korean ☐ 11. Samoan ☐ 12. Vietnamese ☐ 13. Guamanian or Chamorro ☐ 14. Unknown ☐ 15. Other Pacific Islander (Specify) _____ ☐ 16. Other (Specify) _____	
32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) ☐ 0. None ☐ 1. 8th grade or less ☐ 2. 9th - 12th grade; no diploma ☐ 3. High School graduate or GED completed ☒ 4. Some college credit, but no degree ☐ 5. Associate degree (e.g., AA, AS) ☐ 6. Bachelor's degree (e.g., BA, BS, BB) ☐ 7. Master's degree (e.g., MA, MS, MEd, MEd, MSc, MBA) ☐ 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) ☐ 9. Unknown		33. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
34. DATE FILED (Mo., Day, Yr.) February 22, 2006			

USE PERMANENT BLACK INK

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **FEB 22 2006**

County **BEAR RIVER HEALTH DEPT**

Registrar

Barry E. Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

[Signature]



* 0 1 7 9 5 5 4 1 *



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.